Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

A Employer identification number
20-0721133

Number and street (or P O box number if mail is not delivered to street address) Room/suite
401 N TRYON ST NC1-021-06-01

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

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

C If exemption application is pending, check here ▶ ☐

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col (c), *line 16*) ▶$ 13,409,522

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

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

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

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	207,162,624			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	286,528	286,528		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	201,324	20,793		
	12	**Total.** Add lines 1 through 11	207,650,476	307,321		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0		0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	5,975	5,975		0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	12,075	0		0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)				
	24	**Total operating and administrative expenses.** Add lines 13 through 23	18,050	5,975		0
	25	Contributions, gifts, grants paid	204,726,038			204,726,038
	26	**Total expenses and disbursements.** Add lines 24 and 25	204,744,088	5,975		204,726,038
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	2,906,388			
	b	**Net investment income** (if negative, enter -0-)		301,346		
	c	**Adjusted net income** (if negative, enter -0-)				

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

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	10,484,784	13,400,929	13,400,929
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	10,523	8,593	8,593
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	10,495,307	13,409,522	13,409,522
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	0	0	
	27	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28	Retained earnings, accumulated income, endowment, or other funds	10,495,307	13,409,522	
	29	**Total net assets or fund balances** (see instructions)	10,495,307	13,409,522	
	30	**Total liabilities and net assets/fund balances** (see instructions)	10,495,307	13,409,522	

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

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	10,495,307
2	Enter amount from Part I, line 27a	2	2,906,388
3	Other increases not included in line 2 (itemize) ▶	3	9,756
4	Add lines 1, 2, and 3	4	13,411,451
5	Decreases not included in line 2 (itemize) ▶	5	1,929
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	13,409,522

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2018	169,816,208	23,157,694	7 333036
2017	162,451,684	11,080,254	14 661368
2016	163,926,706	3,708,542	44 202467
2015	149,179,938	7,718,182	19 328378
2014	175,729,408	5,931,137	29 628283

2 **Total** of line 1, column (d)	2	115 153532
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	23 030706
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	14,398,434
5 Multiply line 4 by line 3	5	331,606,100
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,013
7 Add lines 5 and 6	7	331,609,113
8 Enter qualifying distributions from Part XII, line 4	8	204,726,038

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b			1	6,027
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			2	0
3	Add lines 1 and 2			3	6,027
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-			5	6,027
6	Credits/Payments				
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	6,735		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c	0		
d	Backup withholding erroneously withheld	6d	0		
7	Total credits and payments Add lines 6a through 6d			7	6,735
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached			8	31
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶			9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶			10	677
11	Enter the amount of line 10 to be **Credited to 2020 estimated tax** ▶ 677	**Refunded** ▶		11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶DE, NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

Part VII-A Statements Regarding Activities (continued)

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

Website address ▶ WWW BANKOFAMERICA COM/FOUNDATION

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

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

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

			Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes", enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☑ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	538,399
b	Average of monthly cash balances		1b	14,079,301
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	14,617,700
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	14,617,700
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	219,266
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	14,398,434
6	**Minimum investment return.** Enter 5% of line 5		6	719,922

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

1	Minimum investment return from Part X, line 6		1	719,922
2a	Tax on investment income for 2019 from Part VI, line 5	2a 6,027		
b	Income tax for 2019 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	6,027
3	Distributable amount before adjustments Subtract line 2c from line 1		3	713,895
4	Recoveries of amounts treated as qualifying distributions		4	180,531
5	Add lines 3 and 4		5	894,426
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	894,426

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	204,726,038
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	204,726,038
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	204,726,038

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

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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				894,426
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20____ , 20____ , 20____		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014. 175,105,025				
b From 2015. 148,380,806				
c From 2016. 163,926,706				
d From 2017. 161,517,136				
e From 2018. 168,378,684				
f **Total** of lines 3a through e.	817,308,357			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ $ 204,726,038				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				894,426
e Remaining amount distributed out of corpus	203,831,612			
5 Excess distributions carryover applied to 2019 *(If an amount appears in column (d), the same amount must be shown in column (a))*	0			0
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,021,139,969			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	175,105,025			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	846,034,944			
10 Analysis of line 9				
a Excess from 2015. . . . 148,380,806				
b Excess from 2016. . . . 163,926,706				
c Excess from 2017. . . . 161,517,136				
d Excess from 2018. . . . 168,378,684				
e Excess from 2019. . . . 203,831,612				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2019	**(b)** 2018	**(c)** 2017	**(d)** 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

SEE FOUNDATION WEBPAGE AT WWWBANKOF
401 N TRYON ST NC1-021-06-01
CHARLOTTE, NC 28255
(800) 218-9946
WWW BANKOFAMERICA COM/FOUNDATION

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

GRANT APPLICATIONS SHOULD BE SUBMITTED ONLINE THROUGH THE FOUNDATION'S WEBPAGE AT WWW BANKOFAMERICA COM/FOUNDATION THE FOUNDATION HAS THE FOLLOWING DEADLINES FOR SUBMISSION FOR CERTAIN TYPES OF GRANTS STUDENT LEADERS GRANTS - 11/1/2018 TO 12/31/2019 AND NEIGHBORHOOD BUILDERS PROGRAM - 7/1/18 TO 8/12/19 PLEASE VISIT THE FOUNDATION'S WEBSITE AT WWW BANKOFAMERICA COM/FOUNDATION FOR ADDITIONAL INFORMATION RELATING TO THESE AND OTHER PROGRAMS

c Any submission deadlines

SEE ABOVE

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

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

Part XV **Supplementary Information** (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				204,726,038
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	286,528	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a MINERAL RECEIPTS			14	1,906	
b LITIGATION PROCEEDS			14	18,887	
c STALE CHECKS RETURNED					180,531
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		307,321	180,531
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	487,852

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

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

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

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

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

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

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

b If "Yes," complete the following schedule

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

Sign Here

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

******	2020-05-19	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FINUCANE ANNE M 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	CHAIRMAN 4 00	0	0	0
SULLIVAN KERRY H 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	PRESIDENT 30 00	0	0	0
LOCANE SILVANIA JENNIFER 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	VICE PRESIDENT 38 00	0	0	0
MCNAIRY WILLIAM L 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	SENIOR VICE PRESIDENT, TAX 2 00	0	0	0
JOHNSON COLLEEN O 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	SECRETARY 4 00	0	0	0
CAMPBELL SUSAN A 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	TREASURER 2 00	0	0	0
CAMPOS DANNIELLE C 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	CRITICAL NEEDS PLATFORM OW 30 00	0	0	0
DESISTO RENA M 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	ARTS AND CULTURE PLATFORM 20 00	0	0	0
FITZGERALD STEPHEN B 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	COMMUNITY DEVELOPMENT AND 30 00	0	0	0
JR CHARLES R HENDERSON 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	COMMUNITY/RURAL PLATFORM O 30 00	0	0	0
LIFTMAN ALEXANDRA C 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	ENVIRONMENTAL PLATFORM OWN 20 00	0	0	0
PORTUGAL SUSAN 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	BANK OF AMERICA COMMUNITY 30 00	0	0	0
HOLLINGSWORTH ABIGAIL 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	WORKFORCE/EDUCATION PLATFO 30 00	0	0	0
SUITS BRENDA L 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	HABITAT, UNITED WAY AND MI 30 00	0	0	0
LUM WYNNE 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	FINANCIAL LITERACY PROGRAM MANAGER 30 00	0	0	0

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SULLIVAN ANDREA 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	INTL GRANT PORTFOLIO MANAG 20 00	0	0	0
SCANLAN KATHLEEN 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	LMO SEGMENT EXECUTIVE 8 00	0	0	0
CURRAN MICHAEL 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	LMD SEGMENT EXECUTIVE 8 00	0	0	0
BARKER JEFF 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	LMO SEGMENT EXECUTIVE 8 00	0	0	0
DOLAN WILLIAM 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	ARTS AND CULTURE PLATFORM 10 00	0	0	0
O'GARROW JACQUELINE 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	COMMUNITY AFFAIRS PLATFORM 10 00	0	0	0
MCQUAID KATHERINE 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	COMMUNITY AFFAIRS PLATFORM 10 00	0	0	0
BROWN RICHARD 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	ENVIRONMENTAL PLATFORM MAN 10 00	0	0	0
DELGADO XIMENA 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	AFFINITY GROUPS & INDIAN R 30 00	0	0	0
BELL CAITLIN 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	STUDENT LEADER PROGRAM OWN 30 00	0	0	0
THORN GEORGE 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	NEIGHBOR BUILDER PROGRAM O 30 00	0	0	0
ROMANO SANDRA 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	JOE MARTIN SCHOLARSHIP PRO 30 00	0	0	0
CHAPPELL MELISSA 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	HR PROGRAM MANAGER 30 00	0	0	0
GOODMAN CECILIE 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	VOLUNTEERING GRANTS MANAGE 30 00	0	0	0
BANKS KEITH T 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	DIRECTOR 1 00	0	0	0

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

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
PLEPLER ANDREW D 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	DIRECTOR 1 00	0	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS AVIANO AB ITALY UNIT 6107 APO, AE 096046107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALASKA COMMUNITY FOUNDATION 3201 C STREET 110 ANCHORAGE, AK 995030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE RESOURCE AGENCY 1750 ABBOTT ROAD ANCHORAGE, AK 99507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHORAGE OPERA COMPANY 1507 SPAR AVE ANCHORAGE, AK 995011812	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
ANCHORAGE OPERA COMPANY 1507 SPAR AVE ANCHORAGE, AK 995011812	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
BEANS CAFE INC1020 E 4TH AVENUE ANCHORAGE, AK 99501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CARE CONNECTION INC 3350 COMMERCIAL DR STE 203 ANCHORAGE, AK 995013057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHILD CARE CONNECTION INC 3350 COMMERCIAL DR STE 203 ANCHORAGE, AK 995013057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILD CARE CONNECTION INC 3350 COMMERCIAL DR STE 203 ANCHORAGE, AK 995013057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTALASKA IN360 EGAN DR JUNEAU, AK 998011769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
COVENANT HOUSE ALASKA755 A ST ANCHORAGE, AK 995013625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK OF ALASKA INC 2121 SPAR AVENUE ANCHORAGE, AK 99501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF ALASKA INC 2121 SPAR AVENUE ANCHORAGE, AK 99501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JUNEAU JUNIOR GOLF CLUB INC PO BOX 20004 JUNEAU, AK 998020004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
JUNEAU SYMPHONY INCPO BOX 21236 JUNEAU, AK 998021236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNEAU SYMPHONY INCPO BOX 21236 JUNEAU, AK 998021236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 3209 DENALI STREET 200 ANCHORAGE, AK 99503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL AUDUBON SOCIETY INC 441 WEST FIFTH AVENUE SUITE 300 ANCHORAGE, AK 99501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP INC350 WHITTIER ST JUNEAU, AK 998011774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 143 E 9TH AVENUE ANCHORAGE, AK 99501	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,600
TRAIL MIX INCPO BOX 35693 JUNEAU, AK 998035693	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAIL MIX INCPO BOX 35693 JUNEAU, AK 998035693	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF ANCHORAGE 701 W 8TH AVE STE 230 ANCHORAGE, AK 995013469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
1857 FOUNDATION INCPO BOX 628 MOBILE, AL 36601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1857 FOUNDATION INCPO BOX 628 MOBILE, AL 36601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
305 8TH STREET305 8TH ST NW HUNTSVILLE, AL 358052745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
305 8TH STREET305 8TH ST NW HUNTSVILLE, AL 358052745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AARONS STAFF RESPITE CARE 2698 HWY 58 HELENA, AL 35080	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ABOUNDING LOVE MINISTRIES 2614 OAKWOOD AVE NW HUNTSVILLE, AL 358104310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ABOUNDING LOVE MINISTRIES 2614 OAKWOOD AVE NW HUNTSVILLE, AL 358104310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAPTIVE AQUATICS INC 1473 PARADISE COVE LN WILSONVILLE, AL 351868516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALABAMA AMERICAN LEGION BOYS STATE PO BOX 1069 MONTGOMERY, AL 361011069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALABAMA CHILDRENS HOSPITAL FOUNDATI 1600 7TH AVE S BIRMINGHAM, AL 352331711	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA CHRISTIAN ACADEMY 4700 WARES FERRY ROAD MONTGOMERY, AL 361093304	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ALABAMA EDUCATIONAL TELEVISION FOUN 2112 11TH AVE S STE 400 BIRMINGHAM, AL 35205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALABAMA FREE CLINIC INC PO BOX 1284 BAY MINETTE, AL 36507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA KIDNEY FOUNDATION INC 265 RIVERCHASE PARKWAY EAST SUITE 106 BIRMINGHAM, AL 35244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALABAMA POWER SERVICE ORGANIZATION 600 N 18TH ST BIRMINGHAM, AL 352910001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ALABAMA SHAKESPEARE FESTIVAL INC 1 FESTIVAL DR MONTGOMERY, AL 361174605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALABAMA WILDLIFE FEDERATION INC 3050 LANARK RD MILLBROOK, AL 360543616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA WILDLIFE FEDERATION INC 3050 LANARK RD MILLBROOK, AL 360543616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALABAMA WILDLIFE FEDERATION INC 3050 LANARK RD MILLBROOK, AL 360543616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALABAMA WOODWORKERS GUILD INC PO BOX 36804 BIRMINGHAM, AL 352366804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALABAMA WOODWORKERS GUILD INC PO BOX 36804 BIRMINGHAM, AL 352366804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALABASTER ARTS COUNCIL INC 1109 1ST STREET SOUTH ALABASTER, AL 35007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS RESOURCE CENTER INC 1314 WESTGATE PKWY STE 2 DOTHAN, AL 363032154	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS RESOURCE CENTER INC 1314 WESTGATE PKWY STE 2 DOTHAN, AL 363032154	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1100 IRELAND WAY STE 300 BIRMINGHAM, AL 352057014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	823
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
AMERICAN CANCER SOCIETY INC 1110 MONTLIMAR DR STE 420 MOBILE, AL 36609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
AMERICAN HEART ASSOCIATION INC 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 6275 UNIVERSITY DRIVE STE 37 PMB 120 HUNTSVILLE, AL 35806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,667
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 6275 UNIVERSITY DRIVE STE 37 PMB 120 HUNTSVILLE, AL 35806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
AMERICAN HEART ASSOCIATION INC 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
AMERICAN HEART ASSOCIATION INC 1449 MEDICAL PARK DRIVE BIRMINGHAM, AL 35213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 5015 WOODS CROSSING MONTGOMERY, AL 36106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN NATIONAL RED CROSS 1015 AIRPORT RD SW SUITE 202 HUNTSVILLE, AL 35082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN NATIONAL RED CROSS 700 CALDWELL TRACE BIRMINGHAM, AL 35242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 300 CAHABA PARK CIRCLE STE 209 BIRMINGHAM, AL 35242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 300 CAHABA PARK CIRCLE STE 209 BIRMINGHAM, AL 35242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 300 CAHABA PARK CIRCLE STE 209 BIRMINGHAM, AL 35242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAB CITY SCHOOL FOUNDATION INC PO BOX 626 ARAB, AL 350160626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARTHRITIS FOUNDATION INC 3800 COLONNADE PARKWAY SUITE 140 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ARTS COUNCIL INC 700 MONROE ST SW STE 2 HUNTSVILLE, AL 358015580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHAKIRAN INCPO BOX 1021 HUNTSVILLE, AL 35807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ASHAKIRAN INCPO BOX 1021 HUNTSVILLE, AL 35807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
ASSISTANCE LEAGUE OF MOBILE A CHAPT PO BOX 850212 MOBILE, AL 366850212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN FMA 323 LOWDER HALL AUBURN UNIVERSITY AUBURN, AL 368490001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,125
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
AUBURN UNIVERSITY FOUNDATION 317 S COLLEGE ST AUBURN, AL 368495149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AUTISM2ABILITY INC 14 MIDTOWN PARK E MOBILE, AL 36606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALDWIN COUNTY HUMANE SOCIETY PO BOX 206 FAIRHOPE, AL 365330206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
BAYSIDE ACADEMY303 DRYER AVENUE DAPHNE, AL 365264484	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BAYSIDE MEDICAL MISSIONS AND EDUCAT PO DRAWER 949 FAIRHOPE, AL 36533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTH A 3 SOUTH ROYAL ST STE 300 MOBILE, AL 366023705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BIG OAK RANCH INCPO BOX 507 SPRINGVILLE, AL 35146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRMINGHAM MUSEUM OF ART FOUNDATION 2000 REV ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 35203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,500
BIRMINGHAM MUSEUM OF ART FOUNDATION 2000 REV ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 35203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
BIRMINGHAM ZOO INC 2630 CAHABA RD BIRMINGHAM, AL 352231106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRMINGHAM-SOUTHERN COLLEGE 900 ARKADELPHIA ROAD BIRMINGHAM, AL 352540002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	17,500
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF THE UNIVERSITY OF ALABAMA PO BOX 870101 TUSCALOOSA, AL 354870142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
BOY SCOUTS OF AMERICA 516 LIBERTY PKWY BIRMINGHAM, AL 352427531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 516 LIBERTY PKWY BIRMINGHAM, AL 352427531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION O POST OFFICE BOX 531225 BIRMINGHAM, AL 35253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BREAST CANCER RESEARCH FOUNDATION O POST OFFICE BOX 531225 BIRMINGHAM, AL 35253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
BREAST CANCER RESEARCH FOUNDATION O POST OFFICE BOX 531225 BIRMINGHAM, AL 35253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,675
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALHOUN COUNTY CHAMBER OF COMMERCE PO BOX 1087 ANNISTON, AL 362021087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CAMP RAP-A-HOPE FOUNDATION INC 2701 AIRPORT BLVD MOBILE, AL 366062319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAMP SMILE A MILE1600 2ND AVE S BIRMINGHAM, AL 352331705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SMILE A MILE1600 2ND AVE S BIRMINGHAM, AL 352331705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CARE HOUSE INCPO BOX 884 SUMMERDALE, AL 36580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC FOUNDATION OF THE ARCHDIOC PO BOX 230 MOBILE, AL 366010230	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC FOUNDATION OF THE ARCHDIOC PO BOX 230 MOBILE, AL 366010230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CAVALIER RESCUE OF ALABAMA INC 5330 TECHNOLOGY LANE BIRMINGHAM, AL 35217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAVALIER RESCUE OF ALABAMA INC 5330 TECHNOLOGY LANE BIRMINGHAM, AL 35217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAVALIER RESCUE OF ALABAMA INC 5330 TECHNOLOGY LANE BIRMINGHAM, AL 35217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHASE THOMAS STRONG FOUNDATION 3312 HENRY RD ANNISTON, AL 362076344	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHEROKEE BEND ELEM SCH 4400 FAIR OAKS DRIVE MOUNTAIN BRK, AL 35213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEROKEE BEND ELEM SCH 4400 FAIR OAKS DRIVE MOUNTAIN BRK, AL 35213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,250
CHILDRENS DANCE FOUNDATION 1715 27TH CT S BIRMINGHAM, AL 352091827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOPE 305 SOUTH PERRY STREET MONTGOMERY, AL 36104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF ALABAMA 1600 7TH AVE S BIRMINGHAM, AL 352331711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL OF ALABAMA 1600 SEVENTH AVE S BIRMINGHAM, AL 352331711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS VILLAGE INC PO BOX 110501 BIRMINGHAM, AL 352110501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL CONSERVATION ASSOCIATION PO BOX 16987 MOBILE, AL 36616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLLAT JEWISH FAMILY SERVICES 3940 MONTCLAIR RD STE 205 MOUNTAIN BRK, AL 352132416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
COMMUNITY ENABLER DEVELOPERS INC 104 F ST ANNISTON, AL 36201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF CENTRAL ALAB 107 WALTER DAVIS DR BIRMINGHAM, AL 352092803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF SOUTH ALABA PO BOX 990 MOBILE, AL 366010990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY FOUNDATION OF WEST ALABAM PO BOX 3033 TUSCALOOSA, AL 354033033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF WEST ALABAM PO BOX 3033 TUSCALOOSA, AL 354033033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
COVENANT CHRISTIAN ASSEMBLY 1900 COVENANT DRIVE TUSCUMBIA, AL 356744752	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,010
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,300
CRIPPLED CHILDRENS FOUNDATION 2019 4TH AVE N STE 101 BIRMINGHAM, AL 352033360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSING PATHS ANIMAL RESCUE 210 DEAVERS TOWN RD CLEVELAND, AL 350494186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 200 OFFICE PARK DRIVE STE 115 BIRMINGHAM, AL 35223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DONOHO SCHOOL2501 HENRY RD ANNISTON, AL 362076341	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOTHAN LANDMARKS FOUNDATION INC PO BOX 6362 DOTHAN, AL 363026362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DUMAS WESLEY COMMUNITY CENTER 126 MOBILE ST MOBILE, AL 366072909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAST ALABAMA HUMANE SOCIETY INC 702 13TH ST PHENIX CITY, AL 368675039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST LAKE ACADEMY INC PO BOX 590049 BIRMINGHAM, AL 35259	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS ALABAMA INC 201 BEACON PARKWAY WEST SUITE 400 BIRMINGHAM, AL 35209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
EASTERN SHORE ART ASSN INC 401 OAK AVE FAIRHOPE, AL 365322403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN SHORE ART ASSN INC 401 OAK AVE FAIRHOPE, AL 365322403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	493
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,515
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY GUIDANCE CENTER 2358 FAIRLANE DR MONTGOMERY, AL 361161604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
FAMILY PROMISE OF BALDWIN COUNTYINC 20511 COUNTY ROAD 36 SUMMERDALE, AL 365803129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUNSHINE CENTER FOUNDATION I PO BOX 5160 MONTGOMERY, AL 361035160	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
FAMILY SUPPORT CENTER INC 113 W MAIN ST PRATTVILLE, AL 360673033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FILTER OF HOPE INCPO BOX 48999 TUSCALOOSA, AL 35404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR OUR JOURNEY 2418 HUNTINGTON GLEN DR BIRMINGHAM, AL 352261997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,020
FOOD FOR OUR JOURNEY 2418 HUNTINGTON GLEN DR BIRMINGHAM, AL 352261997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE HOOVER PUBLIC LIBRAR 200 MUNICIPAL DR HOOVER, AL 352165510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHERN ALABAMA INC 3483 SPRING HILL AVE MOBILE, AL 366081522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF SOUTHERN ALABAMA INC 3483 SPRING HILL AVE MOBILE, AL 366081522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRLS INCORPORATED OF DOTHAN ALABAM PO BOX 622 DOTHAN, AL 363020622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF DOTHAN ALABAM PO BOX 622 DOTHAN, AL 363020622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
GOODWILL INDUSTRIES-EASTER SEALS OF 2440 GORDON SMITH DR MOBILE, AL 366172319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM, AL 352096301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM, AL 352096301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM, AL 352096301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER BIRMINGHAM HUMANE SOCIETY 300 SNOW DR BIRMINGHAM, AL 352096301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALS INC1100 MERIDIAN ST N HUNTSVILLE, AL 358014636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HELEN KELLER HOSPITAL FOUNDATION IN 1300 S MONTGOMERY AVE SHEFFIELD, AL 356606334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
HOMEWOOD LIBRARY FOUNDATION 1721 OXMOOR RD HOMEWOOD, AL 352094036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOOVER SERVICE CLUB INC PO BOX 360771 BIRMINGHAM, AL 352360771	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF MONTGOMERY INC 1111 HOLLOWAY PARK MONTGOMERY, AL 361171902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUDSONALPHA FOUNDATION 601 GENOME WAY HUNTSVILLE, AL 358062908	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ELMORE COUNTY INC 255 CENTRAL PLANK RD WETUMPKA, AL 360925300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF ELMORE COUNTY INC 255 CENTRAL PLANK RD WETUMPKA, AL 360925300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
HUMANE SOCIETY OF ELMORE COUNTY INC 255 CENTRAL PLANK RD WETUMPKA, AL 360925300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSVILLE GOT YOUR SIX SERVICE DOG 3512 GREENBRIAR DR NW HUNTSVILLE, AL 35810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	551
HUNTSVILLE LIBRARY FOUNDATION PO BOX 443 HUNTSVILLE, AL 358040443	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
HUNTSVILLE LIBRARY FOUNDATION PO BOX 443 HUNTSVILLE, AL 358040443	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSVILLE SYMPHONY ORCHESTRA ASSOC PO BOX 2400 HUNTSVILLE, AL 358042400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
HUNTSVILLE SYMPHONY ORCHESTRA ASSOC PO BOX 2400 HUNTSVILLE, AL 358042400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 BALDWIN COUNTY PO BOX 1903 FAIRHOPE, AL 365331903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
IMPACT AMERICA 1901 6TH AVE N STE 2400 BIRMINGHAM, AL 352030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTERFAITH MINISTRIES INC OF CALHOU PO BOX 1444 ANNISTON, AL 362021444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J H RANCH MOUNTAIN RESORT 402 OFFICE PARK DR STE 310 BIRMINGHAM, AL 35223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
J H RANCH MOUNTAIN RESORT 402 OFFICE PARK DR STE 310 BIRMINGHAM, AL 35223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
J H RANCH MOUNTAIN RESORT 402 OFFICE PARK DR STE 310 BIRMINGHAM, AL 35223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE STATE UNIVERSITY FOUND 700 PELHAM ROAD NORTH ROCK HOUSE JACKSONVILLE, AL 362651602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JH RANCH INTERNATIONAL 402 OFFICE PARK DR STE 310 MOUNTAIN BRK, AL 352232493	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JOY TO LIFE FOUNDATION 2350 FAIRLANE DRIVE SUITE 130 MONTGOMERY, AL 36116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF BIRMINGHAM INC 2212 20TH AVE S BIRMINGHAM, AL 35223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATE DUNCAN SMITH DAUGHTERS OF THE 6077 MAIN ST GRANT, AL 357478333	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
KINGS HOMEPO BOX 351 CHELSEA, AL 35043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KINGS HOMEPO BOX 351 CHELSEA, AL 35043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS HOMEPO BOX 351 CHELSEA, AL 35043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LANTERN VISION INCPO BOX 660141 BIRMINGHAM, AL 352660141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LARCHE-MOBILE INC151 S ANN ST MOBILE, AL 36604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP AUTAUGA COUNTY INC PO BOX 680241 PRATTVILLE, AL 360680241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEADERSHIP AUTAUGA COUNTY INC PO BOX 680241 PRATTVILLE, AL 360680241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD MOUNTAIN BRK, AL 352132413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEVITE JEWISH COMMUNITY CENTER 3960 MONTCLAIR RD MOUNTAIN BRK, AL 352132413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LITTLE SISTERS OF THE POOR HOME FOR 1655 MCGILL AVE MOBILE, AL 36604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUDWIG VON MISES INSTITUTE FOR AUST 518 W MAGNOLIA AVE AUBURN, AL 368324528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 400 VESTAVIA PARKWAY SUITE 402 VESTAVIA HILLS, AL 35216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 3500 BLUE LAKE DRIVE STE 198 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 3500 BLUE LAKE DRIVE STE 198 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 115 GENERAL CANBY DRIVE SPANSIH FORT, AL 36527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MICHAEL J FOX FOUNDATION FOR PARKIN 115 GENERAL CANBY DRIVE SPANSIH FORT, AL 36527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MIKE HAWLEY MEMORIAL GOLF TOURNAMEN 215 SMITH ROAD SLOCOMB, AL 36375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY ACADEMY INC 3420 VAUGHN ROAD MONTGOMERY, AL 361060000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
MONTGOMERY AREA FAMILY VIOLENCE & P PO BOX 5160 MONTGOMERY, AL 361035160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MONTGOMERY AREA FOOD BANK INC 521 TRADE CENTER ST MONTGOMERY, AL 361082107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY CHRISTIAN SCHOOL 3265 MCGEHEE ROAD MONTGOMERY, AL 36111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
MONTGOMERY HUMANE SOCIETY 1150 JOHN OVERTON DR MONTGOMERY, AL 361103235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MONTGOMERY MUSEUM OF FINE ARTS ASSO 1 MUSEUM DR MONTGOMERY, AL 361174600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN BROOK CITY SCHOOLS FOUNDAT 32 VINE STREET MOUNTAIN BROOK, AL 35213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
NATURE CONSERVANCY 2100 1ST AVE N SUITE 500 BIRMINGHAM, AL 35203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NEVER SURRENDER - A BREAST CANCER S PO BOX 1098 GADSDEN, AL 359021098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CONVICTIONS OUTREACH INC 212 ADULLAM ROAD WETUMPKA, AL 360925979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NORMA LIVINGSTON OVARIAN CANCER FOU PO BOX 43826 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
NORMA LIVINGSTON OVARIAN CANCER FOU PO BOX 43826 BIRMINGHAM, AL 35243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
OLD FRIENDS SENIOR DOGS 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFORD HIGH SCH 1 YELLOW JACKET DRIVE OXFORD, AL 362031709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PIKE ROAD VOLUNTEER FIRE PROTECTION PO BOX 640099 PIKE ROAD, AL 360640099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
POPE JOHN PAUL II CATHOLIC HIGH SCH 7301 OLD MADISON PIKE HUNTSVILLE, AL 35806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOME FOR CHILDREN PO BOX 577 TALLADEGA, AL 35161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
PRESBYTERIAN HOME FOR CHILDREN PO BOX 577 TALLADEGA, AL 35161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PTA ALABAMA CONGRESS 150 PROVIDENT LANE MOBILE, AL 36608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUPS ON THE PLAINS729 W GLENN AVE AUBURN, AL 368320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PUPS ON THE PLAINS729 W GLENN AVE AUBURN, AL 368320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RED MOUNTAIN THEATRE COMPANY INC PO BOX 278 BIRMINGHAM, AL 352010278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED MOUNTAIN THEATRE COMPANY INC PO BOX 278 BIRMINGHAM, AL 352010278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,580
RED MOUNTAIN THEATRE COMPANY INC PO BOX 278 BIRMINGHAM, AL 352010278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
RESURRECTION CATHOLIC MISSIONS OF T 2815 FORBES DR MONTGOMERY, AL 361101307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,731
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER REGION UNITED WAY PO BOX 868 MONTGOMERY, AL 36101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RIVER REGION UNITED WAY PO BOX 868 MONTGOMERY, AL 36101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
RIVER REGION UNITED WAY PO BOX 868 MONTGOMERY, AL 36101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERHILL SCHOOL2710 DARBY DRIVE FLORENCE, AL 35630	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
RUMPSHAKER INCPO BOX 13023 BIRMINGHAM, AL 352023023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
RUSSEL HILL CANCER FOUNDATION INC 3601 CCI DRIVE HUNTSVILLE, AL 358052606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S O S ANIMAL ADOPTION CENTER 25944 HIGHWAY 134/84 ENTERPRISE, AL 36330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
S O S ANIMAL ADOPTION CENTER 25944 HIGHWAY 134/84 ENTERPRISE, AL 36330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
S O S ANIMAL ADOPTION CENTER 25944 HIGHWAY 134/84 ENTERPRISE, AL 36330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S O S ANIMAL ADOPTION CENTER 25944 HIGHWAY 134/84 ENTERPRISE, AL 36330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAINT JAMES SCHOOL 6010 VAUGHN RD MONTGOMERY, AL 361161202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SAMARITAN COUNSELING CENTER INC 2911 ZELDA RD MONTGOMERY, AL 361062648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN COUNSELING CENTER INC 2911 ZELDA RD MONTGOMERY, AL 361062648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAMFORD UNIVERSITY 800 LAKESHORE DR BIRMINGHAM, AL 352290001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SARTEC K-9 UNIT LLCPO BOX 1842 MADISON, AL 35758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARTEC K-9 UNIT LLCPO BOX 1842 MADISON, AL 35758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAV-A-LIFE MOBILE INC 308 S SAGE AVE A MOBILE, AL 366063616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	570
SECOND WIND PROGRAMS INC 402 OFFICE PARK DR STE 310 MOUNTAIN BRK, AL 352232493	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE DOGS ALABAMA 8365 MOBILE HWY HOPE HULL, AL 36043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SOCIETY OF 1868 INCPO BOX 25 MOBILE, AL 366010025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIETY OF 1868 INCPO BOX 25 MOBILE, AL 366010025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST ALABAMA MEDICAL CENTERFOU 1922 FAIRVIEW AVENUE DOTHAN, AL 363013022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH BIRMINGHAM, AL 35244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH BIRMINGHAM, AL 35244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH BIRMINGHAM, AL 35244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH BIRMINGHAM, AL 35244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SOUTHEASTERN DIABETES EDUCATION SER 500 CHASE PARK SOUTH BIRMINGHAM, AL 35244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,095
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SOUTHERN POVERTY LAW CENTER INC PO BOX 548 MONTGOMERY, AL 361044384	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 361044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SPRING HILL COLLEGE 4000 DAUPHIN STREET MOBILE, AL 366081791	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRING VALLEY SCHOOL FOUNDATION 2701 SYDNEY DRIVE BIRMINGHAM, AL 35211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SPRING VALLEY SCHOOL FOUNDATION 2701 SYDNEY DRIVE BIRMINGHAM, AL 35211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ST JOSEPH CHURCH 2300 BEASLEY AVENUE HUNTSVILLE, AL 35816	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY CATHOLIC SCHOOL 107 N LAFAYETTE STREET MOBILE, AL 366042207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST PAULS LUTHERAN SCHOOL 510 3RD AVE SE CULLMAN, AL 35055	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SUPPORT COMMITTEE FOR ALABAMA NATIO PO BOX 648 MONTEVALLO, AL 351150648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORT COMMITTEE FOR ALABAMA NATIO PO BOX 648 MONTEVALLO, AL 351150648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUPPORT COMMITTEE FOR ALABAMA NATIO PO BOX 648 MONTEVALLO, AL 351150648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
SUSAN G KOMEN BREAST CANCER FOUNDAT 1909 27TH AVE SOUTH HOMEWOOD, AL 35209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ART FUND OF BIRMINGHAM INC 2000 REVEREND ABRAHAM WOODS JR BLVD BIRMINGHAM, AL 352032205	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
THE BELL CENTER FOR EARLY INTERVENT PO BOX 590127 BIRMINGHAM, AL 35259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
THE EXCEPTIONAL FOUNDATION OF THE G PO BOX 1267 FAIRHOPE, AL 365331267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUNTSVILLE HOSPITAL FOUNDATION 801 CLINTON AVENUE EAST HUNTSVILLE, AL 35801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE HUNTSVILLE HOSPITAL FOUNDATION 801 CLINTON AVENUE EAST HUNTSVILLE, AL 35801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 900 MAXWELL BLVD MONTGOMERY, AL 361043031	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VESTAVIA HILLS UNITED METHODIST 2061 KENTUCKY AVE VESTAVIA HLS, AL 352161907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THERAPY PARTNERS INC 3054 LEEMAN FERRY RD SW STE J HUNTSVILLE, AL 358015660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THERAPY PARTNERS INC 3054 LEEMAN FERRY RD SW STE J HUNTSVILLE, AL 358015660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS HOSPITAL FOUNDATION INC PO BOX 929 FAIRHOPE, AL 365330929	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
TRINITY PRESBYTERIAN SCHOOL 1700 E TRINITY BLVD MONTGOMERY, AL 361062810	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
TRI-STATE COMMUNITY CHOIR PO BOX 8024 DOTHAN, AL 36304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROY UNIVERSITY FOUNDATION 304B ADAMS ADMINISTRATION BLDG TROY, AL 36082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
TROY UNIVERSITY FOUNDATION 304B ADAMS ADMINISTRATION BLDG TROY, AL 36082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TUSKEGEE UNIVERSITY TUSKEGEE UNIVERSITY/DEVELOPMENT OFFICE P O BOX 1304 TUSKEGEE, AL 36088	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUSKEGEE UNIVERSITYP O BOX 1304 TUSKEGEE, AL 36088	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
TUSKEGEE UNIVERSITY TUSKEGEE UNIVERSITY/DEVELOPMENT OFFICE P O BOX 1304 TUSKEGEE, AL 36088	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
U S SPACE & ROCKET CENTER EDUCATION ONE TRANQUILITY BASE HUNTSVILLE, AL 35805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UAB EDUCATIONAL FOUNDATION 1717 11TH AVE S BIRMINGHAM, AL 352054731	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
UMS-WRIGHT CORPORATION 65 MOBILE ST MOBILE, AL 366073140	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
UMS-WRIGHT CORPORATION 65 MOBILE ST MOBILE, AL 366073140	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMS-WRIGHT CORPORATION 65 MOBILE ST MOBILE, AL 366073140	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UMS-WRIGHT CORPORATION 65 MOBILE ST MOBILE, AL 366073140	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
UNITED CEREBRAL PALSY OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 366072500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	745
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 366072500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
UNITED CEREBRAL PALSY OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 366072500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
UNITED CEREBRAL PALSY OF MOBILE INC 3058 DAUPHIN SQUARE CONNECTOR MOBILE, AL 366072500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL ALABAMA INC PO BOX 320189 BIRMINGHAM, AL 352320189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF CENTRAL ALABAMA INC PO BOX 320189 BIRMINGHAM, AL 352320189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF CENTRAL ALABAMA INC PO BOX 320189 BIRMINGHAM, AL 352320189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL ALABAMA INC PO BOX 320189 BIRMINGHAM, AL 352320189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF ETOWAH COUNTY ALABAMA 235 COLLEGE ST GADSDEN, AL 359014134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	549
UNITED WAY OF ETOWAH COUNTY ALABAMA 235 COLLEGE ST GADSDEN, AL 359014134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	932
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ETOWAH COUNTY ALABAMA 235 COLLEGE ST GADSDEN, AL 359014134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
UNITED WAY OF THE NORTHWEST ALABAMA PO BOX 1228 FLORENCE, AL 356311228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870101 TUSCALOOSA, AL 35487	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870101 TUSCALOOSA, AL 35487	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870101 TUSCALOOSA, AL 35487	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ALABAMA ALUMNI ASSOC PO BOX 870101 TUSCALOOSA, AL 35487	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NO ALA FOUNDATION UNA BOX 5113 FLORENCE, AL 356320001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF SOUTH ALABAMA 650 CLINIC DR TRP III SUITE 1500 MOBILE, AL 36688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VESTAVIA HILLS SOCCER CLUB INCORPOR 1973 MERRYVALE RD VESTAVIA, AL 352162740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OUTREACH807 MIDWAY DR HARTSELLE, AL 35640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
VETERANS OUTREACH807 MIDWAY DR HARTSELLE, AL 35640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VETERANS OUTREACH807 MIDWAY DR HARTSELLE, AL 35640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIVIAN B ADAMS SCHOOL BOARD 2047 STUART TARTER ROAD OZARK, AL 36360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
VIVIAN B ADAMS SCHOOL BOARD 2047 STUART TARTER ROAD OZARK, AL 36360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
VIVIAN B ADAMS SCHOOL BOARD 2047 STUART TARTER ROAD OZARK, AL 36360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIVIAN B ADAMS SCHOOL BOARD 2047 STUART TARTER ROAD OZARK, AL 36360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
WALKER ELEM SCH 13051NORTHSIDE ROAD NORTHPORT, AL 35475	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
WEEKS BAY FOUNDATION INC 11401 US HIGHWAY 98 FAIRHOPE, AL 365325404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEEKS BAY FOUNDATION INC 11401 US HIGHWAY 98 FAIRHOPE, AL 365325404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WIREGRASS UNITED WAY INC PO BOX 405 DOTHAN, AL 36302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,754
WIREGRASS UNITED WAY INC PO BOX 405 DOTHAN, AL 36302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIREGRASS UNITED WAY INC PO BOX 405 DOTHAN, AL 36302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
WIREGRASS UNITED WAY INC PO BOX 405 DOTHAN, AL 36302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	762
WIREGRASS UNITED WAY INC PO BOX 405 DOTHAN, AL 36302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	361
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF GREATER BIRMINGHAM 2201 5TH AVE S SUITE 110 BIRMINGHAM, AL 352332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YELLOWHAMMER FUNDPO BOX 1565 TUSCALOOSA, AL 354031565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
YOUNG MENS CHRISTIAN ASSOCIATION PO BOX 2336 MONTGOMERY, AL 36102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION 29 WEST 14TH STREET ANNISTON, AL 362010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION PO BOX 2336 MONTGOMERY, AL 36102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 680009 PRATTVILLE, AL 360680009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSN OF BIRM 309 23RD STREET N BIRMINGHAM, AL 35203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
YOUNG WOMENS CHRISTIAN ASSN OF BIRM 309 23RD STREET N BIRMINGHAM, AL 35203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
AMERICAN HEART ASSOCIATION INC 909 W 2ND STREET LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 909 W 2ND STREET LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 401 SOUTH MONROE LITTLE ROCK, AR 72205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	327
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 722032137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ARKANSAS AUTISM FOUNDATION 11610 PLEASANT RDGE STE103 112 LITTLE ROCK, AR 722232359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	547
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDRENS FOUNDATION 1 CHILDRENS WAY SLOT 661 LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ARKANSAS CHILDRENS FOUNDATION 1 CHILDREN S WAY SLOT 661 - ATTN JONELL HASTINGS LITTLE ROCK, AR 722023510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ARKANSAS CHILDRENS HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 722023500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS CHILDRENS HOSPITAL 1 CHILDRENS WAY SLOT 663 LITTLE ROCK, AR 722023500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ARKANSAS COMMUNITY FOUNDATION INC 5 ALLIED DRIVE SUITE 51110 LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARKANSAS EDUCATIONAL TELECOMMUNICAT 350 S DONAGHEY CONWAY, AR 72034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 72209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 722098507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 72209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARKANSAS FOODBANK 4301 WEST 65TH STREET LITTLE ROCK, AR 72209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
ARKANSAS FORESTRY ASSOCIATION EDUCA 1213 W 4TH ST LITTLE ROCK, AR 722011905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS PET SAVERS331 HWY 463 N TRUMANN, AR 72472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
ARKANSAS PET SAVERS331 HWY 463 N TRUMANN, AR 72472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ARKANSAS REPERTORY THEATRE COMPANY P O BOX 110 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS SPORTS HALL OF FAME INC 3 VERIZON ARENA WAY NORTH LITTLE ROCK, AR 72114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ARKANSAS SPORTS HALL OF FAME INC 3 VERIZON ARENA WAY NORTH LITTLE ROCK, AR 72114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ARKANSAS STATE COUNCIL ON ECONOMIC PO BOX 3447 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARKANSAS STATE COUNCIL ON ECONOMIC PO BOX 3447 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ARKANSAS STATE UNIVERSITY SYSTEM FO PO BOX 1990 STATE UNIVERSITY JONE, AR 724671990	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DRIVE LITTLE ROCK, AR 722057299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENTONVILLE CHILD CARE AND DEVELOPM 1701 NE WILDCAT WAY BENTONVILLE, AR 727125561	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILL HILLARY & CHELSEA CLINTON FOUN 1200 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BOY SCOUTS OF AMERICA 3220 CANTRELL ROAD LITTLE ROCK, AR 72202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
BOY SCOUTS OF AMERICA 3220 CANTRELL ROAD LITTLE ROCK, AR 72202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CENTRAL ARKA P O BOX 530 NORTH LITTLE ROCK, AR 72115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CATHOLIC HIGH SCHOOL FOR BOYS 6300 FATHER TRIBOU STREET LITTLE ROCK, AR 72205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	433
CENTRAL ARKANSAS AREA AGENCY ON AGI 700 RIVERFRONT DRIVE N LITTLE ROCK, AR 721195988	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ARKANSAS RADIATION THERAPY PO BOX 55011 LITTLE ROCK, AR 72215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CENTRAL ARKANSAS RESCUE EFFORT FOR PO BOX 7604 LITTLE ROCK, AR 72217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHRIST THE KING SCHOOL 4002 N RODNEY PARHAM RD LITTLE ROCK, AR 72212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC800 W MARKHAM ST LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CITYYOUTH MINISTRIES INC PO BOX 627 JONESBORO, AR 72403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CIVIC SYMPHONY OF BENTON COUNTYGUIL PO BOX 1723 BENTONVILLE, AR 727121723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA COUNTY ANIMAL PROTECTION S PO BOX 2003 MAGNOLIA, AR 71754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CREDIT COUNSELING OF ARKANSAS INC PO BOX 10168 FAYETTEVILLE, AR 727030040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CREDIT COUNSELING OF ARKANSAS INC PO BOX 10168 FAYETTEVILLE, AR 727030040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 320 EXECUTIVE COURT SUITE 302 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
CYSTIC FIBROSIS FOUNDATION 320 EXECUTIVE COURT SUITE 302 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,280
DIEGO RANCH INC 306 CLOVERDALE COVE JONESBORO, AR 72401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DON ROBERTS ELEMENTARY SCHOOL 16601 LAMARCH DR LITTLE ROCK, AR 72223	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
EASTER SEALS ARKANSAS 3920 WOODLAND HEIGHTS ROAD LITTLE ROCK, AR 72212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EL ZOCALO IMMIGRANT RESOURCE CENTER PO BOX 250953 LITTLE ROCK, AR 72225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL COLLEGIATE SCHOOL 1701 CANTRELL RD LITTLE ROCK, AR 722011111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,595
EPISCOPAL COLLEGIATE SCHOOL FOUNDAT 1701 CANTRELL RD LITTLE ROCK, AR 722011111	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
FELINE RESCUE AND REHOME INC PO BOX 250567 LITTLE ROCK, AR 722250567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF NORTHEAST ARKANSAS PO BOX 2097 JONESBORO, AR 72402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FORT SMITH CHILDRENS EMERGENCY SHEL 3015 S 14TH ST FORT SMITH, AR 729016317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FULL CIRLCE 3603501 MARJON ST PINE BLUFF, AR 71603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENBRIER SOCCER CLUBPO BOX 897 GREENBRIER, AR 720580897	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1421 E 15TH ST FAYETTEVILLE, AR 727017217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 19051 JONESBORO, AR 724036600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF CENTRAL AR 6700 S UNIVERSITY AVE LITTLE ROCK, AR 72209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
HABITAT FOR HUMANITY OF CENTRAL AR 6700 S UNIVERSITY AVE LITTLE ROCK, AR 72209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HARDING UNIVERSITY 915 E MARKET BOX 12238 SEARCY, AR 721490001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARDING UNIVERSITY 915 E MARKET BOX 12238 SEARCY, AR 721490001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,891
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	248
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	291
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
HEIFER INTERNATIONAL FOUNDATION 1 WORLD AVE LITTLE ROCK, AR 722022863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,230
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,230
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	345
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	970
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HEIFER PROJECT INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	409
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	90
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	90
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
HINDU ASSOCIATION OF NORTH WEST ARK PO BOX 262 BENTONVILLE, AR 727120262	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HUMANE SOCIETY OF PULASKI COUNTY PO BOX 21260 LITTLE ROCK, AR 722211260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF THE DELTA PO BOX 3218 WEST HELENA, AR 72390	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	164
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE DELTA PO BOX 3218 WEST HELENA, AR 72390	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF THE DELTA PO BOX 3218 WEST HELENA, AR 72390	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
JDRF INTERNATIONAL 11324 ARCADE DRIVE SUITE 16 LITTLE ROCK, AR 72212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARKANSAS 1 WORLD AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
JUNIOR DEPUTY BABE RUTH BASEBALL BO PO BOX 250709 LITTLE ROCK, AR 722250709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR DEPUTY BABE RUTH BASEBALL BO PO BOX 250709 LITTLE ROCK, AR 722250709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF LITTLE ROCK INC 401 SOUTH SCOTT STREET LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUST COMMUNITIES OF ARKANSAS 1400 WEST MARKHAM SUITE 405 LITTLE ROCK, AR 722011826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LITTLE ROCK CHAMBER FOUNDATION TERM ONE CHAMBER PLAZA LITTLE ROCK, AR 72201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	32,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE ROCK COMPASSION CENTER 3618 W ROOSEVELT RD LITTLE ROCK, AR 722045561	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
LOVE WITHOUT BOUNDARIES FOUNDATION PO BOX 1861 LOWELL, AR 72745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
METHODIST FAMILY HEALTH FOUNDATION 1600 ALDERSGATE RD SUITE 100 LITTLE ROCK, AR 722056676	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST FAMILY HEALTH FOUNDATION 1600 ALDERSGATE RD SUITE 100 LITTLE ROCK, AR 722056676	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
METHODIST FAMILY HEALTH FOUNDATION 1600 ALDERSGATE RD SUITE 100 LITTLE ROCK, AR 722056676	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
MUSEUM OF DISCOVERY 500 PRESIDENT CLINTON AVENUE SUITE 150 LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF DISCOVERY 500 PRESIDENT CLINTON AVENUE SUITE 150 LITTLE ROCK, AR 72201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEVUS OUTREACH INC 361 SOUTHWEST DRIVE 353 JONESBORO, AR 72404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
NEVUS OUTREACH INC 361 SOUTHWEST DRIVE 353 JONESBORO, AR 72404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ARKANSAS HUMANE ASSOCIATI 6111 E HIGHLAND DR JONESBORO, AR 72401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHWEST ARKANSAS CHILDRENS SHELTE 14100 VAUGHN RD BENTONVILLE, AR 72713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NORTHWEST ARKANSAS CRISIS INTERVENT 614 E EMMA AVE STE 213 SPRINGDALE, AR 727644459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST ARKANSAS FOOD BANK 1378 JUNE SELF DR BETHEL HEIGHTS, AR 72764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
OUACHITA BAPTIST UNIVERSITY 410 OUACHITA OBU BOX 3754 ARKADELPHIA, AR 71998	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,430
OUACHITA BAPTIST UNIVERSITY 410 OUACHITA OBU BOX 3754 ARKADELPHIA, AR 71998	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR HOUSE INCPO BOX 34155 LITTLE ROCK, AR 72203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARK FOUNDATION INC 6915 GEYER SPRINGS RD LITTLE ROCK, AR 722092727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PARTNERS AGAINST TRAFFICKING HUMANS PO BOX 21066 LITTLE ROCK, AR 722211066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACE AT HOME FAMILY SHELTER INC PO BOX 10946 FAYETTEVILLE, AR 72703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PULASKI ACADEMY12701 HINSON RD LITTLE ROCK, AR 722123301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
RESTORATION MINISTRIES 2215 LITTLE FLOCK DR ROGERS, AR 727567044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION MINISTRIES 2215 LITTLE FLOCK DR ROGERS, AR 727567044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 1501 WEST 10TH STREET LITTLE ROCK, AR 722024613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES OF 1501 WEST 10TH STREET LITTLE ROCK, AR 722024613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE COMMUNITY CENTER PO BOX 939 ROGERS, AR 72757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SINGLE PARENT SCHOLARSHIP FUND OF B 2601 SW D STREET BENTONVILLE, AR 72712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SOUTHERN ARKANSAS UNIVERSITY FOUNDA 100 E UNIVERSITY MSC 9174 MAGNOLIA, AR 717532181	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ARKANSAS UNIVERSITY FOUNDA 100 E UNIVERSITY MSC 9174 MAGNOLIA, AR 717532181	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
ST JOSEPHS HELPERS OF PULASKI COUNT PO BOX 25413 LITTLE ROCK, AR 72221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SUBIACO ACADEMY 405 N SUBIACO AVE SUBIACO, AR 72865	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,864
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 904 AUTUMN ROAD SUITE 500 LITTLE ROCK, AR 72211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 403 W MAPLE STREET SPRINGDALE, AR 72764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SYMPHONY ORCHESTRA OF NORTHWEST ARK PO BOX 1243 FAYETTEVILLE, AR 727021243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN ACTION AND SUPPORT CENTER 2525 W NEW HOPE RD ROGERS, AR 72758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TEEN ACTION AND SUPPORT CENTER 2525 W NEW HOPE RD ROGERS, AR 72758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ARKANSAS SYMPHONY ORCHESTRA SOC POST OFFICE BOX 7328 LITTLE ROCK, AR 72217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JACK STEPHENS YOUTH GOLF ACADEM 1 FIRST TEE WAY LITTLE ROCK, AR 72204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ROTARY CLUB 99 FOUNDATION 621 E CAPITOL AVE LITTLE ROCK, AR 72202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
THE SALVATION ARMY501 E 12TH PINE BLUFF, AR 71601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY1111 W MARKAM LITTLE ROCK, AR 72201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE UNIVERSITY OF ARKANSAS FORT SMI PO BOX 3649 FORT SMITH, AR 729133649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TURPENTINE CREEK FOUNDATION INC 239 TURPENTINE CREEK LN EUREKA SPGS, AR 726329185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWENTIETH CENTURY CLUB OF LITTLE RO 4011 MARYLAND AVE LITTLE ROCK, AR 72204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,249
TWENTIETH CENTURY CLUB OF LITTLE RO 4011 MARYLAND AVE LITTLE ROCK, AR 72204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
TWENTIETH CENTURY CLUB OF LITTLE RO 4011 MARYLAND AVE LITTLE ROCK, AR 72204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
UNIVERSITY OF ARKANSAS FOUNDATION I 4301 W MARKHAM ST MS 716 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ARKANSAS FOUNDATION I 535 RESEARCH CENTER BLVD STE 120 FAYETTEVILLE, AR 727016944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF ARKANSAS FOUNDATION I 4301 W MARKHAM ST MS 716 LITTLE ROCK, AR 72205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL ARKANSAS FOUN 201 DONAGHEY AVENUE UCA BOX 4986 CONWAY, AR 720355001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VALLEY VIEW HIGH SCHOOL PO BOX 8053 JONESBORO, AR 72403	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
WALTON ARTS CENTER COUNCIL INC PO BOX 3547 FAYETTEVILLE, AR 72702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALTON ARTS CENTER COUNCIL INC PO BOX 3547 FAYETTEVILLE, AR 72702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WILDWOOD PARK FOR THE ARTS INC 20919 DENNY RD LITTLE ROCK, AR 722239279	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMEN & CHILDREN FIRST THE CENTER A PO BOX 1954 LITTLE ROCK, AR 722031954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 CLUB OF ARIZONA 333 N 44TH ST 100 PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
100 CLUB OF ARIZONA 333 N 44TH ST 100 PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
100 CLUB OF ARIZONA 333 N 44TH ST 100 PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 CLUB OF ARIZONA 333 N 44TH ST 100 PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	138
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,872
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	323
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	127
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
1N10 INC1101 N CENTRAL AVE 202 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
2ND CHANCE DOG RESCUE 2449 W ANGEL WAY QUEEN CREEK, AZ 851426677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
2ND CHANCE DOG RESCUE 2449 W ANGEL WAY QUEEN CREEK, AZ 851426677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
A NEW LEAF INC868 E UNIVERSITY DR MESA, AZ 852038033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
A NEW LEAF INC868 E UNIVERSITY DR MESA, AZ 852038033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
A STEPPING STONE FOUNDATION PO BOX 87149 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ABIDE MATERNITY HOMEPO BOX 3758 CAMP VERDE, AZ 86322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	987
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABIDE MATERNITY HOMEPO BOX 3758 CAMP VERDE, AZ 86322	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
ABILITY360 INC 5025 E WASHINGTON ST STE 200 PHOENIX, AZ 850347439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILITY360 INC 5025 E WASHINGTON ST STE 200 PHOENIX, AZ 850347439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY360 INC 5025 E WASHINGTON ST STE 200 PHOENIX, AZ 850347439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ABILITY360 INC 5025 E WASHINGTON ST STE 200 PHOENIX, AZ 850347439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX, AZ 850110148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX, AZ 850110148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX, AZ 850110148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ACLU FOUNDATION OF ARIZONA PO BOX 17148 PHOENIX, AZ 850110148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADF FOUNDATION15100 N 90TH ST SCOTTSDALE, AZ 852602769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ADF FOUNDATION15100 N 90TH ST SCOTTSDALE, AZ 852602769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ADF FOUNDATION15100 N 90TH ST SCOTTSDALE, AZ 852602769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADF FOUNDATION15100 N 90TH ST SCOTTSDALE, AZ 852602769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AGAPE ADOPTION AGENCY OF ARIZONA IN 4302 E BROADWAY RD PHOENIX, AZ 85040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AHWATUKEE DEVILS 366 E BRIARWOOD TERRACE PHOENIX, AZ 850485926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH ST PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH ST PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
AID TO ADOPTION OF SPECIAL KIDS 2320 N 20TH ST PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID TO WOMEN CENTER 1328 E APACHE BLVD TEMPE, AZ 85281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ALL SAINTS' EPISCOPAL DAY SCHOOL 6300 N CENTRAL AVE PHOENIX, AZ 85012	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ALMOST HOME BULLDOG RESCUE INC PO BOX 10306 TEMPE, AZ 852840006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	59
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 340 EAST PALM LANE SUITE 230 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS RESEARCH AND PREVENTION PO BOX 30783 TUCSON, AZ 85715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMATEUR ATHLETIC UNION OF THE UNITE 1214 W SAND HILLS CT GILBERT, AZ 852336130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	628
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 5333 N 7TH ST B212 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,305
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	916
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,610
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	835
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,275
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 2929 S 48TH STREET TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 645 E MISSOURI AVE STE 255 PHOENIX, AZ 850120005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN LEBANESE SYRIAN ASSOC CHAR 645 E MISSOURI AVE STE 255 PHOENIX, AZ 850120005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2916 E BROADWAY BLVD TUCSON, AZ 85716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2916 E BROADWAY BLVD TUCSON, AZ 85716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 360 EAST CORONADO ROAD STE 140 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ANDRE HOUSE OF ARIZONA INC PO BOX 2014 PHOENIX, AZ 850012014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDRE HOUSE OF ARIZONA INC PO BOX 2014 PHOENIX, AZ 850012014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ANDRE HOUSE OF ARIZONA INC PO BOX 2014 PHOENIX, AZ 850012014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANGEL CHARITY FOR CHILDREN INC 3132 N SWAN RD TUCSON, AZ 857121227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL CHARITY FOR CHILDREN INC 3132 N SWAN RD TUCSON, AZ 857121227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ANGEL CHARITY FOR CHILDREN INC 3132 N SWAN RD TUCSON, AZ 857121227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ANIMALS BENEFIT CLUB OF ARIZONA INC 3111 E SAINT JOHN RD PHOENIX, AZ 850321952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS BENEFIT CLUB OF ARIZONA INC 3111 E SAINT JOHN RD PHOENIX, AZ 850321952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ANIMALS BENEFIT CLUB OF ARIZONA INC 3111 E SAINT JOHN RD PHOENIX, AZ 850321952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
APOLLO HIGH SCHOOL 8045 N 47TH AVENUE GLENDALE, AZ 853026499	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APOLLO HIGH SCHOOL 8045 N 47TH AVENUE GLENDALE, AZ 853026499	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ARCADIA SCOTTSDALE UNITED SOCCER CL PO BOX 5075 SCOTTSDALE, AZ 852615075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARCADIA SCOTTSDALE UNITED SOCCER CL PO BOX 5075 SCOTTSDALE, AZ 852615075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY CENTRAL S 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,400
ARCHWAY CLASSICAL ACADEMY CENTRAL S 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ARCHWAY CLASSICAL ACADEMY CHANDLER 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY CHANDLER 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ARCHWAY CLASSICAL ACADEMY CHANDLER 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,250
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY MESA 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ARCHWAY CLASSICAL ACADEMY NORTH PHO 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 850342025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ARCHWAY CLASSICAL ACADEMY SCOTTSDAL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY SOUTH GIL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
ARCHWAY CLASSICAL ACADEMY SOUTH GIL 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
ARCHWAY CLASSICAL ACADEMY VERITAS 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY CLASSICAL ACADEMY VERITAS 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,350
ARETE PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ARIS FOUNDATION INC 475 E JOSEPH WAY GILBERT, AZ 852951559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA ANIMAL WELFARE LEAGUE INC 25 N 40TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARIZONA ASSOCIATION FOR FOSTER AND 3110 EAST THUNDERBIRD RD STE 110 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
ARIZONA ASSOCIATION FOR FOSTER AND 3110 EAST THUNDERBIRD RD STE 110 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA ASSOCIATION FOR FOSTER AND 3110 EAST THUNDERBIRD RD STE 110 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
ARIZONA AUTISM UNITED INC 5025 E WASHINGTON ST STE 212 PHOENIX, AZ 850347439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA BASSET HOUND RESCUE INC PO BOX 32594 PHOENIX, AZ 850642594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARIZONA BEAGLE RESCUE PO BOX 61193 PHOENIX, AZ 850821193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARIZONA CANCER FOUNDATION FOR CHILD 10115 E BELL ROAD SUITE 107-278 SCOTTSDALE, AZ 852602189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CANCER FOUNDATION FOR CHILD 10115 E BELL ROAD SUITE 107-278 SCOTTSDALE, AZ 852602189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ARIZONA CATTLE DOG RESCUE 2468 HANO TRL FLAGSTAFF, AZ 860013622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ARIZONA CATTLE DOG RESCUE 2468 HANO TRL FLAGSTAFF, AZ 860013622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CATTLE DOG RESCUE 2468 HANO TRL FLAGSTAFF, AZ 860013622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ARIZONA CENTER FOR NATURE CONSERVAT 455 N GALVIN PARKWAY PHOENIX, AZ 85008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA CENTER FOR THE BLIND AND VI 3100 E ROOSEVELT ST PHOENIX, AZ 850085036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CENTER FOR THE BLIND AND VI 3100 E ROOSEVELT ST PHOENIX, AZ 850085036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ARIZONA CENTER FOR THE BLIND AND VI 3100 E ROOSEVELT ST PHOENIX, AZ 850085036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
ARIZONA CENTER FOR THE BLIND AND VI 3100 E ROOSEVELT ST PHOENIX, AZ 850085036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,013
ARIZONA CHRISTIAN SCHOOL TUITION OR PO BOX 6580 CHANDLER, AZ 852466580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,320
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,213
ARIZONA CHRISTIAN SCHOOL TUITION OR PO BOX 6580 CHANDLER, AZ 852466580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,213
ARIZONA CHRISTIAN SCHOOL TUITION OR PO BOX 6580 CHANDLER, AZ 852466580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	831
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA CHRISTIAN SCHOOL TUITION OR PO BOX 6580 CHANDLER, AZ 852466580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,199
ARIZONA CHRISTIAN SCHOOL TUITION OR 2241 E PECOS RD STE 3 CHANDLER, AZ 852256144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ARIZONA CIVIL WAR COUNCIL INC 3748 W MERCER LN PHOENIX, AZ 850294025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA COMMUNITY FOUNDATION 2420 W 1ST STREET TEMPE, AZ 85281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ARIZONA COMMUNITY FOUNDATION 2420 W 1ST STREET TEMPE, AZ 85281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ARIZONA COUNCIL ON ECONOMIC EDUCATI 16421 N TATUM BLVD STE 123 PHOENIX, AZ 85032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA COUNCIL ON ECONOMIC EDUCATI 16421 N TATUM BLVD STE 123 PHOENIX, AZ 85032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	583
ARIZONA COUNCIL ON ECONOMIC EDUCATI 16421 N TATUM BLVD STE 123 PHOENIX, AZ 85032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARIZONA COUNCIL ON ECONOMIC EDUCATI 16421 N TATUM BLVD STE 123 PHOENIX, AZ 85032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA ELKS MAJOR PROJECTS INC 4545 E 5TH ST TUCSON, AZ 85711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ARIZONA FRIENDS OF FOSTER CHILDREN 360 ECORONADO ROAD SUITE 190 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARIZONA FRIENDS OF FOSTER CHILDREN 360 ECORONADO ROAD SUITE 190 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA FRIENDS OF FOSTER CHILDREN 360 ECORONADO ROAD SUITE 190 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ARIZONA HELPING HANDS 3110 E THUNDERBIRD RD SUITE 100 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ARIZONA HISPANIC CHAMBER OF COMMERC 1020 E MISSOURI AVENUE PHOENIX, AZ 85014	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HISPANIC CHAMBER OF COMMERC 1020 E MISSOURI AVENUE PHOENIX, AZ 85014	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	720
ARIZONA HISPANIC CHAMBER OF COMMERC 1020 E MISSOURI AVENUE PHOENIX, AZ 85014	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	480
ARIZONA HISPANIC CHAMBER OF COMMERC 1020 E MISSOURI AVENUE PHOENIX, AZ 85014	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HOUSING COALITION 1495 E OSBORN ROAD PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,500
ARIZONA HOUSING COALITION 1495 E OSBORN ROAD PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ARIZONA HOUSING INC 209 WEST JACKSON STREET SUITE 100 PHOENIX, AZ 85003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	803
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,421
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	820
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,615
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,166
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,286
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,140
ARIZONA HUMANE SOCIETY 1521 W DOBBINS RD PHOENIX, AZ 85041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULVER STREET PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA JUSTICE PROJECT INC PO BOX 877906 TEMPE, AZ 852877906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ARIZONA MUSICFESTPO BOX 25455 SCOTTSDALE, AZ 852550107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARIZONA OPERA COMPANY 1636 N CENTRAL AVE PHOENIX, AZ 850041623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA PET PROJECT 3905 N 7TH AVENUE 7611 PHOENIX, AZ 85011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ARIZONA PRIVATE EDUCATION SCHOLARSH 6909 E GREENWAY PKWY STE 240 SCOTTSDALE, AZ 85254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ARIZONA SCHOOL FOR THE ARTS 1410 N 3RD ST PHOENIX, AZ 850041608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SCHOOL FOR THE ARTS 1410 N 3RD ST PHOENIX, AZ 850041608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	264
ARIZONA SCHOOL FOR THE ARTS 1410 N 3RD ST PHOENIX, AZ 850041608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ARIZONA SCHOOL FOR THE ARTS 1410 N 3RD ST PHOENIX, AZ 850041608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SEALS SWIMMING ACADEMY 1714 N BROWN AVE CASA GRANDE, AZ 851220000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	348
ARIZONA SEALS SWIMMING ACADEMY 1714 N BROWN AVE CASA GRANDE, AZ 851220000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
ARIZONA SEALS SWIMMING ACADEMY 1714 N BROWN AVE CASA GRANDE, AZ 851220000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA SEALS SWIMMING ACADEMY 1714 N BROWN AVE CASA GRANDE, AZ 851220000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
ARIZONA SPORTS FOUNDATION 7135 E CAMELBACK RD STE 290 SCOTTSDALE, AZ 852511288	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
ARIZONA STATE UNIVERSITY FOUNDATION 555 N CENTRAL AVE STE 500 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	120
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
ARIZONA THEATRE COMPANY PO BOX 1631 TUCSON, AZ 85702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONA TUITION CONNECTION INC 11445 E VIA LINDA STE 2-145 SCOTTSDALE, AZ 852592822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,606
ARIZONA TUITION CONNECTION INC 11445 E VIA LINDA STE 2-145 SCOTTSDALE, AZ 852592822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,051
ARIZONANS FOR CHILDREN INC 2435 E LA JOLLA DRIVE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARIZONAS CATHOLIC TUITION SUPPORT O PO BOX 31 TUCSON, AZ 85701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,177
ASIAN CORPORATE AND ENTREPRENEUR LE P O BOX 25527 TEMPE, AZ 852855527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ASIAN CORPORATE AND ENTREPRENEUR LE P O BOX 25527 TEMPE, AZ 852855527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF PHOENIX ARIZON 9224 N 5TH ST PHOENIX, AZ 85020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
ASSISTANCE LEAGUE OF PHOENIX ARIZON 9224 N 5TH ST PHOENIX, AZ 85020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
ASSISTANCE LEAGUE OF TUCSON INC 1307 N ALVERNON WAY TUCSON, AZ 85712	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSYRIAN AMERICAN CULTURAL ORGANIZA PO BOX 11284 GLENDALE, AZ 853181284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	668
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUNT RITAS FOUNDATION 1101 N CENTRAL AVE SUITE 212 PHOENIX, AZ 850041808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	709
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,027
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	123
AZ CENTER FOR ANIMAL RESCUE AND EDU PO BOX 1783 QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,297
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK THE BLUE PET RESCUE 18521 E QUEEN CREEK RD STE 105-111 QUEEN CREEK, AZ 851425822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BACK THE BLUE PET RESCUE 18521 E QUEEN CREEK RD STE 105-111 QUEEN CREEK, AZ 851425822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK-TO-SCHOOL CLOTHING DRIVE ASSOC 360 E CORONADO RD 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BASHA HIGH SCHOOL 5990 SOUTH VAL VISTA DRIVE CHANDLER, AZ 85249	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
BASIS CHANDLER PRIMARY- SOUTH CAMPU 204 W CHANDLER HEIGHTS RD CHANDLER, AZ 85248	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASIS CHARTER SCHOOLS INC 7975 N HAYDEN RD STE B100 SCOTTSDALE, AZ 852583246	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BASIS FLAGSTAFF 1700 N GEMINI DRIVE FLAGSTAFF, AZ 86001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
BASIS FLAGSTAFF 1700 N GEMINI DRIVE FLAGSTAFF, AZ 86001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASIS FLAGSTAFF 1700 N GEMINI DRIVE FLAGSTAFF, AZ 86001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BASIS FLAGSTAFF 1700 N GEMINI DRIVE FLAGSTAFF, AZ 86001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
BASIS SCOTTSDALE 7975 N HAYDEN RD STE B202 SCOTTSDALE, AZ 85258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASIS SCOTTSDALE 7975 N HAYDEN RD STE B202 SCOTTSDALE, AZ 85258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE A LEADER FOUNDATION 1715 W NORTHERN AVENUE SUITE 104 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BENEVILLA16752 N GREASEWOOD ST SURPRISE, AZ 85378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BENEVILLA16752 N GREASEWOOD ST SURPRISE, AZ 85378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF CENTRAL 4745 N 7TH ST SUITE 210 PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF SOUTHER 160 E ALAMEDA ST TUCSON, AZ 857011202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF TUCSON 160 E ALAMEDA ST TUCSON, AZ 857011202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BNAI BRITH COVENANT HOUSE OF TUCSON 4414 E SECOND ST TUCSON, AZ 857111194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13,000
BNAI BRITH COVENANT HOUSE OF TUCSON 4414 E 2ND ST TUCSON ARIZONA 85711 TUCSON, AZ 857111194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULDER CREEK ELEMENTARY SCHOOL 22801 NORTH 22ND STREET PHOENIX, AZ 85024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	137
BOXER LUV RESCUEPO BOX 47777 PHOENIX, AZ 850687777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 2969 N GREENFIELD ROAD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2969 N GREENFIELD RD PHOENIX, AZ 850167715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
BOYS & GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF TUCSON PO BOX 40217 TUCSON, AZ 85717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 850085409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 850085409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METROPOLITAN 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 850085409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,100
BOYS & GIRLS CLUBS OF SCOTTSDALE IN 10533 E LAKEVIEW DR SCOTTSDALE, AZ 852584965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUBS OF SCOTTSDALE IN 10533 E LAKEVIEW DR SCOTTSDALE, AZ 852584965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE EAST VALL 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 85008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUBS OF THE EAST VALL 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 85008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF THE EAST VALL 4309 E BELLEVIEW ST BLDG 14 PHOENIX, AZ 85008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE EAST VALL 44 N OAK GILBERT, AZ 85233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BROADMOR ELEMENTARY SCHOOL 311 AEPLI DRIVE TEMPE, AZ 852822205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	72
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,213
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
BROPHY COLLEGE PREPARATORY 4701 N CENTRAL AVE PHOENIX, AZ 850121723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,135
BWINDI COMMUNITY PROGRAM20 SEDONA, AZ 86336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMELOT THERAPEUTIC HORSEMANSHIP IN 23623 N SCOTTSDALE RD D3-259 SCOTTSDALE, AZ 852553471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CAMELOT THERAPEUTIC HORSEMANSHIP IN 23623 N SCOTTSDALE RD D3-259 SCOTTSDALE, AZ 852553471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANDEO SCHOOLS INC 9965 W CALLE LEJOS PEORIA, AZ 853831117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANDEO SCHOOLS INC 9965 W CALLE LEJOS PEORIA, AZ 853831117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CANDEO SCHOOLS INC 9965 W CALLE LEJOS PEORIA, AZ 853831117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CASA ACADEMY1500 W MARYLAND AVE PHOENIX, AZ 850151401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CASA DE LOS NINOS INC 1120 N 5TH AVE TUCSON, AZ 857057467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CASA FRANCISCANA OUTREACH PO BOX 15576 SCOTTSDALE, AZ 852675576	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTAWAY KIDS INC 2651 S DESERT RIDGE DR GREEN VALLEY, AZ 856228422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 N 7TH AVE PHOENIX, AZ 850132401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 7TH AVENUE PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 7TH AVENUE PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
CATHOLIC CHARITIES COMMUNITY SERVIC 4747 7TH AVENUE PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST STE 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	9,646
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST STE 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	585
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST STE 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	920
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST STE 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,900
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST STE 330 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	184
CAVE CREEK JR FALCONS INC 28811 N 79TH ST SCOTTSDALE, AZ 852662131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR BIOLOGICAL DIVERSITY INC PO BOX 710 TUCSON, AZ 857020710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
CENTRAL ARIZONA SHELTER SERVICES IN 230 S 12TH AVE PHOENIX, AZ 850073101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CENTRAL CHRISTIAN CHURCH ARIZONA 933 N LINDSAY RD MESA, AZ 852136048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,950
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CHRISTIAN CHURCH ARIZONA 933 N LINDSAY RD MESA, AZ 852136048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CENTRAL CHRISTIAN CHURCH ARIZONA 933 N LINDSAY RD MESA, AZ 852136048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
CENTRAL CHRISTIAN CHURCH ARIZONA 933 N LINDSAY RD MESA, AZ 852136048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CHRISTIAN CHURCH ARIZONA 933 N LINDSAY RD MESA, AZ 852136048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHANDLER GIRLS SOFTBALL LEAGUE PO BOX 228 CHANDLER, AZ 852440228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	108
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANDLER HIGH SCHOOL 1525 W FRYE RD CHANDLER, AZ 85224	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	34
CHANDLER SCHOOL BOOSTERS INC 4750 S SUNLAND DRIVE CHANDLER, AZ 85248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHANDLER SCHOOL BOOSTERS INC 1525 W FRYE RD CHANDLER, AZ 85224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES HUMPHREY KEATING IV FOUNDAT 2307 S RURAL RD TEMPE, AZ 852822424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHEER ARIZONA BOOSTER CLUB 14131 N RIO VISTA BLVD STE 3 PEORIA, AZ 853814917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	445
CHEER ARIZONA BOOSTER CLUB 14131 N RIO VISTA BLVD STE 3 PEORIA, AZ 853814917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEER ARIZONA BOOSTER CLUB 14131 N RIO VISTA BLVD STE 3 PEORIA, AZ 853814917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHERISHED TAILS SENIOR SANCTUARY 33817 E EAGLET RD MARANA, AZ 856588876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
CHICANOS POR LA CAUSA INC 1112 E BUCKEYE ROAD PHOENIX, AZ 85034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,690
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
CHILD CRISIS ARIZONA 2334 EAST POLK PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	111
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
CHILD CRISIS ARIZONA 2334 EAST POLK PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
CHILD CRISIS ARIZONA 2334 EAST POLK PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
CHILDHELP INC 6730 NORTH SCOTTSDALE ROAD SUITE 150 SCOTTSDALE, AZ 85253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHELP INC 4350 E CAMELBACK RD F250 PHOENIX, AZ 850188700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
CHILDRENS MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHIRICAHUA COMMUNITY HEALTH CENTERS 1205 F AVENUE DOUGLAS, AZ 85607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	824
CHOICES PREGNANCY CENTERS OF GREATE 10555 N 58TH DRIVE GLENDALE, AZ 853022020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
CHRISTIAN FAMILY CARE AGENCY INC 3603 NORTH 7TH AVE PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN LIFE OUTREACH INC 13440 N CAVE CREEK PHOENIX, AZ 85022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CHRYSALIS SHELTER FOR VICTIMS OF DO 2055 WEST NORTHERN AVENUE PHOENIX, AZ 85021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
CHRYSALIS SHELTER FOR VICTIMS OF DO 2055 WEST NORTHERN AVENUE PHOENIX, AZ 85021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CICERO PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
CICERO PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CIRCLE THE CITY 300 W CLARENDON AVE SUITE 200 PHOENIX, AZ 85013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMBING ASSOCIATION OF SOUTHERN AR 2954 N CAMPBELL AVENUE SUITE 210 TUCSON, AZ 85719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COLLEENS DREAM FOUNDATION 7120 E INDIAN SCHOOL RD STE K SCOTTSDALE, AZ 852513855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMBS HIGH SCHOOL BOOSTER CLUB INC 2505 E GERMANN RD SAN TAN VLY, AZ 851408913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMBS HIGH SCHOOL BOOSTER CLUB INC 2505 E GERMANN RD SAN TAN VLY, AZ 851408913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
COMBS HIGH SCHOOL BOOSTER CLUB INC 2505 E GERMANN RD SAN TAN VLY, AZ 851408913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COMMEMORATIVE AIR FORCE 2017 N GREENFIELD RD MESA, AZ 852152401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK INC 3003 S COUNTRY CLUB ROAD TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY FOOD BANK INC 3003 S COUNTRY CLUB ROAD TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
COMMUNITY FOOD BANK INC 3003 S COUNTRY CLUB ROAD TUCSON, AZ 85713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMPASSION CONNECT 85 WEST COMBS RD SUITE 101-182 SAN TAN VALLEY, AZ 85140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERNED CITIZENS FOR COMMUNITY HE 7700 E ROOSEVELT ST SCOTTSDALE, AZ 852574441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CRISIS PREGNANCY CENTERS OF GREATER 10555 N 58TH DRIVE GLENDALE, AZ 853022020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CRISIS PREGNANCY CENTERS OF GREATER 10555 N 58TH DRIVE GLENDALE, AZ 853022020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 5215 N SABINO CANYON RD TUCSON, AZ 85750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CYSTIC FIBROSIS FOUNDATION 5215 N SABINO CANYON RD TUCSON, AZ 85750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CYSTIC FIBROSIS FOUNDATION 5215 N SABINO CANYON RD TUCSON, AZ 85750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 5215 N SABINO CANYON RD TUCSON, AZ 85750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
D M 50 C 3PO BOX 32919 TUCSON, AZ 85751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
D M 50 C 3PO BOX 32919 TUCSON, AZ 85751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANCE MOTION PERFORMING COMPANY INC 3141 E BEARDSLEY RD PHOENIX, AZ 85050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DEER VALLEY HIGH SCHOOL 18424 N 51ST AVE GLENDALE, AZ 853081443	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
DEER VALLEY HIGH SCHOOL 18424 N 51ST AVE GLENDALE, AZ 853081443	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,155
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT BOTANICAL GARDEN 1201 N GALVIN PARKWAY PHOENIX, AZ 85008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	69
DESERT LABRADOR RETRIEVER RESCUE IN PO BOX 10575 GLENDALE, AZ 853180575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
DESERT LABRADOR RETRIEVER RESCUE IN PO BOX 10575 GLENDALE, AZ 853180575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT LABRADOR RETRIEVER RESCUE IN PO BOX 10575 GLENDALE, AZ 853180575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
DESERT MISSION INC9225 N 3RD ST PHOENIX, AZ 85020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DIAMOND GIRLS SOFTBALL ASSOCIATION PO BOX 6147 PEORIA, AZ 85385	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND STAR RANCH INC 906 S 339TH AVE TONOPAH, AZ 853548027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL FOR THE SOCIETY OF PO BOX 13600 PHOENIX, AZ 850023600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
DOWN SYNDROME NETWORK INC PO BOX 12495 TEMPE, AZ 85284	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
DOWN SYNDROME NETWORK INC PO BOX 12495 TEMPE, AZ 85284	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS PHOENIX 1024 E BUCKEYE RD SUITE 165 PHOENIX, AZ 850344020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DUET PARTNERS IN HEALTH & AGING INC 10000 N 31ST AVENUE SUITE D200 PHOENIX, AZ 85051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
DVHS FOOTBALL BOOSTER CLUB 5350 W BELL RD STE C122-225 GLENDALE, AZ 85308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE COLLEGE PREP 2450 WEST SOUTH MOUNTAIN AVE PHOENIX, AZ 85041	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
EARN TO LEARN4803 E 5TH STREET TUCSON, AZ 857117540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
EARN TO LEARN4803 E 5TH STREET TUCSON, AZ 857117540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS BLAKE FOUNDATION 7750 E BROADWAY BLVD SUITE A200 TUCSON, AZ 857103901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EL GRUPO YOUTH CYCLINGPO BOX 295 TUCSON, AZ 85702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
EL RIO HEALTH CENTER FOUNDATION INC 839 W CONGRESS ST TUCSON, AZ 857452819	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPACT-SUICIDE PREVENTION CENTER 618 S MADISON DRIVE TEMPE, AZ 85281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EQUINE VOICES RESCUE & SANCTUARY PO BOX 1685 GREEN VALLEY, AZ 856221685	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ESPERANCA INC1911 W EARLL DR PHOENIX, AZ 850156041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVIT - EAST VALLEY INSTITUTE OF TEC 1601 WEST MAIN STREET MESA, AZ 852016910	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	435
EVIT - EAST VALLEY INSTITUTE OF TEC 1601 WEST MAIN STREET MESA, AZ 852016910	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
EVIT - EAST VALLEY INSTITUTE OF TEC 1601 WEST MAIN STREET MESA, AZ 852016910	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITH CHRISTIAN CENTER 2640 E MCDOWELL RD PHOENIX, AZ 850083642	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FAMILY HOUSING RESOURCES INC 1700 E FT LOWELL RD SUITE 101 TUCSON, AZ 85719	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18,500
FATHER MATTERS INCPO BOX 13575 TEMPE, AZ 852840060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY HUNGRY CHILDREN INC 20439 N FLETCHER WAY PEORIA, AZ 853821421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
FEED MY STARVING CHILDREN 1345 S ALMA SCHOOL RD MESA, AZ 85210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FHF MEXICO INC 1744 SOUTH VAL VISTA DRIVE SUITE 217 MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRESIDE ELEMENTARY SCHOOL PARENT T 3725 E LONE CACTUS DR PHOENIX, AZ 850508360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLAGSTAFF SHELTER SERVICES INC 4185 E HUNTINGTON DR FLAGSTAFF, AZ 86004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FLORENCE CRITTENTON SERVICES OF ARI 715 WEST MARIPOSA STREET PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON SERVICES OF ARI 715 WEST MARIPOSA STREET PHOENIX, AZ 85013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FLORENCE IMMIGRANT AND REFUGEE RIGH PO BOX 86299 TUCSON, AZ 85754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLYING SAMARITANS ARIZONA PO BOX 68353 ORO VALLEY, AZ 85737	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	465
FOOD FOR THE HUNGRY INC 1220 E WASHINGTON STREET PHOENIX, AZ 850340000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
FOOD FOR THE HUNGRY INC 1224 E WASHINGTON ST PHOENIX, AZ 850341102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS COMMUNITY FOUNDATION INC 34250 NORTH 60TH ST BLDG B SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	157
FOOTHILLS COMMUNITY FOUNDATION INC 34250 NORTH 60TH ST BLDG B SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
FOOTHILLS COMMUNITY FOUNDATION INC 34250 NORTH 60TH ST BLDG B SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS COMMUNITY FOUNDATION INC 34250 NORTH 60TH ST BLDG B SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FOOTHILLS COMMUNITY FOUNDATION INC 34250 NORTH 60TH ST BLDG B SCOTTSDALE, AZ 85266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FOOTHILLS FOOD BANK 6038 E HIDDEN VALLEY DR CAVE CREEK, AZ 85331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS FOOD BANK 6038 E HIDDEN VALLEY DR CAVE CREEK, AZ 85331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FORE THE KIDS8810 N VIA LA SERENA PARADISE VLY, AZ 852532134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR BLIND CHILDREN 1234 E NORTHERN AVENUE PHOENIX, AZ 850203864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR HOMELESS CATS 2110 W TONOPAH DR PHOENIX, AZ 850273415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FREE ARTS FOR ABUSED CHILDREN OF AR 352 E CAMELBACK RD SUITE 101 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
FREE ARTS FOR ABUSED CHILDREN OF AR 352 E CAMELBACK RD SUITE 101 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREE ARTS FOR ABUSED CHILDREN OF AR 352 E CAMELBACK RD SUITE 101 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
FREE ARTS FOR ABUSED CHILDREN OF AR 352 E CAMELBACK RD SUITE 101 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	504
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
FRESH START WOMENS FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS FOR LIFE ANIMAL RESCUE 952 W MELODY AVENUE GILBERT, AZ 85233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
FRIENDS FOR LIFE ANIMAL RESCUE 952 W MELODY AVENUE GILBERT, AZ 85233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS FOR LIFE ANIMAL RESCUE 952 W MELODY AVENUE GILBERT, AZ 85233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS FOR LIFE ANIMAL RESCUE 952 W MELODY AVENUE GILBERT, AZ 85233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
FRIENDS FOR LIFE ANIMAL RESCUE 952 W MELODY AVENUE GILBERT, AZ 85233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	118
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST STE 4018 TEMPE, AZ 852816924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
FURNISHING DIGNITYPO BOX 51209 PHOENIX, AZ 850761209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GABRIELS ANGELS 727 EAST BETHANY HOME ROAD SUITE C-100 PHOENIX, AZ 85014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GENERATION JUSTICE 3900 EAST CAMELBACK ROAD SUITE 300 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GILBERT ELEMENTARY SCHOOL 175 W ELLIOTT GILBERT, AZ 85233	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHERN ARIZONA 4300 E BROADWAY BLVD TUCSON, AZ 857113506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 EAST CORONADO ROAD PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
GIRL SCOUTS-ARIZONA CACTUS PINE COU 11320 E SABLE AVE MESA, AZ 85212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS-ARIZONA CACTUS PINE COU 119 E CORONADO RD PHOENIX, AZ 850041512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GOODWILL INDUSTRIES OF CENTRAL ARIZ 2626 W BERYL AVE PHOENIX, AZ 85021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
GOODWILL INDUSTRIES OF SOUTHERN ARI 1940 E SILVERLAKE RD STE 405 TUCSON, AZ 857131950	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF SOUTHERN ARI 1940 E SILVERLAKE RD STE 405 TUCSON, AZ 857131950	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,500
GOSHALA1642 E ERIE ST CHANDLER, AZ 852255210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GRAND CANYON ASSOCIATION PO BOX 399 GRAND CANYON, AZ 86023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND CANYON ASSOCIATION PO BOX 399 GRAND CANYON, AZ 86023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
GREAT HEARTS ACADEMIES - ARCHWAY LI 3102 N 56TH ST PHOENIX, AZ 85009	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H A L O3227 E BELL RD STE D151 PHOENIX, AZ 85032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 1230 WILLOW CREEK RD PRESCOTT, AZ 863011428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY TUCSON INC 3501 N MOUNTAIN AVENUE TUCSON, AZ 85719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITIAT FOR HUMANITY INTERNATIONAL 115 E WATKINS ST PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITIAT FOR HUMANITY INTERNATIONAL 115 E WATKINS ST PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
HAPPY TAILS DACHSHUND RESCUE INC P O BOX 116 QUEEN CREEK, AZ 851427018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY TAILS DACHSHUND RESCUE INC P O BOX 116 QUEEN CREEK, AZ 851427018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HAPPY TAILS DACHSHUND RESCUE INC P O BOX 116 QUEEN CREEK, AZ 851427018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HELP IN HEALING HOME FOUNDATION INC 5811 E MAYO BLVD PHOENIX, AZ 850544503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMOSA MONTESSORI CHARTER SCHOOL 12051 E FORT LOWELL TUCSON, AZ 857499702	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
HERMOSA MONTESSORI CHARTER SCHOOL 12051 E FORT LOWELL TUCSON, AZ 857499702	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
HOME FUR GOOD ANIMAL RESCUE AND PLA 10220 N 32ND STREET PHOENIX, AZ 850283823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS ID PROJECTPO BOX 13027 PHOENIX, AZ 85002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOMELESS YOUTH CONNECTION INC 9950 W VAN BUREN ST SUITE 114 AVONDALE, AZ 85323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HOPE 4 KIDS INTERNATIONAL 34975 N NORTH VALLEY PKWY PHOENIX, AZ 850864028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE 4 KIDS INTERNATIONAL 34975 N NORTH VALLEY PKWY PHOENIX, AZ 850864028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE 4 KIDS INTERNATIONAL PO BOX 74010 PHOENIX, AZ 850871000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,151
HOPE AND A FUTURE INC 909 W MCDOWELL RD PHOENIX, AZ 85007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE WOMENS CENTER INC 1640 E MCDOWELL ROAD PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOPE WOMENS CENTER INC 1640 E MCDOWELL ROAD PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HORSES HELP FOUNDATION 2601 E ROSE GARDEN LN PHOENIX, AZ 850504605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE VALLEY 1510 E FLOWER STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
HOSPICE OF THE VALLEY 1510 E FLOWER ST PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSE OF REFUGE INC 6935 E WILLIAMS FIELD RD MESA, AZ 852126300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON ELEMENTARY SCHOOL 1325 E MALIBU DR TEMPE, AZ 852825742	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
HUMAN SERVICES CAMPUS INC 204 S 12TH AVE PHOENIX, AZ 85007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER RD TUCSON, AZ 857052618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SOUTHERN ARIZONA 635 W ROGER RD TUCSON, AZ 857052618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
I AM HURUMA COLLEGE FUND 1799 E QUEEN CREEK RD SUITE 1 CHANDLER, AZ 85286	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
I AM HURUMA COLLEGE FUND 1799 E QUEEN CREEK RD SUITE 1 CHANDLER, AZ 85286	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I C A N IMPROVING CHANDLERS AREA NE 650 E MORELOS STREET CHANDLER, AZ 852255531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ICM FOOD & CLOTHING BANK PO BOX 2225 PHOENIX, AZ 85002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
IMPERIAL COURT OF ARIZONAINCORPORAT PO BOX 7608 PHOENIX, AZ 850117608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPERIAL COURT OF ARIZONAINCORPORAT PO BOX 7608 PHOENIX, AZ 850117608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,877
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,110
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,107
INSTITUTE FOR BETTER EDUCATION 921 N SWAN RD TUCSON, AZ 85711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	831
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH COMMUNITY SERVICES 2820 W INA ROAD TUCSON, AZ 85741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INTERNATIONAL RESCUE COMMITTEE INC 4425 WEST OLIVE AVE SUITE 400 GLENDALE, AZ 85302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
J RODIE HOPE ALLIANCE INC 3317 S HIGLEY RD STE 114-220 GILBERT, AZ 85297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JARED ALLENS HOMES FOR WOUNDED WARR 7890 E MCCLAIN DRIVE UNIT 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JARED ALLENS HOMES FOR WOUNDED WARR 7890 E MCCLAIN DRIVE UNIT 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
JARED ALLENS HOMES FOR WOUNDED WARR 7890 E MCCLAIN DRIVE UNIT 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	233
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 4343 E CAMELBACK ROAD SUITE 230 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
JEWISH FEDERATION OF SOUTHERN ARIZO 3718 E RIVER ROAD STE 100 TUCSON, AZ 85718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JIMMY JET FOUNDATION 1500 E VALENCIA RD TUCSON, AZ 857066020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
JIMMY JET FOUNDATION 1500 E VALENCIA RD TUCSON, AZ 857066020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
JIMMY JET FOUNDATION 1500 E VALENCIA RD TUCSON, AZ 857066020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBPATH INC 616 N COUNTRY CLUB RD SUITE 110 TUCSON, AZ 85716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JOBPATH INC 616 N COUNTRY CLUB RD SUITE 110 TUCSON, AZ 85716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JOSHUA TREE FEEDING PROGRAM INC 530 E MCDOWELL RD SUITE 107-247 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD SUITE 109 TUCSON, AZ 85710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 6339 E SPEEDWAY BLVD SUITE 109 TUCSON, AZ 85710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,687
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
JUNIOR ACHIEVEMENT OF ARIZONA 636 WEST SOUTHERN AVENUE TEMPE, AZ 85282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
JUNIOR LEAGUE OF PHOENIX FOUNDATION 2505 N CENTRAL AVE PHOENIX, AZ 850041334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAIZEN EDUCATIONAL FOUNDATION 7500 N DREAMY DRAW DR SUITE 220 PHOENIX, AZ 850204470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
KENILWORTH ELEMENTARY SCHOOL 1210 N 5TH AVE PHONEIX, AZ 85015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
KENILWORTH ELEMENTARY SCHOOL 1210 N 5TH AVE PHONEIX, AZ 85015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENILWORTH ELEMENTARY SCHOOL 1210 N 5TH AVE PHOENIX, AZ 85015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	385
KENILWORTH ELEMENTARY SCHOOL 1210 N 5TH AVE PHOENIX, AZ 85015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
KEYSTONE MONTESSORI CHARTER SCHOOL 1025 E LIBERTY LN PHOENIX, AZ 850488462	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,720
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINO BORDER INITIATIVE INC PO BOX 159 NOGALES, AZ 856280159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KYRENE DE LOS CERRITOS PTO 14620 S DESERT FOOTHILLS PKWY PHOENIX, AZ 850484602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KYRENE SCHOOLS COMMUNITY FOUNDATION 8700 S KYRENE RD TEMPE, AZ 852842108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA MESA MINISTRIES 425 NORTH GREENFIELD ROAD GILBERT, AZ 85234	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
LA MESA MINISTRIES 425 NORTH GREENFIELD ROAD GILBERT, AZ 85234	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
LABORS COMMUNITY SERVICE AGENCY 3117 NORTH 16TH STREET SUITE 100 PHOENIX, AZ 850167678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABORS COMMUNITY SERVICE AGENCY 3117 NORTH 16TH STREET SUITE 100 PHOENIX, AZ 850167678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	117
LABORS COMMUNITY SERVICE AGENCY 3117 NORTH 16TH STREET SUITE 100 PHOENIX, AZ 850167678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LABORS COMMUNITY SERVICE AGENCY 3117 NORTH 16TH STREET SUITE 100 PHOENIX, AZ 850167678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABORS COMMUNITY SERVICE AGENCY 3117 NORTH 16TH STREET SUITE 100 PHOENIX, AZ 850167678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAMB'S GATE CHRISTIAN SCHOOL 4700 N SWAN ROAD TUCSON, AZ 857186717	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
LAMB'S GATE CHRISTIAN SCHOOL 4700 N SWAN ROAD TUCSON, AZ 857186717	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LBM PTO EL NORTE 1973 E MARYLAND AVE PHOENIX, AZ 850161415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEGACY TRADITIONAL SCHOOL - MARICOP 17760 N REGENT DRIVE MARICOPA, AZ 85138	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA FOUNDATION FOR ARIZONAS CH PO BOX 5820 PEORIA, AZ 853855820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA FOUNDATION FOR ARIZONAS CH PO BOX 5820 PEORIA, AZ 853855820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
LEUKEMIA FOUNDATION FOR ARIZONAS CH PO BOX 5820 PEORIA, AZ 853855820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
LIBERTY PARK CHARITIES INC PO BOX 28232 SCOTTSDALE, AZ 85255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
LINCOLN PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
LIONS CAMP TATIYEE INC 5283 WHITE MOUNTAIN BOULEVARD LAKESIDE, AZ 85929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY CONNECTS200 E YAVAPAI RD TUCSON, AZ 85705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LITTLE LEAGUE BASEBALL INC 5380 W CHICAGO STREET CHANDLER, AZ 85226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 20987 N JOHN WAYNE PARKWAY B104-33 MARICOPA, AZ 85138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 5380 W CHICAGO STREET CHANDLER, AZ 85226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 1547 E FAIRFIELD ST MESA, AZ 852035029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVE AND LEARN PROGRAM 326 E CORONADO RD SUITE 201 PHOENIX, AZ 85004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 4520 NORTH CENTRAL AVE SUITE 570 PHOENIX, AZ 85012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
LOS AMIGOS DEL SOLPO BOX 27335 PHOENIX, AZ 850617335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOST OUR HOME PET FOUNDATION INC 2323 S HARDY DRIVE TEMPE, AZ 85282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST OUR HOME PET FOUNDATION INC 2323 S HARDY DRIVE TEMPE, AZ 85282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
LOST OUR HOME PET FOUNDATION INC 2323 S HARDY DRIVE TEMPE, AZ 85282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
LOST OUR HOME PET FOUNDATION INC 2323 S HARDY DRIVE TEMPE, AZ 85282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST OUR HOME PET FOUNDATION INC 2323 S HARDY DRIVE TEMPE, AZ 85282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MADE IN HER IMAGE 2057 E PUEBLO AVE MESA, AZ 852043709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
MADE IN HER IMAGE 2057 E PUEBLO AVE MESA, AZ 852043709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADE IN HER IMAGE 2057 E PUEBLO AVE MESA, AZ 852043709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
MADISON HEIGHTS ELEMENTARY SCHOOL 7150 N 22ND STREET PHOENIX, AZ 850205605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,801
MAGGIES PLACE INCPO BOX 1102 PHOENIX, AZ 85001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGGIES PLACE INC4001 N 30TH ST PHOENIX, AZ 850166810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE- A- WISH FOUNDATION OF AMERICA 4742 N 24TH STREET PHOENIX, AZ 850164858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 1702 E HIGHLAND AVE SUITE 400 PHOENIX, AZ 850164630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,605
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
MAKE A WISH FOUNDATION OF ARIZONA I 2901 N 78TH ST SCOTTSDALE, AZ 85251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARICOPA COUNTY COMMUNITY COLLEGE D 2419 W 14TH ST TEMPE, AZ 85281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARICOPA SPRINGS FAMILY CHURCH 40575 W SANDERS WAY MARICOPA, AZ 851386625	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MARSOC FOUNDATIONPO BOX 17454 FOUNTAIN HILLS, AZ 85269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MARY C SCHANZ FOUNDATION 301 W SPRING VALLEY PL TUCSON, AZ 857046755	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYVALE PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15
MATTHEWS CROSSING 1368 N ARIZONA AVE STE 112 CHANDLER, AZ 852256688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MAYO CLINIC13400 E SHEA BLVD SCOTTSDALE, AZ 85259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	209
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCDOWELL SONORAN LAND CONSERVANCY 7729 E GREENWAY ROAD SUITE 100 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MCDOWELL SONORAN LAND CONSERVANCY 7729 EAST GREENWAY ROAD STE 100 SCOTTSDALE, AZ 852601702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MERCURY MINE ELEMENTARY SCHOOL PARE 9640 N 28TH ST PHOENIX, AZ 85028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESA UNITED WAY INC 137 E UNIVERSITY DRIVE MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	565
MESA UNITED WAY INC 126 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MESA UNITED WAY INC 137 E UNIVERSITY DRIVE MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	426
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESA UNITED WAY INC 137 E UNIVERSITY DRIVE MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
MESA UNITED WAY INC 137 E UNIVERSITY DR MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MESA UNITED WAY INC 126 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESA UNITED WAY INC 137 E UNIVERSITY DRIVE MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	283
MESA UNITED WAY INC 137 E UNIVERSITY DR MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MESA UNITED WAY INC 126 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESA UNITED WAY INC 137 E UNIVERSITY DR MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MESA UNITED WAY INC 137 E UNIVERSITY DRIVE MESA, AZ 852015929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	141
MESA UNITED WAY INC 126 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESQUITE HIGH SCHOOL FOOTBALLPARENT PO BOX 1125 GILBERT, AZ 85299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MESQUITE HIGH SCHOOL FOOTBALLPARENT PO BOX 1125 GILBERT, AZ 85299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN YOUTH SYMPHONY INC PO BOX 4 MESA, AZ 852110004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST FOOD BANK NFP INC 725 EAST BASELINE RD GILBERT, AZ 85233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MIDWEST FOOD BANK NFP INC 725 EAST BASELINE RD GILBERT, AZ 85233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MIDWEST FOOD BANK NFP INC 725 EAST BASELINE RD GILBERT, AZ 85233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST FOOD BANK NFP INC 725 EAST BASELINE RD GILBERT, AZ 85233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17
MOBILE MEALS OF SOUTHERN ARIZONA 4803 E 5TH STREET STE 209 TUCSON, AZ 85711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MONTESSORI SCHOLARSHIP ORGANIZATION 13111 N 94TH DR BLDG A PEORIA, AZ 853814882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,085
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN RIDGE HIGH SCHOOL 22800 N 67TH AVENUE GLENDALE, AZ 853104235	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
MOUNTAIN VIEW HIGH SCHOOL BANDBOOST PO BOX 8897 MESA, AZ 85214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MULLIGANS MANOR 1935 E DIAMOND DR TEMPE, AZ 852834207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULLIGANS MANOR 1935 E DIAMOND DR TEMPE, AZ 852834207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
NABI FOUNDATION 1220 E OSBORN ROAD PHOENIX, AZ 850145534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ADVOCACY & TRAINING NETWOR PO BOX 51357 PHOENIX, AZ 850761357	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ANATOLIAN SHEPHERD RESCUE PO BOX 2001 HIGLEY, AZ 85236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
NATIONAL ANATOLIAN SHEPHERD RESCUE PO BOX 2001 HIGLEY, AZ 85236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL ANATOLIAN SHEPHERD RESCUE PO BOX 2001 HIGLEY, AZ 85236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CANINE CANCER FOUNDATION I 5437 E SWEETWATER AVE SCOTTSDALE, AZ 852544245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL YOUTH SPORTS 2201 E PINCHOT AVE 2 PHOENIX, AZ 85016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL YOUTH SPORTS 2201 E PINCHOT AVE 2 PHOENIX, AZ 85016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL YOUTH SPORTS 2201 E PINCHOT AVE 2 PHOENIX, AZ 85016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIVE AMERICAN CONNECTIONS INC 4520 N CENTRAL AVENUE STE 600 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
NATIVE AMERICAN CONNECTIONS INC 4520 N CENTRAL AVENUE STE 600 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 7600 N 15TH STREET SUITE 100 PHOENIX, AZ 85020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NAVAJO COUNTY FRIENDS OF CASA INC PO BOX 1774 SHOW LOW, AZ 859021774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEELY ELEMENTARY SCHOOL PARENT TEAC 321 W JUNIPER AVE GILBERT, AZ 852333936	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD MINISTRIES INC 1918 W VAN BUREN ST PHOENIX, AZ 85009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NEVER AGAIN FOUNDATION LEGAL SERVIC 22211 S ELLSWORTH RD QUEEN CREEK, AZ 851429501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEW COVENANT CHURCH PHX INTERNATION 4123 S 81ST DRIVE PHOENIX, AZ 85043	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW COVENANT CHURCH PHX INTERNATION 4123 S 81ST DRIVE PHOENIX, AZ 85043	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
NEW COVENANT CHURCH PHX INTERNATION 4123 S 81ST DRIVE PHOENIX, AZ 85043	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
NEW COVENANT CHURCH PHX INTERNATION 4123 S 81ST DRIVE PHOENIX, AZ 85043	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,485
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW PATHWAYS FOR YOUTH INC 901 E JEFFERSON STREET PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW PATHWAYS FOR YOUTH INC 901 E JEFFERSON STREET PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEWTOWN COMMUNITY DEVELOPMENT CORPO 511 W UNIVERSITY DRIVE 4 TEMPE, AZ 852815585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CANYON HIGH SCHOOL 1700 E UNION HILLS DRIVE PHOENIX, AZ 85024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
NORTHERN ARIZONA UNIVERSITY FDN INC PO BOX 4094 FLAGSTAFF, AZ 86011	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
NORTHLAND HOSPICE AND PALLIATIVE CA 452 N SWITZER CANYON DR STE A FLAGSTAFF, AZ 860014855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOT MY KID INC 5230 E SHEA BLVD SUITE 100 SCOTTSDALE, AZ 85254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH STREET TUCSON, AZ 85711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH STREET TUCSON, AZ 85711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD PUEBLO COMMUNITY SERVICES 4501 E 5TH STREET TUCSON, AZ 85711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ONE STEP BEYOND INC 9299 W OLIVE AVE STE 311 PEORIA, AZ 853458381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN ARMS CARE CENTER 522 N GILBERT RD STE 103 GILBERT, AZ 852344500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
OPEN ARMS CARE CENTER 522 N GILBERT RD STE 103 GILBERT, AZ 852344500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OPEN DOOR FELLOWSHIP CHURCH INC 8301 N 19TH AVENUE PHOENIX AZ 85021 PHOENIX, AZ 85021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC 14050 N 83 AVE STE 290 PEORIA, AZ 85381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	153
OPERATION HOMEFRONT INC 14050 N 83 AVE STE 290 PEORIA, AZ 85381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
OUR FAMILY SERVICES INC 2590 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVARIAN CANCER ALLIANCE OF ARIZONA 7927 E LAS PIEDRAS WAY SCOTTSDALE, AZ 852662246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
OVARIAN CANCER ALLIANCE OF ARIZONA 7927 E LAS PIEDRAS WAY SCOTTSDALE, AZ 852662246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OVARIAN CANCER ALLIANCE OF ARIZONA 7927 E LAS PIEDRAS WAY SCOTTSDALE, AZ 852662246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVER-FLO MISSIONS L L C PO BOX 50848 MESA, AZ 852087469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
OVER-FLO MISSIONS L L C PO BOX 50848 MESA, AZ 852087469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
OVER-FLO MISSIONS L L C PO BOX 50848 MESA, AZ 852087469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER CLUB INC PO BOX 256 BUCKEYE, AZ 853260021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARENT BOOSTER CLUB INC PO BOX 256 BUCKEYE, AZ 853260021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARENT BOOSTER USA INC 9025 N MORNING GLORY RD PARADISE VLY, AZ 85253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAZ DE CRISTO COMMUNITY CENTER 424 W BROADWAY RD MESA, AZ 85210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PAZ DE CRISTO COMMUNITY CENTER 424 W BROADWAY RD MESA, AZ 852101208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PEI PEOPLE SHAR PEI RESCUE INC PO BOX 64424 TUCSON, AZ 85728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET SOCIAL WORKER TAILS OF HOPE 22679 N DAVIS WAY MARICOPA, AZ 85138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
PET SOCIAL WORKER TAILS OF HOPE 22679 N DAVIS WAY MARICOPA, AZ 85138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PET SOCIAL WORKER TAILS OF HOPE 22679 N DAVIS WAY MARICOPA, AZ 85138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
PETSMART CHARITIES INC 19601 N 27TH AVENUE PHOENIX, AZ 850274008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
PHOENIX ANIMAL CARE COALITION PO BOX 32184 PHOENIX, AZ 85065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	140
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	110
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,010
PHOENIX CHILDRENS HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	457
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	578
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX CHILDRENS HOSPITAL FOUNDATI 1919 E THOMAS RD PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PHOENIX CHILDRENS HOSPITAL FOUNDATI 2929 E CAMELBACK RD STE 122 PHOENIX, AZ 850167710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX GIRLS CHORUS INC 2701 N 16TH ST STE 108 PHOENIX, AZ 85006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PHOENIX GOSPEL MISSION PO BOX 6708 PHOENIX, AZ 850056708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHOENIX HERPETOLOGICAL SOCIETY INC 20701 N SCOTTSDALE RD S 107 PMB 401 SCOTTSDALE, AZ 852556413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX HERPETOLOGICAL SOCIETY INC 20701 N SCOTTSDALE RD S 107 PMB 401 SCOTTSDALE, AZ 852556413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
PHOENIX HERPETOLOGICAL SOCIETY INC 20701 N SCOTTSDALE RD S 107 PMB 401 SCOTTSDALE, AZ 852556413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
PHOENIX POLICE RESERVE FOUNDATION 620 W WASHINGTON ST ROOM NO 414 PHOENIX, AZ 850032108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX PRIDE INCORPORATED PO BOX 16847 PHOENIX, AZ 850116847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PHOENIX PRIDE INCORPORATED PO BOX 16847 PHOENIX, AZ 850116847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
PHOENIX UNITED ATHLETICS 2201 E PINCHOT AVE UNIT 2 PHOENIX, AZ 850167845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ARIZONA INC 4751 N 15TH STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
PLANNED PARENTHOOD ARIZONA INC 4751 N 15TH STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
PLANNED PARENTHOOD ARIZONA INC 4751 N 15TH STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ARIZONA INC 4751 N 15TH STREET PHOENIX, AZ 85014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
PRESCOTT AREA SHELTER SERVICES INC 336 N RUSH ST PRESCOTT, AZ 863012632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PROVISION PROJECTPO BOX 42066 MESA, AZ 852742066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVISION PROJECTPO BOX 42066 MESA, AZ 852742066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
PROVISION PROJECTPO BOX 42066 MESA, AZ 852742066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
PTA ARIZONA CONGRESS OF PARENTS & T 2721 N 7TH AVE PHOENIX, AZ 850071102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPOSE LEADERSHIP ADVENTURE FOR YO 127 S PRESIDIO DR GILBERT, AZ 852334767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
QUEEN CREEK ATHLETIC BOOSTER CLUB PO BOX 268 QUEEN CREEK, AZ 85142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
QUEEN CREEK ATHLETIC BOOSTER CLUB PO BOX 268 QUEEN CREEK, AZ 85142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAISING SPECIAL KIDS 5025 EAST WASHINGTON STREET 204 PHOENIX, AZ 850347437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RANCHO MILAGRO FOUNDATION 32905 N 140TH ST SCOTTSDALE, AZ 852625829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RANCHO TIERRA MADRA CORP 27115 N 45TH STREET CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAZA DEVELOPMENT FUND INC 1 E WASHINGTON ST STE 2250 PHOENIX, AZ 850042571	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150,000
RE-CHRIST MINISTRIES INC PO BOX 18685 TUCSON, AZ 85731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RE-CHRIST MINISTRIES INC PO BOX 18685 TUCSON, AZ 85731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDSKINS YOUTH FOOTBALL AND SPIRIT 1645 W VALENCIA RD NO 246 TUCSON, AZ 85746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REID PARK ZOOLOGICAL SOCIETY 1030 S RANDOLPH WAY TUCSON, AZ 857165835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REID TRADITIONAL SCHOOLS' VALLEY AC 1520 WEST ROSE GARDEN LANE PHOENIX, AZ 850273529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REID TRADITIONAL SCHOOLS' VALLEY AC 1520 WEST ROSE GARDEN LANE PHOENIX, AZ 850273529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	176
REID TRADITIONAL SCHOOLS' VALLEY AC 1520 WEST ROSE GARDEN LANE PHOENIX, AZ 850273529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	32
RIALTO THEATRE FOUNDATION PO BOX 1728 TUCSON, AZ 857021728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIALTO THEATRE FOUNDATION PO BOX 1728 TUCSON, AZ 857021728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
RIALTO THEATRE FOUNDATION PO BOX 1728 TUCSON, AZ 857021728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
RIGGS ELEMENTARY 6930 S SEVILLE BLVD GILBERT, AZ 85298	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVENUE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVENUE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVENUE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 501 E ROANOKE AVENUE PHOENIX, AZ 850041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
ROSA VERA FUND INC910 E AVENUE DOUGLAS, AZ 85607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
RYAN HOUSE 110 W MUHAMMAD ALI WAY1ST FL PHOENIX, AZ 850134500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYAN HOUSE 110 W MUHAMMAD ALI WAY1ST FL PHOENIX, AZ 850134500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SAGUARO SABERCAT FOOTBALL FOUNDATIO PO BOX 4671 SCOTTSDALE, AZ 852614671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
SAGUARO SABERCAT FOOTBALL FOUNDATIO PO BOX 4671 SCOTTSDALE, AZ 852614671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT VINCENT DE PAUL - ROCKY POINT 1221 E GARFIELD ST PHOENIX, AZ 850064075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SAINT VINCENT DE PAUL - ROCKY POINT 1221 E GARFIELD ST PHOENIX, AZ 850064075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SALPOINTE CATHOLIC EDUCATION FOUNDA 1545 E COPPER ST TUCSON, AZ 857193199	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALPOINTE CATHOLIC EDUCATION FOUNDA 1545 E COPPER ST TUCSON, AZ 857193199	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER STREET TUCSON, AZ 85719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10,000
SALPOINTE CATHOLIC HIGH SCHOOL 1545 E COPPER STREET TUCSON, AZ 85719	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALT RIVER WILD HORSE MANAGEMENT GR 4610 N 68TH SCOTTSDALE RD 477 SCOTTSDALE, AZ 852510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SALVATION ARMY NATIONAL CORP PO BOX 52177 PHOENIX, AZ 85072	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SAN TAN YOUTH FOOTBALL LEAGUE 20364 E APPALOOSA DR QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN TAN YOUTH FOOTBALL LEAGUE 20364 E APPALOOSA DR QUEEN CREEK, AZ 85142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SANBORN ELEMENTARY SCHOOL 700 N SUPERSTITION BLVD CHANDLER, AZ 85225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	101
SANBORN ELEMENTARY SCHOOL 700 N SUPERSTITION BLVD CHANDLER, AZ 85225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANBORN ELEMENTARY SCHOOL 700 N SUPERSTITION BLVD CHANDLER, AZ 85225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	34
SAVE THE FAMILY FOUNDATION OF ARIZO 125 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SAVE THE FAMILY FOUNDATION OF ARIZO 125 E UNIVERSITY DR MESA, AZ 85201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING ONE LIFEPO BOX 6458 CHANDLER, AZ 852466458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
SAVING ONE LIFEPO BOX 6458 CHANDLER, AZ 852466458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SCAD RESEARCH INC 10115 E BELL RD STE 107-127 SCOTTSDALE, AZ 852602189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTTSDALE ACTIVE 20-30 FOUNDATION 8776 E SHEA BLVD STE 106-535 SCOTTSDALE, AZ 852606629	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
SEEDSPOT515 E GRANT STREET PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SGT STEVEN J DELUZIO MEMORIAL FUND 20978 W COLINA CT BUCKEYE, AZ 85396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILVER VALLEY PTSO 9737 EAST TOLEDO AVE MESA, AZ 85212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
SISTER MINISTRIES INCPO BOX 41214 PHOENIX, AZ 85080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SISTER MINISTRIES INCPO BOX 41214 PHOENIX, AZ 85080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTER MINISTRIES INC PO BOX 41214 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SISTER MINISTRIES INC PO BOX 41214 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SISTER MINISTRIES INC PO BOX 41214 PHOENIX, AZ 85080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCCER CLUB DEL SOL INC PO BOX 30662 PHOENIX, AZ 850460662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SOCCER CLUB DEL SOL INC PO BOX 30662 PHOENIX, AZ 850460662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
SOCCER CLUB DEL SOL INC PO BOX 30662 PHOENIX, AZ 850460662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,926
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	595
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER CENTERPO BOX 20156 PHOENIX, AZ 850360156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
SONORAN FOOTHILLS SOCCER LEAGUE INC 3807 E EMBER GLOW WAY PHOENIX, AZ 85050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
SOUTHEASTERN ARIZONA CONSUMER-RUN S 1993 FRONTAGE RD SUITE 104 SIERRA VISTA, AZ 85636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST AUTISM RESEARCH AND RESOU 300 N 18TH ST PHOENIX, AZ 850064103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTHWEST AUTISM RESEARCH AND RESOU 300 N 18TH ST PHOENIX, AZ 850064103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST CENTER FOR HIV AIDS INC 1101 N CENTRAL AVE SUITE 200 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHWEST LIVING HISTORY ASSOCIATIO 28987 N 70TH DR PEORIA, AZ 85383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWEST LIVING HISTORY ASSOCIATIO 28987 N 70TH DR PEORIA, AZ 85383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	997
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	164
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ARIZONA INC 5601 W MOHAVE ST STE C PHOENIX, AZ 85043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST JOHN VIANNEY SCHOOL DEVELOPMENT 539 E LA PASADA BLVD GOODYEAR, AZ 853381332	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
ST JOSEPH THE WORKERPO BOX 13503 PHOENIX, AZ 85002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH THE WORKER 1125 W JACKSON PHOENIX, AZ 850073114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST MARY ROMAN CATHOLIC HIGH SCHOOL 2525 N THIRD STREET PHOENIX, AZ 85004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	262
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	222
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	393
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST MARYS FOOD BANK ALLIANCE 2831 N 31ST AVE PHOENIX, AZ 850091518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL ROMAN CATHOLIC P 3140 N 51ST AVE PHOENIX, AZ 850313446	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ST ELIZABETH'S HEALTH CENTER 140 W SPEEDWAY BLVD STE 100 TUCSON, AZ 85705	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,000
STEALING HEARTS 4008 W CAMINO DEL RIO GLENDALE, AZ 853105527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP SCHOOLS INC 44 E 5TH STREET MESA, AZ 85201	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
STREETLIGHTUSAPO BOX 6178 PEORIA, AZ 85381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STREETLIGHTUSAPO BOX 6178 PEORIA, AZ 85381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUN SOUNDS FOUNDATION 2323 W 14TH ST TEMPE, AZ 85281	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SUN VALLEY ANIMAL SHELTER INC 7150 N 110TH AVE GLENDALE, AZ 853072800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUNSHINE ACRES CHILDRENS HOME INC 3405 NORTH HIGLEY ROAD MESA, AZ 85205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSHINE ACRES CHILDRENS HOME INC 3405 NORTH HIGLEY ROAD MESA, AZ 85205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SUNSHINE ACRES CHILDRENS HOME INC 3405 NORTH HIGLEY ROAD MESA, AZ 85205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SUNSHINE ACRES CHILDRENS HOME INC 3405 NORTH HIGLEY ROAD MESA, AZ 85205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPERSTITION SPRINGS ELEMENTARY 7125 E MONTEREY AVE MESA, AZ 852087230	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
SUPERSTITION SPRINGS ELEMENTARY 7125 E MONTEREY AVE MESA, AZ 852087230	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
SUSTENANCE RESEARCH INSTITUTE 1216 W STRAFORD DR CHANDLER, AZ 85224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTENANCE RESEARCH INSTITUTE 1216 W STRAFORD DR CHANDLER, AZ 85224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
TEACH FOR AMERICA INC 3030 N CENTRAL AVE SUITE 900 PHOENIX, AZ 85012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
TEEN LIFELINE INCPO BOX 10745 PHOENIX, AZ 85064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPE COMMUNITY ACTION AGENCY INC 2146 EAST APACHE BLVD TEMPE, AZ 85281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TEMPE PREPARATORY ACADEMY 1251 E SOUTHERN AVE TEMPE, AZ 852825605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
TEMPE PREPARATORY ACADEMY 1251 E SOUTHERN AVE TEMPE, AZ 852825605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPE PREPARATORY ACADEMY 1251 E SOUTHERN AVE TEMPE, AZ 852825605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12
TEMPE UNION HIGH SCHOOL DISTRICT 500 WEST GUADELUPE RD TEMPE, AZ 85283	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	400
THE CHILD LANGUAGE CENTER INC 202 E SPEEDWAY TUCSON, AZ 85705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILD LANGUAGE CENTER INC 202 E SPEEDWAY TUCSON, AZ 85705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THE CLUB FOR YOUTHPO BOX 4362 KINGMAN, AZ 86402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE INTERNATIONAL DARK-SKY ASSOCIAT 3223 N 1ST AVE TUCSON, AZ 85719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW LIFE SOCIETY INC PO BOX 36122 PHOENIX, AZ 850676122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE PRIMAVERA FOUNDATION INC 151 W 40TH STREET TUCSON, AZ 85713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE ROMAN CATHOLIC DIOCESE OF TUCSO PO BOX 31 TUCSON, AZ 857020031	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 2707 E VAN BUREN PHOENIX, AZ 85008	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 2707 E VAN BUREN PHOENIX, AZ 85008	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
TIGERMOUNTAIN FOUNDATION 3146 E WIER AVE 31 PHOENIX, AZ 850402754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOLLESON UNION HIGH SCHOOL 9801 W VAN BUREN ST TOLLESON, AZ 85353	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
TOLLESON UNION HIGH SCHOOL 9801 W VAN BUREN ST TOLLESON, AZ 85353	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
TRANQUILITY TRAIL ANIMAL SANCTUARY 7741 EAST GRAY RD STE 2 SCOTTSDALE, AZ 85260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSLATIONAL GENOMICS RESEARCH INS 445 N 5TH STREET SUITE 120 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRANSLATIONAL GENOMICS RESEARCH INS 445 N 5TH STREET SUITE 120 PHOENIX, AZ 85004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TRELLIS1405 E MCDOWELL RD PHOENIX, AZ 85006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROON COUNTRY CLUB SCHOLARSHIPFOUND 25000 N WINDY WALK DR SCOTTSDALE, AZ 852558100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
TUBA CITY HUMANE SOCIETY INCORPORAT PO BOX 1016 TUBA CITY, AZ 860451016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TUCSON CENTER FOR WOMEN AND CHILDRE 2545 E ADAMS STREET TUCSON, AZ 857163426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUCSON CENTER FOR WOMEN AND CHILDRE 2545 E ADAMS STREET TUCSON, AZ 857163426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TUCSON CENTER FOR WOMEN AND CHILDRE 2545 E ADAMS STREET TUCSON, AZ 857163426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
TUCSON CLIMBING PROJECT INC 330 S TOOLE AVE STE 400 TUCSON, AZ 857011837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUITION ORGANIZATION FOR PRIVATE SC 7901 NORTH CENTRAL AVENUE PHOENIX, AZ 85020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,107
TURNING POINT USA INC 4940 E BEVERLY RD PHOENIX, AZ 85044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TURNING POINT USA INC 4940 E BEVERLY RD PHOENIX, AZ 85044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT USA NFP 4940 E BEVERLY RD PHOENIX, AZ 85044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TURNING POINT USA NFP 4940 E BEVERLY RD PHOENIX, AZ 85044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TURNING POINT USA NFP 4940 E BEVERLY RD PHOENIX, AZ 85044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UMOM NEW DAY CENTERS INC 3333 E VAN BUREN ST PHOENIX, AZ 850086812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED CEREBRAL PALSY ASSOCIATION O 1802 W PARKSIDE LN PHOENIX, AZ 85027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY ASSOCIATION O 1802 W PARKSIDE LN PHOENIX, AZ 85027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
UNITED CEREBRAL PALSY ASSOCIATION O 1802 W PARKSIDE LN PHOENIX, AZ 85027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED CEREBRAL PALSY ASSOCIATION O 1802 W PARKSIDE LN PHOENIX, AZ 85027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,052
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 852108490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NATIONAL INDIAN TRIBAL YOUTH 953 E JUANITA AVENUE SUITE C MESA, AZ 85204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
UNITED STATES BOWLING CONGRESS INC 10902 W CANTERBURY DR SUN CITY, AZ 85351	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,180
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	534
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TUCSON AND SOUTHERN A 330 N COMMERCE PARK LOOP SUITE 200 TUCSON, AZ 85745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
UNIVERSITY OF ARIZONA 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,600
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
UNIVERSITY OF ARIZONA FOUNDATION 1111 N CHERRY AVE TUCSON, AZ 85721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPTOWN-TUCSON OPTIMIST YOUTH FOUNDA 2292 W MAGEE ROAD 260 TUCSON, AZ 85742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VAIL ACADEMY & HIGH SCHOOL 7762 E SCIENCE PARK DRIVE TUCSON, AZ 85747	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
VAIL YOUTH SYMPHONYPO BOX 711 VAIL, AZ 856419732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAIL YOUTH SYMPHONYPO BOX 711 VAIL, AZ 856419732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	410
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,492
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,754
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,335
VALLEY OF THE SUN UNITED WAY 3200 EAST CAMELBACK ROAD SUITE 375 PHOENIX, AZ 85018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,668
VALLEY OF THE SUN YOUNG MENS CHRIST 350 N FIRST AVE PHOENIX, AZ 85003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY OF THE SUN YOUNG MENS CHRIST 350 N FIRST AVE PHOENIX, AZ 85003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
VALLEY OF THE SUN YOUNG MENS CHRIST 350 N FIRST AVE PHOENIX, AZ 85003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
VALLEY OF THE SUN YOUNG MENS CHRIST 350 N FIRST AVE PHOENIX, AZ 85003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY OF THE SUN YOUNG MENS CHRIST 350 N FIRST AVE PHOENIX, AZ 85003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VALLEY YOUTH THEATRE 807 NORTH 3RD STREET PHOENIX, AZ 85004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,001
VERDE VALLEY HOMELESS COALITION PO BOX 2893 COTTONWOOD, AZ 86326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERITAS PREPARATORY ACADEMY 4801 E WASHINGTON ST STE 250 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
VETERAN TICKETS FOUNDATION 1255 W RIO SALADO PARKWAY209 TEMPE, AZ 85281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VETERAN TICKETS FOUNDATION 1255 W RIO SALADO PARKWAY209 TEMPE, AZ 85281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS HERITAGE PROJECT PO BOX 22058 PHOENIX, AZ 850280058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VETERANS HERITAGE PROJECT PO BOX 22058 PHOENIX, AZ 850280058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,390
VINEYARD CHURCH OF NORTH PHOENIX 6250 W PEORIA AVE GLENDALE, AZ 853021000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	720
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE RE MOVING FORWARD 2444 E BOSTON ST GILBERT, AZ 852952301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WE RE MOVING FORWARD 2444 E BOSTON ST GILBERT, AZ 852952301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
WE RE MOVING FORWARD 2444 E BOSTON ST GILBERT, AZ 852952301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST PINAL COUNTY MOUNTED SHERIFF P PO BOX 10986 CASA GRANDE, AZ 851300129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD AT HEART INC31840 N 45TH ST CAVE CREEK, AZ 85331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
WILDERNESS VOLUNTEERS PO BOX 22292 FLAGSTAFF, AZ 86002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
WILDHORSE RANCH RESCUE INC PO BOX 3080 GILBERT, AZ 852993080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER COLLEGE PREPARATORY 4710 N FIFTH STREET PHOENIX, AZ 85012	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
XICO INC 1008 E BUCKEYE RD 220 MAILBOX A-WEST-2 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YAVAPAI HUMANE SOCIETY 1625 SUNDOG RANCH RD PRESCOTT, AZ 86301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAVAPAI REGIONAL MEDICAL CENTER FOU 1003 WILLOW CREEK RD PRESCOTT, AZ 863011641	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 1245 E BUCKEYE ROAD ROOM B413 PHOENIX, AZ 85034	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YORKIE LUV RESCUE INC 500 N ESTRELLA PARKWAY B-2 SUITE 495 GOODYEAR, AZ 853383539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG ARTS ARIZONA LTD 2009 N 7TH STREET SUITE 1 PHOENIX, AZ 85006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
YOUTH ON THEIR OWN 1660 N ALVERNON WAY TUCSON, AZ 85712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YUMAS EDUCATION SCHOLARSHIP FUND FO 340 W 32ND STREET PMB 403 YUMA, AZ 85364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,213
YWCA OF SOUTHERN ARIZONA 525 N BONITA AVENUE TUCSON, AZ 857453057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
10000 DEGREES 1650 LOS GAMOS DRIVE SUITE 110 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVE STE 200 LOS ANGELES, CA 900181353	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
3 COR INC 1430 EAST AVENUE SUITE 4A CHICO, CA 95926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
360PLUS FOUNDATION 13010 TOMKI RD REDWOOD VLY, CA 954709531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
805 BULLY FRIENDS AND FAMILY 5235 MISSION OAKS BLVD B08 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
9969 FOUNDATION INC 100 W HIGH ST STE 71 MOORPARK, CA 930211113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
9969 FOUNDATION INC 100 W HIGH ST STE 71 MOORPARK, CA 930211113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
9969 FOUNDATION INC 100 W HIGH ST STE 71 MOORPARK, CA 930211113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A COMMUNITY OF FRIENDS 3701 WILSHIRE BOULEVARD SUITE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
A JEWISH VOICE FOR PEACE INC PO BOX 589 BERKELEY, CA 94701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,615
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	385
A NOISE WITHIN 3352 E FOOTHILL BLVD PASADENA, CA 91107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A WALK ON WATER INC 526 VICTORIA AVE VENICE, CA 902914833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,000
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,665
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITYFIRST1300 E GREEN ST PASADENA, CA 91106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ABODE COMMUNITIES 1149 S HILL STREET SUITE 700 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ABODE COMMUNITIES 1149 S HILL STREET SUITE 700 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM JOSHUA HESCHEL DAY SCHOOL 17701 DEVONSHIRE STREET NORTHRIDGE, CA 913251213	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ABRAHAM JOSHUA HESCHEL DAY SCHOOL 17701 DEVONSHIRE BLVD NORTHRIDGE, CA 913251213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
ABRAHAM JOSHUA HESCHEL DAY SCHOOL 17701 DEVONSHIRE BLVD NORTHRIDGE, CA 913251213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABS CBN FOUNDATION INTERNATIONAL 2001 JUNIPERO SERRA BLVD SUITE 200 DALY CITY, CA 94014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
ABS CBN FOUNDATION INTERNATIONAL 2001 JUNIPERO SERRA BLVD SUITE 200 DALY CITY, CA 94014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
ABS CBN FOUNDATION INTERNATIONAL 2001 JUNIPERO SERRA BLVD SUITE 200 DALY CITY, CA 94014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ACADEMY FOR GRASSROOTS ORGANIZATION PO BOX 293928 PHELAN, CA 923293928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY MUSEUM FOUNDATION 8949 WILSHIRE BLVD BEVERLY HILLS, CA 902111972	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	35
ACALANES PARENTS CLUB 1200 PLEASANT HILL RD LAFAYETTE, CA 945492623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ACCESS INSTITUTE FOR PSYCHOLOGICAL 110 GOUGH STREET SUITE 301 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCIDENTAL TALMUDIST 5042 WILSHIRE BLVD LOS ANGELES, CA 900364305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
ACCION SAN DIEGO 404 EUCLID AVENUE STE 271 SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ACEING AUTISM INC 2001 S BARRINGTON AVE STE 320 LOS ANGELES, CA 900255379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVE TAHOE POST OFFICE BOX 8339 TRUCKEE, CA 96162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ACHIEVE TAHOE POST OFFICE BOX 8339 TRUCKEE, CA 96162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ACHIEVEMENT TRUSTPO BOX 91231 LOS ANGELES, CA 900091231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF SOUTHERN CALIF 1313 WEST 8TH STREET LOS ANGELES, CA 900174420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ACLU FOUNDATION OF SOUTHERN CALIF 1313 WEST 8TH STREET LOS ANGELES, CA 900174420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ACLU FOUNDATION OF SOUTHERN CALIF 1313 WEST 8TH STREET LOS ANGELES, CA 900174420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF SOUTHERN CALIF 1313 WEST 8TH STREET LOS ANGELES, CA 900174420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
ACT FOR WOMEN AND GIRLS 1900 N DINUBA BLVD VISALIA, CA 93291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
ACTIVE 20-30 OF SEBASTOPOL 63 PO BOX 927 SEBASTOPOL, CA 95473	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTIVE 20-30 OF SEBASTOPOL 63 PO BOX 927 SEBASTOPOL, CA 95473	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ADAT ARI EL12020 BURBANK BLVD VALLEY VILLAGE, CA 91607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
ADOPT A FAMILY OF MARIN 35 MITCHELL BLVD STE 16 SAN RAFAEL, CA 949032012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN LEADERSHIP PARTNERS INC PO BOX 994044 REDDING, CA 960994044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AFTER-SCHOOL ALL-STARS LOS ANGELES 3450 WILSHIRE BLVD SUITE 550 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AFTER-SCHOOL ALL-STARS LOS ANGELES 3450 WILSHIRE BLVD SUITE 550 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAPE INTERNATIONAL MISSIONS 151 N SUNRISE AVE STE 1006 ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AGAPE INTERNATIONAL MISSIONS 151 N SUNRISE AVE STE 1006 ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AGOURA BASEBALL FOUNDATION 5737 KANAN RD 302 AGOURA HILLS, CA 913011601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA BASEBALL FOUNDATION 5737 KANAN RD 302 AGOURA HILLS, CA 913011601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
AGOURA BASEBALL FOUNDATION 5737 KANAN RD 302 AGOURA HILLS, CA 913011601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
AGOURA BOYS WATER POLO FOUNDATION 28545 DRIVER AVE AGOURA HILLS, CA 913013335	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA HIGH SCHOOL MUSIC BOOSTERS C 28545 DRIVER AVE AGOURA, CA 913013335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AGOURA HIGH SCHOOL MUSIC BOOSTERS C 28545 DRIVER AVE AGOURA, CA 913013335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
AGOURA HIGH SCHOOL MUSIC BOOSTERS C 28545 DRIVER AVE AGOURA, CA 913013335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA LACROSSE ASSOCIATION 5737 KANAN RD 662 AGOURA HILLS, CA 913011601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
AGOURA MATH CIRCLE 5422 SOFTWIND WAY AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGOURA PONY BASEBALL 5739 KANAN RD 227 AGOURA HILLS, CA 91301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
AGOURA SPORTS FOUNDATION 19634 VENTURA BLVD STE 314 TARZANA, CA 913566002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
AHEAD WITH HORSES INC 10157 JOHANNA AVE SHADOW HILLS, CA 91040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AHEAD WITH HORSES INC 10157 JOHANNA AVE SHADOW HILLS, CA 91040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AHEAD WITH HORSES INC 10157 JOHANNA AVE SHADOW HILLS, CA 91040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS PROJECT LOS ANGELES INC 611 S KINGSLEY DRIVE LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AIDS WALK SAN FRANCISCO FOUNDATION PO BOX 193502 SAN FRANCISCO, CA 941193502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	748
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AIM HIGH FOR HIGH SCHOOL PO BOX 410715 SAN FRANCISCO, CA 941410715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,440
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	401
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AKSHAYA PATRA FOUNDATION USA 6800 OWNESMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKSHAYA PATRA FOUNDATION USA 6800 OWENSMOUTH AVE STE 230 CANOGA PARK, CA 91303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AL OTRO LADO INCPO BOX 32578 LOS ANGELES, CA 900320578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AL WOOTEN JR YOUTH AND ADULT CULTUR 9106 S WESTERN AVE LOS ANGELES, CA 900473518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AL WOOTEN JR YOUTH AND ADULT CULTUR 9106 S WESTERN AVE LOS ANGELES, CA 900473518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AL WOOTEN JR YOUTH AND ADULT CULTUR 9106 S WESTERN AVE LOS ANGELES, CA 900473518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALAMEDA BOYS AND GIRLS CLUB INC 1900 THIRD STREET ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAMEDA EMERGENCY FOOD 1900 THAU WAY ALAMEDA, CA 945010214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ALAMEDA EMERGENCY FOOD 1900 THAU WAY ALAMEDA, CA 945010214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALAMITOS BAY SAILING FOUNDATION 7201 E OCEAN BLVD LONG BEACH, CA 908034551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAMITOS BAY SAILING FOUNDATION 7201 E OCEAN BLVD LONG BEACH, CA 908034551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALICE C STELLE MIDDLE SCHOOL PARENT 22450 MULHOLLAND HWY CALABASAS, CA 913025180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,224
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	444
ALICE FONG YU PARENTS ASSOCIATION 1541 12TH AVENUE SAN FRANCISCO, CA 941223503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,990
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALISA ANN RUCH CALIFORNIA BURN FOUN 50 NORTH HILL AVENUE STE 305 PASADENA, CA 91106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALISO NIGUEL HIGH 28000 WOLVERINE WAY ALISO VIEJO, CA 92656	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	525
ALIVE & FREE1060 TENNESSEE STREET SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL AMERICAN RIDERSPO BOX 7710 NORCO, CA 928608090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALL AMERICAN SPORTS ACADEMY TEAMS 11208 VALLEY SPRINGS DR OAKDALE, CA 95361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
ALL IN NEED FAMILY SUPPORT 25-A CRESCENT DR 214 PLEASANT HILL, CA 945234308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS CATHOLIC SCHOOL 22870 2ND STREET HAYWARD, CA 94541	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
ALL SAINTS CATHOLIC SCHOOL 22870 2ND STREET HAYWARD, CA 94541	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	950
ALL SAINTS CATHOLIC SCHOOL 22870 2ND STREET HAYWARD, CA 94541	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
ALL SAINTS EPISCOPAL CHURCH 911 DOWLING BLVD SAN LEANDRO, CA 945772125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR GIRLS 1203 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALLIANCE FOR GIRLS 1203 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALLIANCE FOR GIRLS 1203 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR GIRLS 1203 PRESERVATION PARK WAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALLIANCE FOR HOUSING AND HEALING 825 COLORADO BLVD STE 100 LOS ANGELES, CA 900411700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ALLISON DEWART MEMORIAL SCHOLARSHIP 4626 W 191ST ST TORRANCE, CA 905031410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLISON DEWART MEMORIAL SCHOLARSHIP 4626 W 191ST ST TORRANCE, CA 905031410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE SUITE 203 SAN DIEGO, CA 921034217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ALPHA PROJECT FOR THE HOMELESS 3737 FIFTH AVE SUITE 203 SAN DIEGO, CA 921034217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTADENA CHILDRENS CENTER 791 E CALAVERAS ST ALTADENA, CA 910012447	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
ALTADENA MOUNTAIN RESCUE TEAM 780 E ALTADENA DR ALTADENA, CA 910012351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	90,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALVARADO ELEMENTARY 625 DOUGLAS ST SAN FRANCISCO, CA 94114	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 770 THE CITY DRIVE SOUTH SUITE 7400 ORANGE, CA 92868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 6632 CONVOY CT SAN DIEGO, CA 921111009	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4340 RED WOOD HIGHWAY D314 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 926465955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 926465955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FAMILY SERVICES CENTER 9451 INDIANAPOLIS AVE HUNTINGTON BEACH, CA 926465955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
ALZHEIMERS GREATER LOS ANGELES 4221 WILSHIRE BLVD 400 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS INTEGRATIVE MEDICINE FOU 4165 BLACKHAWK PLAZA CIRCLE DANVILLE, CA 945064904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
ALZHEIMERS ORANGE COUNTY 2515 MCCABE WAY SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS SAN DIEGO 6632 CONVOY CT SAN DIEGO, CA 921111009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMADOR ELEMENTARY SCHOOL PARENT FAC 3736 FALLON ROAD NO 223 DUBLIN, CA 945687400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
AMAZON WATCH 520 3RD STREET SUITE 108 OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMBASSADORS OF HOPE AND OPPORTUNITY PO BOX 2278 MILL VALLEY, CA 949422278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY 5333 MISSION CENTER RD 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
AMERICAN CANCER SOCIETY 5333 MISSION CENTER RD 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1451 GUERNEVILLE RD SUITE 220 SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	151
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1940 E DEERE AVE STE 100 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1545 RIVER PARK DR STE 100 SACRAMENTO, CA 95815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 5333 MISSION CENTER RD STE 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	204
AMERICAN CANCER SOCIETY INC 25020 W AVENUE STANFORD UNIT 170 VALENCIA, CA 91355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	119
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1545 RIVER PARK DR STE 100 SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
AMERICAN CANCER SOCIETY INC 2222 W SHAW AVE SUITE 201 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN CANCER SOCIETY INC 444 W OCEAN BLVD STE 1070 LONG BEACH, CA 90802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN CANCER SOCIETY INC 5333 MISSION CENTER RD STE 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
AMERICAN CANCER SOCIETY INC 25020 W AVENUE STANFORD UNIT 170 VALENCIA, CA 91355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2222 W SHAW AVE SUITE 201 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1545 RIVER PARK DR STE 100 SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	182
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	146
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	898
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,226
AMERICAN CANCER SOCIETY INC 6377 RIVERSIDE AVE 203 RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 747 CAMDEN AVE STE B CAMPBELL, CA 95008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN CANCER SOCIETY INC 1432 CHAPALA ST SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1545 RIVER PARK DR STE 100 SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 2222 W SHAW AVE SUITE 201 FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1451 GUERNEVILLE ROAD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 5333 MISSION CENTER RD STE 105 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
AMERICAN CANCER SOCIETY INC 25020 W AVENUE STANFORD UNIT 170 VALENCIA, CA 91355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2186 KNOLL DR STE A VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CANCER SOCIETY INC 2222 W SHAW AVE SUITE 201 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 500 N VICTORY BLVD BURBANK, CA 91502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	71
AMERICAN CANCER SOCIETY INC 1001 MARINA VILLAGE PARKWAY STE 300 ALAMEDA, CA 94501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	176
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
AMERICAN CONSERVATORY THEATRE FOUND 30 GRANT AVENUE 7TH FLOOR SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN DIABETES ASSOCIATION INC 1970 BROADWAY SUITE 425 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 1970 BROADWAY SUITE 425 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 611 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN FAMILY HOUSING 15161 JACKSON ST MIDWAY CITY, CA 926551432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FILM INSTITUTE INC 2021 NORTH WESTERN AVVENUE LOS ANGELES, CA 900271625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FRIENDS OF MAGEN DAVID ADO 6505 WILSHIRE BLVD SUITE 650 LOS ANGELES, CA 90048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HIGH SCHOOL BAND PARENTS 36300 FREMONT BLVD FREMONT, CA 945363511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN LEBANESE SYRIAN ASSOC CHAR 201 E SANDPOINTE AVENUE SUITE 300 SANTA ANA, CA 92707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 2515 CAMINO DEL RIO S STE 334 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
AMERICAN LIVER FOUNDATION 2515 CAMINO DEL RIO S STE 334 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN LIVER FOUNDATION 2515 CAMINO DEL RIO S STE 334 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
AMERICAN LUNG ASSOCIATION 2020 CAMINO DEL RIO NORTH SUITE 200 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,163
AMERICAN LUNG ASSOCIATION 3325 WILSHIRE BLVD SUITE 900 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5757 WILSHIRE BLVD STE 505 LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 3950 CALLE FORTUNADA SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 3950 CALLE FORTUNADA SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2125 EAST ONSTOTT RD YUBA CITY, CA 95991	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2125 EAST ONSTOTT ROAD YUBA CITY, CA 95991	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1565 EXPOSITION BLVD SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1450 11TH ST SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
AMERICAN NATIONAL RED CROSS 2125 EAST ONSTOTT RD YUBA CITY, CA 95991	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN NATIONAL RED CROSS 601 N GOLDEN CIRCLE DRIVE SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 600 PARKCENTER DRIVE SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 2731 NORTH FIRST ST SAN JOSE, CA 95134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1565 EXPOSITION BLVD SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1450 11TH ST SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	816
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	331
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	23
AMERICAN NATIONAL RED CROSS 5297 AERO DRIVE SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 2125 EAST ONSTOTT ROAD YUBA CITY, CA 95991	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2707 STATE STREET SANTA BARBARA, CA 93105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 2731 NORTH FIRST ST SAN JOSE, CA 95134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1450 11TH ST SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
AMERICAN NATIONAL RED CROSS 2707 STATE STREET SANTA BARBARA, CA 93105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
AMERICAN NATIONAL RED CROSS 601 N GOLDEN CIRCLE DRIVE SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2707 STATE STREET SANTA BARBARA, CA 93105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN NATIONAL RED CROSS 1450 11TH ST SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1450 S CENTRAL AVE LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
AMERICAN NATIONAL RED CROSS 2707 STATE STREET SANTA BARBARA, CA 93105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 836 CALLE PLANO CAMARILLO, CA 93012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 11355 OHIO AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1663 MARKET STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS HUMBOLDT-DEL NORTE CHAPTER PO BOX 3402 EUREKA, CA 95502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NYSTAGMUS NETWORK INC PO BOX 754 SAN LEANDRO, CA 94577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN RIVER PARKWAY FOUNDATION I 5700 ARDEN WAY CARMICHAEL, CA 95608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	308
AMERICAN RIVER PARKWAY FOUNDATION I 5700 ARDEN WAY CARMICHAEL, CA 95608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN RIVER PARKWAY FOUNDATION I 5700 ARDEN WAY CARMICHAEL, CA 95608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN RIVER PARKWAY FOUNDATION I 5700 ARDEN WAY CARMICHAEL, CA 95608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN YOUTH SOCCER ORGANIZATION 19750 S VT AVE STE 200 TORRANCE, CA 905021133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH SOCCER ORGANIZATION 20687-2 AMAR ROAD 811 WALNUT, CA 91789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 4914 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1761 BEVERLY HILLS, CA 90213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1061 CONCORD, CA 94522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1761 BEVERLY HILLS, CA 90213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH SOCCER ORGANIZATION PO BOX 1061 CONCORD, CA 94522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMPAC TRI-STATE CDC INC 22365 BARTON RD STE 304 GRAND TERRACE, CA 92313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 913760565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5701 SUNRISE BLVD CIRTUS HEIGHTS, CA 95610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5701 SUNRISE BLVD CIRTUS HEIGHTS, CA 95610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 913760565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 91376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC PO BOX 565 AGOURA HILLS, CA 913760565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5701 SUNRISE BLVD CIRTUS HEIGHTS, CA 95610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AN ELDERLY WISH FOUNDATION PO BOX 4365 ANTIOCH, CA 94531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANAHEIM COMMUNITY FOUNDATION 200 SOUTH ANAHEIM BLVD 433 ANAHEIM, CA 92805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ANAHEIM COMMUNITY FOUNDATION 200 SOUTH ANAHEIM BLVD 433 ANAHEIM, CA 92805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANAHEIM COMMUNITY FOUNDATION 200 SOUTH ANAHEIM BLVD 433 ANAHEIM, CA 92805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANAHEIM HILLS-YORBA LINDA KIWANIS F 19461 DORIS WAY SANTA ANA, CA 92705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ANDERSEN DEANS FOUNDATION 1900 PORT SEABOURNE NEWPORT BEACH, CA 926606634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ANDERSEN DEANS FOUNDATION 1900 PORT SEABOURNE NEWPORT BEACH, CA 926606634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANEWAMERICA COMMUNITY CORPORATION 360 14TH ST 5TH FL OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ANGEL CITY ALLIANCE 2355 WESTWOOD BLVD 1139 LOS ANGELES, CA 90064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
ANGEL CITY PIT BULLS 1834 S GRAMERCY PL LOS ANGELES, CA 900196321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	92
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL FLIGHT WEST INC 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 904053210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
ANGEL FLIGHT WEST INC 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 904053210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
ANGEL FLIGHT WEST INC 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 904053210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL VIEW INC 67625 E PALM CANYON DRIVE SUITE 7A CATHEDRAL CITY, CA 92234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ANGELS BASEBALL FOUNDATION INC 2000 E GENE AUTRY WAY ANAHEIM, CA 928066143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ANIMAL ALLIANCE RESCUE FOUNDATION S PO BOX 303 NORCO, CA 92860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL DEFENDERS INTERNATIONAL US 6100 WILSHIRE BLVD STE 1150 LOS ANGELES, CA 900485111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL DEFENDERS INTERNATIONAL US 6100 WILSHIRE BLVD STE 1150 LOS ANGELES, CA 900485111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL FRIENDS RESCUE PROJECT PO BOX 51083 PACIFIC GROVE, CA 939506083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LEGAL DEFENSE FUND 525 E COTATI AVE COTATI, CA 94931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL PLACE17314 MCCOURTNEY RD GRASS VALLEY, CA 95949	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL PLACE17314 MCCOURTNEY RD GRASS VALLEY, CA 95949	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE OF FRESNO 4545 E DAKOTA AVE FRESNO, CA 937264615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
ANIMAL RESCUE VOLUNTEERS INC 1464 MADERA ROAD N350 SIMI VALLEY, CA 930653077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
ANIMAL RESCUE VOLUNTEERS INC 1464 MADERA ROAD N350 SIMI VALLEY, CA 930653077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE VOLUNTEERS INC 1464 MADERA ROAD N350 SIMI VALLEY, CA 930653077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANIMAL RESCUE VOLUNTEERS INC 1464 MADERA ROAD N350 SIMI VALLEY, CA 930653077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ANIMAL RESCUERS WITHOUT BORDERS INC 2750 WHEATSTONE ST SPC 134 SAN DIEGO, CA 921115449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUERS WITHOUT BORDERS INC 2750 WHEATSTONE ST SPC 134 SAN DIEGO, CA 921115449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
ANIMAL RESCUERS WITHOUT BORDERS INC 2750 WHEATSTONE ST SPC 134 SAN DIEGO, CA 921115449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
ANITA BORG INSTITUTE FOR WOMEN AND 1301 SHOREWAY ROAD SUITE 425 BELMONT, CA 94002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 10495 SANTA MONICA BOULEVARD LOS ANGELES, CA 90025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANTIOCH HIGH700 WEST 18TH STREET ANTIOCH, CA 94509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
ANTIOCH HIGH700 WEST 18TH STREET ANTIOCH, CA 94509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTIOCH HIGH700 WEST 18TH STREET ANTIOCH, CA 94509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
ANTIOCH UNIVERSITY 602 ANACAPA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ANTI-RECIDIVISM COALITION 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-RECIDIVISM COALITION 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ANTI-RECIDIVISM COALITION 1320 E 7TH ST SUITE 260 LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ANYTHING IS EVERYTHING 2532 25TH AVE OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANYTHING IS EVERYTHING 2532 25TH AVE OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
AQUARIUM OF THE PACIFIC 100 AQUARIUM WAY LONG BEACH, CA 908028126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
AQUINAS HIGH SCHOOL 2772 STERLING AVENUE SAN BERNARDINO, CA 924043457	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AQUINAS HIGH SCHOOL 2772 STERLING AVENUE SAN BERNARDINO, CA 924043457	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	163
AQUINAS HIGH SCHOOL 2772 STERLING AVENUE SAN BERNARDINO, CA 924043457	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	33
ARC OF AMADOR AND CALAVERAS 75 ACADEMY DR SUTTER CREEK, CA 956854212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHER SCHOOL FOR GIRLS 11725 W SUNSET BLVD LOS ANGELES, CA 900492918	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ARLINGTON GARDEN IN PASADENA PO BOX 50617 PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARLINGTON GARDEN IN PASADENA PO BOX 50617 PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMAND HAMMER MUSEUM OF ART AND CUL 10899 WILSHIRE BLVD LOS ANGELES, CA 900244343	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	3,750
ARMAND HAMMER MUSEUM OF ART AND CUL 10899 WILSHIRE BLVD LOS ANGELES, CA 900244343	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150,000
ARMENIAN AMERICAN MUSEUM AND CULTUR 111 EAST BROADWAY SUITE 207 GLENDALE, CA 91205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,155
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN AMERICAN MUSEUM AND CULTUR 111 EAST BROADWAY SUITE 207 GLENDALE, CA 91205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ARMENIAN APOSTOLIC CHURCH OF PASADE 1694 E WASHINGTON BLVD PASADENA, CA 911042757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ARMENIAN APOSTOLIC CHURCH OF PASADE 1694 E WASHINGTON BLVD PASADENA, CA 911042757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN APOSTOLIC CHURCH OF PASADE 1694 E WASHINGTON BLVD PASADENA, CA 911042757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
ARMENIAN CULTURAL ASSOCIATION HAMAZ 2010 RIPLEY AVE REDONDO BEACH, CA 90278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ARMENIAN CULTURAL ASSOCIATION HAMAZ 104 N BELMONT ST STE 200 GLENDALE, CA 912064492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN CULTURAL ASSOCIATION HAMAZ 2010 RIPLEY AVE REDONDO BEACH, CA 90278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
ARMENIAN EDUCATIONAL FOUNDATION INC 600 W BROADWAY STE 130 GLENDALE, CA 912041023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARMENIAN RELIEF SOCIETY OF WESTERN 517 WEST GLENOAKS BLVD GLENDALE, CA 91202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA DR MONTROSE, CA 91020	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	245
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA DR MONTROSE, CA 91020	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,850
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA DR MONTROSE, CA 91020	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN SISTERS ACADEMY OF LOS ANG 2361 FLORENCITA DR MONTROSE, CA 91020	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,350
ARMORY CENTER FOR THE ARTS 145 N RAYMOND AVE PASADENA, CA 91103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ARROWBEAR MUSIC ASSOCIATES PO BOX 1294 LAKEWOOD, CA 907141294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARROWHEAD UNITED WAY 646 NORTH D STREET SAN BERNARDINO, CA 92401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARROYO HIGH4921 NORTH CEDAR AVE EL MONTE, CA 917321099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
ARROYO HIGH4921 NORTH CEDAR AVE EL MONTE, CA 917321099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART OF LIVING FOUNDATION 4320 STEVENS CREEK BLVD 207 SAN JOSE, CA 95129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ART OF LIVING FOUNDATION PO BOX 2010 CUPERTINO, CA 95015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ART OF LIVING FOUNDATION 4320 STEVENS CREEK BLVD 207 SAN JOSE, CA 95129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART OF LIVING FOUNDATION PO BOX 2010 CUPERTINO, CA 95015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	251
ART OF LIVING FOUNDATION PO BOX 2010 CUPERTINO, CA 95015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	101
ART-A-FAIR FOUNDATION 10005 MUIRLANDS BLVD UNIT O IRVINE, CA 92618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 90 NEW MONTGOMERY STREET SUITE 710 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ARTHRITIS NATIONAL RESEARCH FOUNDAT 19200 VON KARMEN STE 350 IRVINE, CA 92612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,515
ARTHRITIS NATIONAL RESEARCH FOUNDAT 19200 VON KARMEN STE 350 IRVINE, CA 92612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS NATIONAL RESEARCH FOUNDAT 19200 VON KARMEN STE 350 IRVINE, CA 92612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
ARTS ORANGE COUNTY 17620 FITCH STE 255 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ARTWARD INITIATIVE 6230 WILSHIRE BLVD STE 1782 LOS ANGELES, CA 900485194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTWARD INITIATIVE 6230 WILSHIRE BLVD STE 1782 LOS ANGELES, CA 900485194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ASANTE AFRICA FOUNDATION INC 1334 CARLTON PLACE LIVERMORE, CA 94550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASANTE AFRICA FOUNDATION INC 1334 CARLTON PLACE LIVERMORE, CA 94550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	426
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ASHA FOR EDUCATIONPO BOX 398080 SAN FRANCISCO, CA 941398080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 900171900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BLVD 2ND FLOOR LOS ANGELES, CA 900171900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ASIAN AMERICANS ADVANCING JUSTICE L 1145 WILSHIRE BOULEVARD LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,655
ASIAN AMERICANS ADVANCING JUSTICE-A 55 COLUMBUS AVENUE SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN ART MUSEUM FOUNDATION OF SAN 200 LARKIN ST SAN FRANCISCO, CA 941024734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
ASIAN BUSINESS ASSOCIATION FOUNDATI 7675 DAGGET STREET SUITE 340 SAN DIEGO, CA 92111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ASIAN COMMUNITY MENTAL HEALTH BOARD 310 8TH ST STE 304 OAKLAND, CA 946076527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN COMMUNITY MENTAL HEALTH BOARD 310 8TH ST STE 304 OAKLAND, CA 946076527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	121
ASIAN COMMUNITY MENTAL HEALTH BOARD 310 8TH ST STE 304 OAKLAND, CA 946076527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
ASIAN HEALTH SERVICES 101 8TH ST SUITE 100 OAKLAND, CA 946074220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN HEALTH SERVICES 101 8TH ST SUITE 100 OAKLAND, CA 946074220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
ASIAN HEALTH SERVICES 101 8TH ST SUITE 100 OAKLAND, CA 946074220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
ASIAN INC 1167 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN PACIFIC ALUMNI OF UCLA PO BOX 661764 LOS ANGELES, CA 90066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ASIAN PACIFIC ALUMNI OF UCLA PO BOX 661764 LOS ANGELES, CA 90066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ASIAN PACIFIC FUND 465 CALIFORNIA STREET SUITE 809 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN PACIFIC FUND 465 CALIFORNIA STREET SUITE 809 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ASIAN PACIFIC FUND 465 CALIFORNIA STREET SUITE 809 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
ASIAN PACIFIC ISLANDER SMALL BUSINE 231 E THIRD ST G106 LOS ANGELES, CA 900131494	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN YOUTH CENTER100 CLARY AVE SAN GABRIEL, CA 917761374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
ASSISTANCE LEAGUE OF LOS ANGELES 826 COLE AVENUE LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ASSISTANCE LEAGUE OF LOS ANGELES 826 COLE AVENUE LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,103
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GERMAN SHEPHERD RESC 120 TUSTIN AVENUE SUITE C-1111 NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ASYLUM ACCESS 555 12TH STREET 5TH FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ATASCADERO LOAVES AND FISHES 5411 EL CAMINO REAL ATASCADERO, CA 934223355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON ELEMENTARY841 GULL AVE FOSTER CITY, CA 944041427	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
AUGIES QUEST TO CURE ALS INC 7421 BEVERLY BLVD LOS ANGELES, CA 900362703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SOCIETY VENTURA COUNTY PO BOX 1558 CAMARILLO, CA 93011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY VENTURA COUNTY PO BOX 1558 CAMARILLO, CA 93011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUTISM SOCIETY VENTURA COUNTY PO BOX 1558 CAMARILLO, CA 93011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	704
AUTISM TREE PROJECT INC 2845 NIMITZ BLVD SUITE C SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AUTRY MUSEUM OF THE AMERICAN WEST 4700 WESTERN HERITAGE WAY LOS ANGELES, CA 900271462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AVENUES PREGNANCY CLINIC 1911 W GLENOAKS BLVD GLENDALE, CA 91201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVENUES PREGNANCY CLINIC 1911 W GLENOAKS BLVD GLENDALE, CA 91201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
AVENUES PREGNANCY CLINIC 1911 W GLENOAKS BLVD GLENDALE, CA 91201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
AVERY S HEROES INCORPORATED 5871 PINE AVE STE 230 CHINO HILLS, CA 917096545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVERY S HEROES INCORPORATED 5871 PINE AVE STE 230 CHINO HILLS, CA 917096545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AVERY S HEROES INCORPORATED 5871 PINE AVE STE 230 CHINO HILLS, CA 917096545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE PO BOX 7000 AZUSA, CA 917022701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE PO BOX 7000 AZUSA, CA 917022701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
BABY2BABY 5830 W JEFFERSON BLVD SUITE 200 LOS ANGELES, CA 90016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	553
BAD RAPPO BOX 27005 OAKLAND, CA 94602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAIL PROJECT INCPO BOX 750 VENICE, CA 90294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BAILEY BAIO ANGEL FOUNDATION 21781 VENTURA BLVD SUITE 473 WOODLAND HLS, CA 913641835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BAIS CHESED LA 4221 WILSHIRE BLVD STE 290-7B LOS ANGELES, CA 900103530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAIS CHESED LA 4221 WILSHIRE BLVD STE 290-7B LOS ANGELES, CA 900103530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
BAKERSFIELD HOMELESS CENTER 1600 E TRUXTUN AVENUE BAKERSFIELD, CA 93305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BAKERSFIELD RESCUE MISSION PO BOX 2222 BAKERSFIELD, CA 93303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAKERSFIELD RESCUE MISSION PO BOX 2222 BAKERSFIELD, CA 93303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BALBOA GIFTEDHIGH ABILITY MAGNET E 17020 LABRADOR ST NORTHRIDGE, CA 913251906	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
BALBOA SPIRIT CLUB 17020 LABRADOR ST NORTHRIDGE, CA 91325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALBOA SPIRIT CLUB 17020 LABRADOR ST NORTHRIDGE, CA 91325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
BARBELLS FOR BOOBS 25060 HANCOCK AVE SUITE 103-472 MURRIERTA, CA 92562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
BARBELLS FOR BOOBS 25060 HANCOCK AVE SUITE 103-472 MURRIERTA, CA 92562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARBELLS FOR BOOBS 1006 E CHESTNUT AVE SANTA ANA, CA 927016426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
BARLOW RESPIRATORY HOSPITAL 2000 STADIUM WAY LOS ANGELES, CA 900262606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
BAROQUE MUSIC FESTIVAL CORONA DEL M PO BOX 838 CORONA DL MAR, CA 926250838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARRIO LOGAN COLLEGE INSTITUTE 2114 NATIONAL AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BATTERY FOUNDATION 400 PACIFIC AVE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BATTERY FOUNDATION 400 PACIFIC AVE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA CHINESE BIBLE CHURCH 1801 NORTH LOOP RD ALAMEDA, CA 94502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
BAY AREA CRISIS NURSERY 1506 MENDOCINO DR CONCORD, CA 94521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
BAY AREA CRISIS NURSERY 1506 MENDOCINO DR CONCORD, CA 94521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA CRISIS NURSERY 1506 MENDOCINO DR CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BAY AREA CRISIS NURSERY 1506 MENDOCINO DR CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BAY AREA CRISIS NURSERY 1506 MENDOCINO DR CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA JEWISH HEALING CENTER 2530 TARAVAL ST STE 202 SAN FRANCISCO, CA 941162286	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BAY AREA RESCUE MISSION 2114 MACDONALD AVE PO BOX 1112 RICHMOND, CA 948021112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BAY AREA RESCUE MISSION 2114 MACDONALD AVE RICHMOND, CA 948013311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA WOMENS AND CHILDRENS CENTE 318 LEAVENWORTH STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAY AREA WOMENS AND CHILDRENS CENTE 318 LEAVENWORTH STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
BAY LAUREL ELEMENTARY SCHOOL PARENT 24740 PASEO PRIMARIO CALABASAS, CA 913023071	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYVIEW HUNTERS POINT CENTER FOR AR 2415 THIRD STREET SUITE 230 SAN FRANCISCO, CA 941073182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BAYVIEW HUNTERS POINT CENTER FOR AR 2415 THIRD ST SUITE 230 SAN FRANCISCO, CA 941073138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BAYVIEW HUNTERS POINT CENTER FOR AR 2415 THIRD ST SUITE 230 SAN FRANCISCO, CA 941073138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIFUL RESPONSE 25978 MISSION ST CARMEL, CA 939239211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
BECKFORD CHARTER FOR ENRICHED STUDI 19130 TULSA ST NORTHRIDGE, CA 913262645	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,552
BELLARMINE COLLEGE PREPARATORY 960 W HEDDING ST SAN JOSE, CA 951261215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT BLASTERS BASEBALL CLUB 26 MEADOW PARK CIRCLE BELMONT, CA 94002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BELMONT-REDWOOD SHORES PUBLIC SCHOO P O BOX 5196 BELMONT, CA 940025196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELVEDERE NURSERY SCHOOL INC 15 COVE ROAD PL BELVEDERE, CA 949202390	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
BENICIA COMMUNITY ACTION COUNCIL 480 MILITARY EAST BENICIA CA 94510 BENICIA, CA 945102813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BENNETT VALLEY ALLIANCE OF PARENTS 2250 MESQUITE DR SANTA ROSA, CA 954058310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEREAN CHRISTIAN HIGH SCHOOL 245 EL DIVISADERO AVENUE WALNUT CREEK, CA 945984112	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BERKELEY ATHLETIC FUND 2835 7TH STREET BERKELEY, CA 94710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
BERKELEY EAST BAY HUMANE SOCIETY IN 2700 NINTH STREET BERKELEY, CA 94710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY EAST BAY HUMANE SOCIETY IN 2700 NINTH STREET BERKELEY, CA 94710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BERKELEY HIGH SCHOOL DEVELOPMENT GR PO BOX 519 BERKELEY, CA 947010519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BERKELEY HIGH SCHOOL JAZZ PO BOX 1027 BERKELEY, CA 947011027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BERKELEY REPERTORY THEATRE 999 HARRISON STREET BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BERKELEY SOCIETY FOR THE PRESERVATI 2020 ADDISON ST BERKELEY, CA 94704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY SYMPHONY ORCHESTRA 1942 UNIVERSITY AVE 207 BERKELEY, CA 94704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BEST BUDDIES INTERNATIONAL INC 3731 STOCKER ST STE 212 LOS ANGELES, CA 90008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FOOT FORWARD LTD 3690 AVENIDA CALLADA CALABASAS, CA 913023030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BET TZEDEK 3250 WILSHIRE BLVD 13TH FLOOR LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BETHANY LUTHERAN SCHOOL 5100 E ARBOR RD LONG BEACH, CA 90808	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
BETTER HEALTH EAST BAY FOUNDATION PHILANTHROPY OFFICE EDEN EAST 20103 LAKE CHABOT RD CASTRO VALLEY, CA 94546	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND DIFFERENCES 711 GRAND AVE STE 200 SAN RAFAEL, CA 949013553	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
BHAKTIVEDANTA FOUNDATION FOR HIGHER 1922 VIA REGGIO COURT SAN JOSE, CA 95132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BHAKTIVEDANTA FOUNDATION FOR HIGHER 1922 VIA REGGIO COURT SAN JOSE, CA 95132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BHAKTIVEDANTA FOUNDATION FOR HIGHER 1922 VIA REGGIO COURT SAN JOSE, CA 95132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,500
BHAKTIVEDANTA FOUNDATION FOR HIGHER 1922 VIA REGGIO COURT SAN JOSE, CA 95132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS BIG SISTERS ASSOCIATIO 65 BATTERY STREET SECOND FLOOR SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF EL DORA 3461 ROBIN LANE STE 2 CAMERON PARK, CA 95682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVENUE SUITE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER AVENUE STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVE STE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF ORANGE 1801 E EDINGER STE 101 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVENUE SUITE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVE STE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
BIG BROTHERS BIG SISTERS OF ORANGE 2155 CHICAGO AVENUE SUITE 100 RIVERSIDE, CA 92507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
BIG BROTHERS BIG SISTERS OF SAN DIE 4305 UNIVERSITY AVENUE SUITE 300 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF VENTURA 555 AIRPORT WAY STE D CAMARILLO, CA 93010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,970
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SUR LAND TRUST509 HARTNELL ST MONTEREY, CA 939402825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BIG SUR LAND TRUST509 HARTNELL ST MONTEREY, CA 939402825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
BIG SUR LAND TRUST509 HARTNELL ST MONTEREY, CA 939402825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BIG VALLEY GRACE COMMUNITY CHURCH & 4040 TULLY RD MODESTO, CA 953568880	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BILL WILSON CENTER 3490 THE ALAMEDA SANTA CLARA, CA 950504333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIOCOM INSTITUTE 10996 TORREYANA RD SUITE 200 SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
BIOLA UNIVERSITY INC 13800 BIOLA AVE LA MIRADA, CA 90639	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
BIRTH CHOICE OF SAN MARCOS 277 S RANCHO SANTA FE RD STE R SAN MARCOS, CA 920782343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP GARCIA DIEGO HIGH SCHOOL INC 4000 LA COLINA RD SANTA BARBARA, CA 931101412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BISHOP O DOWD HIGH SCHOOL 9500 STEARNS AVE OAKLAND, CA 94605	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,550
BISHOP O DOWD HIGH SCHOOL 9500 STEARNS AVE OAKLAND, CA 94605	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIZFED INSTITUTE 6055 E WASHINGTON BLVD STE 1005 COMMERCE, CA 900402488	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BLACK PINE CIRCLE INC2027 7TH ST BERKELEY, CA 947102024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,800
BLACK PINE CIRCLE INC2027 7TH ST BERKELEY, CA 947102024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSED JOHN HENRY NEWMAN CATHOLIC 2646 DUPONT DRIVE -163 IRVINE, CA 92612	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
BLOOM MARIN1557 FOURTH STREET SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BLUE LINE ARTS 405 VERNON STREET SUITE 100 ROSEVILLE, CA 95678	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE LINE ARTS 405 VERNON STREET SUITE 100 ROSEVILLE, CA 95678	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BLUE STAR MOTHERS OF AMERICA INC 1255 MAGNOLIA AVE STE 107 CORONA, CA 928795004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOARD OF TRUSTEE OF THE GLIDE FOUND 330 ELLIS ST SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF TRUSTEE OF THE GLIDE FOUND 330 ELLIS ST SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
BONNIE J ADDARIO A BREATH AWAY FROM 1100 INDUSTRIAL ROAD SUITE 1 SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
BOOSTER CLUB OF PLAYA DEL REY 12221 JUNIETTE ST CULVER CITY, CA 902306235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOSTER CLUB OF PLAYA DEL REY 12221 JUNIETTE ST CULVER CITY, CA 902306235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BORDER ANGELS2258 ISLAND AVE SAN DIEGO, CA 92102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BORDER ANGELS2258 ISLAND AVE SAN DIEGO, CA 92102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BORDER ANGELS2258 ISLAND AVE SAN DIEGO, CA 92102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BORDER ANGELS2258 ISLAND AVE SAN DIEGO, CA 92102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
BORDER ANGELS2258 ISLAND AVE SAN DIEGO, CA 92102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BORN THIS WAY FOUNDATION 1880 CENTURY PARK E STE 1600 LOS ANGELES, CA 900671661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 16525 SHERMAN WAY SUITE C-8 VAN NUYS, CA 914063753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 16525 SHERMAN WAY NO C-8 VAN NUYS, CA 914063753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,305
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
BOY SCOUTS OF AMERICA 401 E 37TH ST LONG BEACH, CA 908073405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1230 INDIANA CT REDLANDS, CA 92374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 509 E DAILY DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1207 UPAS STREET SAN DIEGO, CA 921035127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
BOY SCOUTS OF AMERICA 6005 N TAMERA AVE FRESNO, CA 937113911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1207 UPAS STREET SAN DIEGO, CA 921035127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BOY SCOUTS OF AMERICA 509 E DAILY DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
BOY SCOUTS OF AMERICA 1001 DAVIS STREET SAN LEANDRO, CA 945771514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 945234703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1211 EAST DYER ROAD SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	533
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 509 E DAILY DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 509 E DAILY DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1325 GRANDVIEW AVENUE GLENDALE, CA 91201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 970 W JULIAN ST SAN JOSE, CA 951262719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 509 E DAILY DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
BOY SCOUTS OF AMERICA 800 ELLINWOOD WAY PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF BARSTOW PO BOX 204 BARSTOW, CA 92312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BOYS & GIRLS CLUB OF BARSTOW PO BOX 204 BARSTOW, CA 92312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
BOYS & GIRLS CLUB OF BARSTOW PO BOX 204 BARSTOW, CA 92312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CARSON 1950 E 220TH STREET SUITE 207 CARSON, CA 90810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUB OF CARSON 1950 E 220TH STREET SUITE 207 CARSON, CA 90810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUB OF COACHELLA VALL 42600 COOK STREET SUITE 120 PALM DESERT, CA 922115143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COACHELLA VALL 42600 COOK STREET SUITE 120 PALM DESERT, CA 922115143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF COACHELLA VALL 42600 COOK STREET SUITE 120 PALM DESERT, CA 922115143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUB OF COACHELLA VALL 42600 COOK STREET SUITE 120 PALM DESERT, CA 922115143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF FULLERTON 340 W COMMONWEALTH AVE FULLERTON, CA 92836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUB OF SOUTHWEST COUN PO BOX 892349 TEMECULA, CA 925892349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,425
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD MENLO PARK, CA 940251240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF WEST SAN GABRI 328 SOUTH RAMONA AVENUE MONTEREY PARK, CA 91754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF CENTRAL ORANG 17701 COWAN STE 110 IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUBS OF CENTRAL ORANG 17701 COWAN STE 110 IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF FRESNO COUNTY 540 N AUGUSTA STREET FRESNO, CA 93701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUBS OF GREATER REDLA 1251 CLAY STREET REDLANDS, CA 92374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MONTEREY COUN 1332 LA SALLE AVE SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	314
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SAN FRANCISCO 380 FULTON STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
BOYS & GIRLS CLUBS OF THE SANGORGON PO BOX 655 BEAUMONT, CA 922230655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS AND GIRLS CLUB OF MOORPARK INC PO BOX 514 MOORPARK, CA 93020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 904011704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	675
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUB OF VENICE INC 2232 LINCOLN BLVD VENICE, CA 902913953	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CENTRAL SON 1400 N DUTTON AVE STE 24 SANTA ROSA, CA 954017120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BOYS AND GIRLS CLUBS OF CENTRAL SON 1400 N DUTTON AVE STE 24 SANTA ROSA, CA 954017120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BOYS AND GIRLS CLUBS OF GREATER SAC 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF GREATER SAC 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS AND GIRLS CLUBS OF LONG BEACH 3635 LONG BEACH BLVD LONG BEACH, CA 90807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUBS OF THE NORTH V 601 WALL ST CHICO, CA 959285626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF PALM SPRINGS INC 450 S SUNRISE WAY PALM SPRINGS, CA 922627641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS CLUB OF PALM SPRINGS INC 450 S SUNRISE WAY PALM SPRINGS, CA 922627641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
BOYS CLUBS OF BAKERSFIELD PO BIN 5J BAKERSFIELD, CA 933850009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUBS OF BAKERSFIELD PO BIN 5J BAKERSFIELD, CA 933850009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS TO MEN MENTORING NETWORK INC 9587 TROPICO DRIVE LA MESA, CA 91941	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRAILLE INSTITUTE OF AMERICA INC 70-251 RAMON ROAD RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAILLE INSTITUTE OF AMERICA INC 70-251 RAMON ROAD RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BRAILLE INSTITUTE OF AMERICA INC 741 N VERMONT AVE LOS ANGELES, CA 900293514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BRANDEIS MARIN180 N SAN PEDRO RD SAN RAFAEL, CA 94903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVE MAKER233 TOPAZ ST REDWOOD CITY, CA 94062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRAVE TRAILS 2717 S ROBERTSON BLVD LOS ANGELES, CA 900342442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRAVE TRAILS 2717 S ROBERTSON BLVD LOS ANGELES, CA 900342442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAK THE BARRIERS INC 8555 N CEDAR FRESNO, CA 93720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
BREAKTHROUGH SILICON VALLEY 1635 PARK AVENUE 138 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BREAST AND GYN HEALTH PROJECT 987 8TH ST ARCATA, CA 955216109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER ACTION 275 5TH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER ST STE 400 SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER ST STE 400 SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER PREVENTION PARTNERS 1388 SUTTER ST STE 400 SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BRENTWOOD SCHOOL 100 SOUTH BARRINGTON PLACE LOS ANGELES, CA 90049	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
BRENTWOOD SCHOOL 100 SOUTH BARRINGTON PLACE LOS ANGELES, CA 90049	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE 2 LIGHT FOUNDATION 2908 N KENNETH RD BURBANK, CA 91504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRIDGE 2 LIGHT FOUNDATION 2908 N KENNETH RD BURBANK, CA 91504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,975
BRIDGE 2 LIGHT FOUNDATION 2908 N KENNETH RD BURBANK, CA 91504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE HOUSING CORPORATION 600 CALIFORNIA STREET SUITE 900 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BRING CHANGE 2 MIND 155 SANSOME ST STE 530 SAN FRANCISCO, CA 941043606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRING CHANGE 2 MIND 155 SANSOME ST STE 530 SAN FRANCISCO, CA 941043606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BROOKSIDE ELEMENTARY 165 N SATINWOOD AVE OAK PARK, CA 913771214	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BROTHERS AND SISTERS IN COMMUNITY S 958 CASCADE DRIVE SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROWN DOG FOUNDATION 6500 AMBROSIA LANE 1725 CARLSBAD, CA 92011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKELEW PROGRAMS 1401 LOS GAMOS DRIVE STE 240 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BUCKELEW PROGRAMS 1401 LOS GAMOS DRIVE STE 240 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BUCKELEW PROGRAMS 1401 LOS GAMOS DRIVE STE 240 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUDDHIST TZU CHI FOUNDATION 2355 OAKLAND ROAD SAN JOSE, CA 95131	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
BUDDHIST TZU CHI FOUNDATION 2355 OAKLAND ROAD SAN JOSE, CA 95131	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
BUDDHIST TZU CHI FOUNDATION 2355 OAKLAND ROAD SAN JOSE, CA 95131	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILD A MIRACLE 10755 SCRIPPS POWAY PARKWAY NO 490 SAN DIEGO, CA 921313924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BURBANK PHILHARMONIC ORCHESTRA P O BOX 6345 BURBANK, CA 91510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,150
BUREAU OF JEWISH EDUCATION OF GREAT 6505 WILSHIRE BOULEVARD SUITE 300 LOS ANGELES, CA 900484906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURI BURI ELEMENTARY398 B ST SOUTH SAN FRANCISCO, CA 940804423	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLINGAME COMMUNITY FOR EDUCATION PO BOX 117730 BURLINGAME, CA 940117730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
BURNING MAN PROJECT 660 ALABAMA ST FL 4 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BURNING MAN PROJECT 660 ALABAMA ST FL 4 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURNING MAN PROJECT 660 ALABAMA ST FL 4 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BURNING MAN PROJECT 660 ALABAMA ST FL 4 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BUSINESSES UNITED IN INVESTING LEND 900 JEFFERSON AVE BOX BUILDING A 7TH FLOOR REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUYAMBA INC 3625 E THOUSAND OAKS BLVD STE 265 WESTLAKE VLG, CA 913623576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BUYAMBA INC 3625 E THOUSAND OAKS BLVD STE 265 WESTLAKE VLG, CA 913623576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BYTES FOR BITS1743 GROVE STREET SAN FRANCISCO, CA 94117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABRILLO ECONOMIC DEVELOPMENT CORP 702 COUNTY SQUARE DRIVE 2ND FLOOR VENTURA, CA 930035450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
CABRILLO ECONOMIC DEVELOPMENT CORP 702 COUNTY SQUARE DRIVE 2ND FLOOR VENTURA, CA 930035450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CAF PROPERTY INC9591 WAPLES ST SAN DIEGO, CA 921212953	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAJON PARK ELEMENTARY 10300 MAGNOLIA AVE SANTEE, CA 920711704	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	85
CAL POLY CORPORATION 872 HIGUERA STREET SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
CAL POLY POMONA FOUNDATION INC PO BOX 3121 POMONA, CA 91769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL POLY POMONA FOUNDATION INC PO BOX 3121 POMONA, CA 91769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CAL STATE BAKERSFIELD FOUNDATION 9001 STOCKDALE HWY BAKERSFIELD, CA 933111022	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	20,000
CAL STATE FULLERTON PHILANTHROPIC F 2600 NUTWOOD AVE STE 850 FULLERTON, CA 928315455	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL STATE FULLERTON PHILANTHROPIC F 2600 NUTWOOD AVE STE 850 FULLERTON, CA 928315455	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	24
CALABASAS HIGH 22855 MULHOLLAND HWY CALABASAS, CA 91302	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,750
CALABASAS HIGH SCHOOL COYOTE BOOSTE PO BOX 8974 CALABASAS, CA 91372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALABASAS HIGH SCHOOL COYOTE BOOSTE 22855 MULHOLLAND HWY CALABASAS, CA 913022047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
CALABASAS HIGH SCHOOL PARENT FACULT 22855 MULHOLLAND HWY CALABASAS, CA 913022047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
CALICO CENTER524 ESTUDILLO AVE SAN LEANDRO, CA 945774612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA ACADEMY OF SCIENCES 55 MUSIC CONCOURSE DRIVE GOLDEN GATE PARK SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	149
CALIFORNIA ASSOCIATION FOR MICROENT ONE HALLIDIE PLAZA SUITE 715 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
CALIFORNIA ASSOCIATION FOR MICROENT ONE HALLIDIE PLAZA SUITE 715 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COALITION FOR RURAL HOUS 717 K STREET SUITE 400 SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CALIFORNIA COALITION FOR RURAL HOUS 717 K STREET SUITE 400 SACRAMENTO, CA 95814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900711638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900711638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900711638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA COMMUNITY FOUNDATION 221 SOUTH FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900711638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA CONGRESS OF PARENTSTEACH 67700 VERONA RD CATHEDRAL CITY, CA 92234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA COUNCIL ON ECONOMIC EDUC 23430 HAWTHORNE BOULEVARD SUITE 280 TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CALIFORNIA COUNCIL ON ECONOMIC EDUC 23430 HAWTHORNE BOULEVARD SUITE 280 TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA FARMLINK 335 SPRECKLES DRIVE STE F APTOS, CA 95003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CALIFORNIA FEDERATION OF WOMENS CLU PO BOX 8494 LA CRESCENTA, CA 912240494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	104
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DRIVE SACRAMENTO, CA 958333633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA FORWARD 127 UNIVERSITY AVENUE BERKELEY, CA 947100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CALIFORNIA HISTORICAL ARTILLERY SOC PO BOX 86 DUNCANS MILLS, CA 95430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CALIFORNIA HOSPITAL MEDICAL CENTER 1401 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA HOUSING CONSORTIUM 30141 AGOURA ROAD SUITE 106 AGOURA HILLS, CA 91301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CALIFORNIA HOUSING PARTNERSHIP CORP 369 PINE STREET SUITE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 5-32 PASADENA, CA 91125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 5-32 PASADENA, CA 91125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,400
CALIFORNIA JAZZ CONSERVATORY INC 2040 ADDISON ST BERKELEY, CA 947041103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	475
CALIFORNIA LUTHERAN UNIVERSITY 60 W OLSEN ROAD 4400 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CALIFORNIA LUTHERAN UNIVERSITY 60 WEST OLSEN ROAD MC 1650 THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,010
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA MINIATURE SCHNAUZER RESC 4035 ROBIN HILL ROAD FLINTRIDGE, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CALIFORNIA MINIATURE SCHNAUZER RESC 4035 ROBIN HILL ROAD FLINTRIDGE, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CALIFORNIA MINIATURE SCHNAUZER RESC 4035 ROBIN HILL ROAD FLINTRIDGE, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA MINIATURE SCHNAUZER RESC 4035 ROBIN HILL ROAD FLINTRIDGE, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CALIFORNIA PACIFIC MEDICAL CENTER F 2015 STEINER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CALIFORNIA PLANNED PARENTHOOD EDUCA 555 CAPITOL MALL STE 510 SACRAMENTO, CA 958144581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	413
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA PLANNED PARENTHOOD EDUCA 555 CAPITOL MALL STE 510 SACRAMENTO, CA 958144581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA PLANNED PARENTHOOD EDUCA 555 CAPITOL MALL STE 510 SACRAMENTO, CA 958144581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA POLICY CENTER 18002 IRVINE BLVD SUITE 108 TUSTIN, CA 92780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	900
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,021
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	496
CALIFORNIA POLYTECHNIC STATE UNIVER ONE GRAND AVENUE BLDG 117 SAN LUIS OBISPO, CA 934070000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA POLYTECHNIC STATE UNIVER 1 GRAND AVE SAN LUIS OBISPO, CA 93407	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
CALIFORNIA RANGERS 6107 GOSHEN STREET SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA RANGERS 6107 GOSHEN STREET SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA REENTRY PROGRAM PO BOX 483 SAN QUENTIN, CA 949640483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,620
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,760
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA SCHOOL OF THE ARTS SAN G 1010 N MAIN STREET SANTA ANA, CA 92701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA SCIENCE CENTER FOUNDATIO 700 EXPOSITION PARK DRIVE LOS ANGELES, CA 90037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 947102732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA SHAKESPEARE THEATER 701 HEINZ AVE BERKELEY, CA 947102732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE PARKS FOUNDATION 33 NEW MONTGOMERY STREET SUITE 520 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY - NORTH 18111 NORDHOFF STREET NORTHRIDGE, CA 913308296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CALIFORNIA STATE UNIVERSITY CHANNEL 1 UNIVERSITY DR CAMARILLO, CA 930128599	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
CALIFORNIA STATE UNIVERSITY CHANNEL 1 UNIVERSITY DR CAMARILLO, CA 930128599	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY DOMINGU 1000 E VICTORIA ST WELCH HALL 425 CARSON, CA 907470001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA STATE UNIVERSITY DOMINGU 1000 E VICTORIA ST WELCH HALL 425 CARSON, CA 907470001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA STATE UNIVERSITY FRESNO 5005 N MAPLE AVE ED76 FRESNO, CA 93740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY FRESNO 5244 N JACKSON KC 45 FRESNO, CA 93740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125,000
CALIFORNIA STATE UNIVERSITY LONG BE 1500 COTNER AVENUE LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALIFORNIA STATE UNIVERSITY LONG BE 6300 STATE UNIVERSITY DR STE 332 LONG BEACH, CA 908150000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA STATE UNIVERSITY LOS ANG 5151 STATE UNIVERSITY DRIVE ADM 809 LOS ANGELES, CA 90032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA STATE UNIVERSITY LOS ANG 5151 STATE UNIVERSITY DRIVE ADM 809 LOS ANGELES, CA 90032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CALIFORNIA STATE UNIVERSITY LOS AN 5151 STATE UNIVERSITY DRIVE ADM 809 LOS ANGELES, CA 90032	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA TROUT 360 PINE ST 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CALIFORNIA TROUT 360 PINE ST 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CALIFORNIA TROUT 360 PINE ST 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALIFORNIA VETERANS ASSISTANCE FOUN 2215 BUENA VISTA ST APT 1 BAKERSFIELD, CA 933041976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
CALIFORNIA WESTERN SCHOOL OF LAW 225 CEDAR ST SAN DIEGO, CA 921013046	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
CALIFORNIA WESTERN SCHOOL OF LAW 225 CEDAR ST SAN DIEGO, CA 921013046	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY CHAPEL OF SIMI VALLEY 1230-5 MADERA ROAD 102 SIMI VALLEY, CA 930650000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
CALVARY CHAPEL OF SIMI VALLEY 1230-5 MADERA ROAD 102 SIMI VALLEY, CA 930650000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	630
CALVARY CHAPEL OF SIMI VALLEY 1230-5 MADERA ROAD 102 SIMI VALLEY, CA 930650000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY CHRISTIAN SCHOOL 701 PALISADES DRIVE PACIFIC PALISADES, CA 90272	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CALVARY COMMUNITY CHURCH OF CONEJO 5495 VIA ROCAS WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CALVARY COMMUNITY CHURCH OF CONEJO 5495 VIA ROCAS WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY COMMUNITY CHURCH OF CONEJO 5495 VIA ROCAS WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CAMBODIAN CHILDRENS FUND 2461 SANTA MONICA BLVD PMB 833 SANTA MONICA, CA 90404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CAMERATA PACIFICAPO BOX 30116 SANTA BARBARA, CA 931300116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMFED U S A FOUNDATION 466 GEARY STREET SUITE 400 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAMFED U S A FOUNDATION 466 GEARY STREET SUITE 400 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CAMINAR 2600 SOUTH EL CAMINO REAL SUITE 200 SAN MATEO, CA 944031160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMINAR 2600 SOUTH EL CAMINO REAL SUITE 200 SAN MATEO, CA 944031160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO, CA 926751304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CAMP COCKER RESCUE INC 14320 VENTURA BLVD SHERMAN OAKS, CA 914232717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP DEL CORAZON11615 HESBY ST N HOLLYWOOD, CA 916013620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAMP KESEM NATIONAL 10586 W PICO BLVD 196 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAMP RAMAH IN CALIFORNIA INC 17525 VENTURA BLVD STE 310 ENCINO, CA 913165108	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,149
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 921821968	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
CAMPANILE FOUNDATION 5500 CAMPANILE DRIVE SAN DIEGO, CA 921821968	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
CAMPOLINDO HIGH300 MORAGA ROAD MORAGA, CA 945562402	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPUS LIFE CONNECTIONPO BOX 156 WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CANAL ALLIANCE91 LARKSPUR ST SAN RAFAEL, CA 949014820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CANAL ALLIANCE91 LARKSPUR ST SAN RAFAEL, CA 949014820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 931054213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 931054213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 931054213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER FOUNDATION OF SANTA BARBARA 601 W JUNIPERO ST SANTA BARBARA, CA 931054213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CANCER HOPE FOUNDATION 568 CONSTITUTION AVE UNITS F G CAMARILLO, CA 93012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CANCER SUPPORT COMMUNITY SAN FRANCI 3276 MCNUTT AVE WALNUT CREEK, CA 945971833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SUPPORT COMMUNITY SAN FRANCI 3276 MCNUTT AVE WALNUT CREEK, CA 945971833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANCER SUPPORT COMMUNITY SAN FRANCI 3276 MCNUTT AVE WALNUT CREEK, CA 945971833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
CANCER SUPPORT COMMUNITY VALLEY- VE 530 HAMPSHIRE RD WESTLAKE VLG, CA 913612218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	395
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANINE COMPANIONS FOR INDEPENDENCE 2965 DUTTON AVENUE SANTA ROSA, CA 954075711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CANINE SUPPORT TEAMS INC PO BOX 891767 TEMECULA, CA 925891767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNING HUNGER INC 407 W IMPERIAL HWY STE H313 BREA, CA 928214832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
CANNING HUNGER INC 407 W IMPERIAL HWY STE H313 BREA, CA 928214832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CANNING HUNGER INC 407 W IMPERIAL HWY STE H313 BREA, CA 928214832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNING HUNGER INC 407 W IMPERIAL HWY STE H313 BREA, CA 928214832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CANNING HUNGER INC 407 W IMPERIAL HWY STE H313 BREA, CA 928214832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CAPISTRANO VALLEY CHRISTIAN SCHOOLS 32032 DEL OBISPO STREET SAN JUAN CAPISTRANO, CA 92675	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREER TECHNICAL EDUCATION FOUNDATI 1030 APOLLO WAY SUITE 200 SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CARING HAND FOR CHILDREN 6901 MCLAREN AVE WEST HILLS, CA 91307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
CARING HOUSE INCORPORATED 2842 EL DORADO ST TORRANCE, CA 905036038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARLSBAD EDUCATIONAL FOUNDATION 5631 PALMER WAY SUITE L CARLSBAD, CA 92010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARLTHORP SCHOOL 438 SAN VICENTE BLVD SANTA MONICA, CA 904021703	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CARMEL FOUNDATIONP O BOX 1050 CARMEL, CA 939211050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL FOUNDATIONP O BOX 1050 CARMEL, CA 939211050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	176
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARONDELET HIGH SCHOOL 1133 WINTON DRIVE CONCORD, CA 945183527	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	32
CAROUSEL RANCH INC 34289 ROCKING HORSE RD AGUA DULCE, CA 91390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CARPINTERIA CHILDRENS PROJECT 5201 8TH STREET SUITE 100 CARPINTERIA, CA 93013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA 0101 INC2009 E 1ST ST LOS ANGELES, CA 900333915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CASA 0101 INC2009 E 1ST ST LOS ANGELES, CA 900333915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CASA CORNELIA LEGAL SERVICES 2760 5TH AVE STE 200 SAN DIEGO, CA 921036330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA EL DORADO347 MAIN ST PLACERVILLE, CA 956675605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CASA EL DORADO347 MAIN ST PLACERVILLE, CA 956675605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE 139 REDWOOD CITY, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE 139 REDWOOD CITY, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CASA OF VENTURA COUNTY INC 975 FLYNN RD CAMARILLO, CA 930128704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CASA PACIFICA CENTERS FOR CHILDREN 1722 S LEWIS ROAD CAMARILLO, CA 930128520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA PACIFICA CENTERS FOR CHILDREN 1722 S LEWIS ROAD CAMARILLO, CA 930128520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CAST HOPEPO BOX 3740 CHICO, CA 959273740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
CAST HOPEPO BOX 3740 CHICO, CA 959273740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAST HOPEPO BOX 3740 CHICO, CA 959273740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	31
CASTLE ROCK ELEMENTARY 2975 CASTLE ROCK RD DIAMOND BAR, CA 91765	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
CASTLEBAY LANE ELEMENTARY SCHOOL PA 19360 RINALDI STREET 763 PORTER RANCH, CA 913261005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTLEBAY LANE ELEMENTARY SCHOOL PA 19360 RINALDI STREET 763 PORTER RANCH, CA 913261005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
CASTLEBAY LANE ELEMENTARY SCHOOL PA 19360 RINALDI STREET 763 PORTER RANCH, CA 913261005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CASTLEMONT HOME AND SCHOOL CLUB 3040 PAYNE AVE CAMPBELL, CA 95008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTLEMONT HOME AND SCHOOL CLUB 3040 PAYNE AVE CAMPBELL, CA 95008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CASTLEMONT HOME AND SCHOOL CLUB 3040 PAYNE AVE CAMPBELL, CA 95008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CASTLEMONT HOME AND SCHOOL CLUB 3040 PAYNE AVE CAMPBELL, CA 95008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASTLETON RANCH HORSE RESCUE INC 12103 E AVENUE H LANCASTER, CA 935358725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CASTROVILLE ARTICHOKE FESTIVAL INC PO BOX 1041 CASTROVILLE, CA 950121041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATE SCHOOLPO BOX 5005 CARPINTERIA, CA 930145005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATE SCHOOLPO BOX 5005 CARPINTERIA, CA 930145005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
CATHEDRAL SCHOOL FOR BOYS 1275 SACRAMENTO STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	248
CATHOLIC BIG BROTHERS BIG SISTERS I 1530 JAMES M WOOD BLVD LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES 1450 NORTH D STREET SAN BERNARDINO, CA 92405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CATHOLIC CHARITIES CYO OF THE ARCHD 990 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF LOS ANGELES 3250 WILSHIRE BLVD STE 1010 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF LOS ANGELES 3250 WILSHIRE BLVD STE 1010 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
CATHOLIC CHARITIES OF LOS ANGELES 21600 HART ST CANOGA PARK, CA 91303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	837
CATHOLIC CHARITIES OF SANTA CLARA C 2625 ZANKER ROAD SAN JOSE, CA 95134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SANTA CLARA C 2625 ZANKER ROAD SAN JOSE, CA 95134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
CATHOLIC CHARITIES OF SANTA CLARA C 2625 ZANKER ROAD SAN JOSE, CA 95134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES OF THE DIOCESE O 922 HILBY AVENUE STE C SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES OF THE DIOCESE O 433 JEFFERSON ST OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O PO BOX 4900 SANTA ROSA, CA 95402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES OF THE DIOCESE O 5562 CLAYTON ROAD CONCORD, CA 94521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CATHOLIC CHARITIES OF THE DIOCESE O 433 JEFFERSON ST OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,070
CATHOLIC CHARITIES OF THE DIOCESE O 922 HILBY AVENUE STE C SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CATHOLIC CHARITIES OF THE DIOCESE O 825 CHESTER AVENUE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF THE DIOCESE O 433 JEFFERSON ST OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 922 HILBY AVENUE STE C SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	113
CATHOLIC LADIES RELIEF SOCIETY 2 PO BOX 1463 MARYSVILLE, CA 959010043	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CATHOLIC SECONDARY EDUCATION-DIOCE 5555 DEL MAR HEIGHTS ROAD SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATS IN TOW RESCUE & SANCTUARY INC 1835 S MANCHESTER AVE SPC 114 ANAHEIM, CA 928023829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAUSA JUSTA JUST CAUSE PO BOX 7737 OAKLAND, CA 94601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CCF COMMUNITY INITIATIVES FUND 221 S FIGUEROA STREET SUITE 400 LOS ANGELES, CA 900122524	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CDF FIREFIGHTERS BENEVOLENTFOUNDATI 1731 J ST SUITE 100 SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CEDARS OF MARINPO BOX 947 ROSS, CA 949570947	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CEDARS-SINAI MEDICAL CENTER 12745 SUNSET BLVD LOS ANGELES, CA 90049	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD STE 240 WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD STE 240 WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD STE 240 WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD STE 240 WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
CENTER FOR ANIMAL PROTECTION AND ED PO BOX 3032 GRASS VALLEY, CA 959453032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
CENTER FOR ANIMAL PROTECTION AND ED PO BOX 3032 GRASS VALLEY, CA 959453032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ANIMAL PROTECTION AND ED PO BOX 3032 GRASS VALLEY, CA 959453032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CENTER FOR EARLY EDUCATION 563 N ALFRED ST W HOLLYWOOD, CA 900482512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
CENTER FOR ENAMEL ART 6927 FAIRMOUNT AVE EL CERRITO, CA 945303712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HUMAN SERVICES 2000 W BRIGGSMORE AVE SUITE I MODESTO, CA 95350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CENTER FOR IMMIGRANT PROTECTION 584 CASTRO STREET 273 SAN FRANCISCO, CA 94114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR IMMIGRANT PROTECTION 584 CASTRO STREET 273 SAN FRANCISCO, CA 94114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR LAW AND MILITARY POLICY 4952 WARNER AVENUE SUITE 230 HUNTINGTON BEACH, CA 92649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CENTER FOR LAW AND MILITARY POLICY 4952 WARNER AVENUE SUITE 230 HUNTINGTON BEACH, CA 92649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR MEDIA CHANGE INC 439 INTERNATIONAL BLVD STE 1 OAKLAND, CA 94606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	102
CENTER FOR THE PACIFIC ASIAN FAMILY 3424 WILSHIRE BLVD SUITE 1000 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTER FOR THE STUDY OF YOUNG PEOPL 8730 ALDEN DR STE E246 LOS ANGELES, CA 900480000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR THE STUDY OF YOUNG PEOPL CEDARS-SINAI PO BOX 48750 LOS ANGELES, CA 900480750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CENTER FOR URBAN EDUCATION ABOUT SU 1 FERRY BLDG STE 50 SAN FRANCISCO, CA 941114231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTER FOR VOLUNTEER AND NONPROFIT 65 MITCHELL BLVD SUITE 101 SAN RAFAEL, CA 949033680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR YOUNG WOMENS DEVELOPMENT 832 FOLSOM ST STE 700 SAN FRANCISCO, CA 941071142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CENTER STAGE OPERAPO BOX 371091 RESEDA, CA 913371091	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
CENTER THEATRE GROUP OF LOS ANGELES 601 W TEMPLE ST LOS ANGELES, CA 900122621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER THEATRE GROUP OF LOS ANGELES 601 W TEMPLE ST LOS ANGELES, CA 900122621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,696
CENTER4SPECIALNEEDS 1256 CALLE CASTANO THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER4SPECIALNEEDS 1256 CALLE CASTANO THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL AMERICAN RESOURCE CENTER - 2845 W 7TH ST LOS ANGELES, CA 900053907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTRAL CALIFORNIA ADAPTIVE SPORTS PO BOX 147 SHAVER LAKE, CA 93664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
CENTRAL CALIFORNIA LABRADOR RETRIEV PO BOX 2912 FAIR OAKS, CA 95628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CALIFORNIA SOCIETY FOR THE 103 S HUGHES AVENUE FRESNO, CA 937061207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CENTRAL CITY NEIGHBORHOOD PARTNERS 501 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL SIERRA HISTORICAL SOCIETY & PO BOX 617 SHAVER LAKE, CA 936640617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,675
CENTRAL SIERRA HISTORICAL SOCIETY & PO BOX 617 SHAVER LAKE, CA 936640617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CENTRAL SIERRA HISTORICAL SOCIETY & PO BOX 617 SHAVER LAKE, CA 936640617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL SIERRA VOLUNTEER FIRE TRAIN 37340 PINEWOOD SHAVER LAKE, CA 936649723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 93704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 93704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL VALLEY COMMUNITY FOUNDATION 5260 NORTH PALM AVENUE SUITE 122 FRESNO, CA 93704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTRAL VALLEY VETERANS 1134 RIORDAN AVE CLOVIS, CA 936197545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CENTURY VILLAGES AT CABRILLO INC 2001 RIVER AVENUE LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
CERES COMMUNITY PROJECT 7351 BODEGA AVE SEBASTOPOL, CA 95472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CHABAD OF NORTHRIDGE 17142 DEVONSHIRE ST NORTHRIDGE, CA 913251665	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF SCV 23120 LYONS AVE STE 19 NEWHALL, CA 913212670	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHABAD OF SCV 23120 LYONS AVE STE 19 NEWHALL, CA 913212670	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,952
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGED ATHLETES INC 9591 WAPLES STREET SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMLIAN ARMENIAN SCHOOL 4444 LOWELL AVENUE GLENDALE, CA 912142366	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHANDLER SCHOOL1005 ARMADA DR PASADENA, CA 911032802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHANDLER SCHOOL1005 ARMADA DR PASADENA, CA 911032802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANNEL ISLANDS CHORAL ASSOCIATION PO BOX 3474 CAMARILLO, CA 930113474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHANNEL ISLANDS CHORAL ASSOCIATION 1564 LEXINGTON CT CAMARILLO, CA 93010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHAPARRAL ELEMENTARY 4849 BIRD FARM RD CHINO HILLS, CA 91709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPARRAL ELEMENTARY 4849 BIRD FARM RD CHINO HILLS, CA 91709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CHAPARRAL FOUNDATION 1309 ALLSTON WAY BERKELEY, CA 947021920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	157
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	153
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30,000
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
CHAPMAN UNIVERSITY 1 UNIVERSITY DR - UNIV ADVANCEMENT ORANGE, CA 92866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITABLE FOUNDATION OF ROTARY CLU PO BOX 116 CHINO, CA 917080116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHARITIES HOUSING DEVELOPMENT CORP 1400 PARKMOOR AVE STE 190 SAN JOSE, CA 951264893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CHARLES ARMSTRONG SCHOOL 1405 SOLANA DRIVE BELMONT, CA 94002	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLEY HOFFMAN FOUNDATION 3914 MURPHY CANYON ROAD SUITE 170 A SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHARLOTTE WOOD MIDDLE 600 EL CAPITAN DRIVE DANVILLE, CA 94526	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,925
CHARTER OAK YOUTH BASEBALL PO BOX 4927 COVINA, CA 917234927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEDER MENACHEM 1606 SOUTH LA CIENEGA BLVD LOS ANGELES, CA 90035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CHEDER MENACHEM 1606 SOUTH LA CIENEGA BLVD LOS ANGELES, CA 90035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	360
CHICANO FEDERATION OF SAN DIEGO COU 3108 UNIVERSITY AVE SAN DIEGO, CA 92104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAS LATINAS DE SACRAMENTO 2572 21ST ST SACRAMENTO, CA 958182523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHILD ABUSE PREVENTION COUNCIL OF C 2120 DIAMOND BLVD STE120 CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
CHILD ABUSE PREVENTION COUNCIL OF C 2120 DIAMOND BLVD STE120 CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ABUSE PREVENTION COUNCIL OF C 2120 DIAMOND BLVD STE120 CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
CHILD ADVOCATES OF SAN BERNARDINO C PO BOX 519 RIALTO, CA 92377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHILD EDUCATIONAL CENTER CALTECH JP 140 FOOTHILL BLVD LA CANADA, CA 910113727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BUREAU OF SOUTHERN CALIF 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS BUREAU OF SOUTHERN CALIF 1910 MAGNOLIA AVENUE LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS BUREAU OF SOUTHERN CALIF 1910 MAGNOLIA AVE LOS ANGELES, CA 900071220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BURN FOUNDATION 5000 VAN NUYS BLVD STE 210 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CHILDRENS CANCER RESEARCH FUND 157 S BARRINGTON PLACE LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
CHILDRENS CANCER RESEARCH FUND 157 S BARRINGTON PLACE LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 157 S BARRINGTON PLACE LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CHILDRENS CHOICE PRESCHOOL-MCDOWELL 29028 ALOMA AVE ALISO VIEJO, CA 92656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CHOICE PRESCHOOL-MCDOWELL 29028 ALOMA AVE ALISO VIEJO, CA 92656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS DAY SCHOOL INC 333 DOLORES ST SAN FRANCISCO, CA 941101006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CHILDRENS FUND INCORPORATED 348 WEST HOSPITALITY LANE SUITE 110 SAN BERNARDINO, CA 924083242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHILDRENS FUND INCORPORATED 348 WEST HOSPITALITY LANE SUITE 110 SAN BERNARDINO, CA 924083242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	190
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	391
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	494
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL & RESEARCH CENTE 2201 BROADWAY 600 OAKLAND, CA 94612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	97
CHILDRENS HOSPITAL BRANCHES INC 5700 MARTIN LUTHER KING JR WAY OAKLAND, CA 946091809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS HOSPITAL BRANCHES INC 5700 MARTIN LUTHER KING JR WAY T-2 OAKLAND, CA 946091673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL BRANCHES INC 5700 MARTIN LUTHER KING JR WAY T-2 OAKLAND, CA 946091673	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
CHILDRENS HOSPITAL BRANCHES INC 5700 MARTIN LUTHER KING JR WAY T-2 OAKLAND, CA 946091673	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,050
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,058
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	510
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,580
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,687
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	420
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	385
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	946
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
CHILDRENS HOSPITAL LOS ANGELES 4650 W SUNSET BLVD 29 LOS ANGELES, CA 900276062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HUNGER FUND DEPT LA 24373 PASADENA, CA 91185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HUNGER FUND DEPT LA 24373 PASADENA, CA 91185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CHILDRENS HUNGER FUND 13931 BALBOA BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
CHILDRENS HUNGER RELIEF FUND INC PO BOX 5366 SANTA ROSA, CA 95402	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF SANTA BARBARA 125 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
CHILDRENS RANCH FOUNDATION 4007 VERDANT ST LOS ANGELES, CA 900391318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	279
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINATOWN COMMUNITY DEVELOPMENT CEN 1525 GRANT AVENUE SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHINATOWN SERVICE CENTER 767 N HILL ST STE 400 LOS ANGELES, CA 900122381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHINESE AMERICAN INTERNATIONAL SCHO 150 OAK STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE AMERICAN INTERNATIONAL SCHO 150 OAK STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHINESE CHRISTIAN SCHOOLS - ALAMEDA 1801 N LOOP RD ALAMEDA, CA 94502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
CHINESE CHRISTIAN UNION SAN FRNCSCO 925 STOCKTON ST SAN FRANCISCO, CA 941081607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE HOSPITAL ASSOCIATION 845 JACKSON STREET SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
CHINESE NEWCOMERS SERVICE CENTER 777 STOCKTON ST SUITE 104 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHINO HIGH BAND AND AUXILIARY BOOST PO BOX 61 CHINO, CA 917080061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINO HIGH BAND AND AUXILIARY BOOST PO BOX 61 CHINO, CA 917080061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
CHINO HIGH BAND AND AUXILIARY BOOST PO BOX 61 CHINO, CA 917080061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CHIQUITAS FRIENDS 1401 CORRAL CANYON RD MALIBU, CA 90265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHITRESH DAS INSTITUTE 16 HAVELOCK ST SAN FRANCISCO, CA 941122404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	999
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHOC FOUNDATION 1201 W LA VETA AVE ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHORA NOVAPO BOX 9345 BERKELEY, CA 947090345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CHP 11 99 FOUNDATION 2244 N STATE COLLEGE BLVD FULLERTON, CA 928311361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
CHRIST LUTHERAN SCHOOL 7929 LA MESA BLVD LA MESA, CA 91942	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING CATHOLIC SCHOOL 195-B BRANDON ROAD PLEASANT HILL, CA 94523	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CHRIST THE KING CATHOLIC SCHOOL 195-B BRANDON ROAD PLEASANT HILL, CA 94523	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	81
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	93
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	62
CHRISTIAN BROTHERS HIGH SCHOOL 4315 MARTIN LUTHER KING JR BLVD SACRAMENTO, CA 95820	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTY CARES OUTREACH 8704 BRAY VISTA WAY ELK GROVE, CA 95624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
CHRONICLE SEASON OF SHARING FUND 901 MISSION ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CHRONICLE SEASON OF SHARING FUND 901 MISSION ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF GOD IN CHRIST INC PO BOX 938 SAUSALITO, CA 949660938	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHURCH OF GOD IN CHRIST INC PO BOX 938 SAUSALITO, CA 949660938	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
CIELO - COMMUNITY FOR INNOVATION EN 16787 BEACH BLVD 233 HUNTINGTON BEACH, CA 926474848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZEN SCHOOLS INC SOBRATO CENTER FOR NONPROFITS - REDWOOD SHORES 330 TWIN DOLPHIN DRI REDWOOD SHORES, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CITRUS VALLEY HIGHPO BOX 1033 HIGHLAND, CA 92346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CITY ARTS AND LECTURES INC 257 OAK STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF DREAMSPOBOX 24037 SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY OF HOPE5090 SHOREHAM PL 212 SAN DIEGO, CA 92122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	201
CITY OF HOPE1500 EAST DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE 1055 WILSHIRE BLVD 12TH FLR LOS ANGELES, CA 900172431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE 1055 WILSHIRE BLVD 12TH FLR LOS ANGELES, CA 900172431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
CITY OF HOPE 1055 WILSHIRE BLVD 12TH FLR LOS ANGELES, CA 900172431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE5090 SHOREHAM PL 212 SAN DIEGO, CA 92122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,020
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
CITY OF HOPE1500 E DUARTE RD DUARTE, CA 91010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE 1055 WILSHIRE BLVD 12TH FLR LOS ANGELES, CA 900172431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CITY YEAR INC 2331 ALHAMBRA BLVD SUITE 300 SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 1922 THE ALAMEDA STREET SUITE 104 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CITY YEAR INC 2331 ALHAMBRA BLVD SUITE 300 SACRAMENTO, CA 95817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 2331 ALHAMBRA BLVD SUITE 300 SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CITY YEAR INC 2331 ALHAMBRA BLVD SUITE 300 SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 606 S OLIVE ST 2ND FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLAREMONT COLLEGES HILLEL COUNCIL 919 N COLUMBIA AVE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
CLAREMONT INST FOR THE STUDY OF STA 1317 WEST FOOTHILL BLVD STE 120 UPLAND, CA 91786	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAREMONT MCKENNA COLLEGE 400 NORTH CLAREMONT BLVD CLAREMONT, CA 917113910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CLAREMONT MCKENNA COLLEGE ALUMNI AS 400 N CLAREMONT BLVD CLAREMONT, CA 917114015	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
CLAREMONT MCKENNA COLLEGE ALUMNI AS 400 N CLAREMONT BLVD CLAREMONT, CA 917114015	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAYTON COMMUNITY LIBRARY FOUNDATIO PO BOX 182 CLAYTON, CA 945170182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CLAYTON VALLEY CHARTER HIGH SCHOOL 1101 ALBERTA WAY CONCORD, CA 945213799	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
CLAYTON VALLEY CHARTER HIGH SCHOOL 1101 ALBERTA WAY CONCORD, CA 945213799	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAYTON VALLEY MUSIC BOOSTERS 1101 ALBERTA WAY CONCORD, CA 945213747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
CLAYTON VALLEY MUSIC BOOSTERS 1101 ALBERTA WAY CONCORD, CA 945213747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CLAYTON VALLEY MUSIC BOOSTERS 1101 ALBERTA WAY CONCORD, CA 945213747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEARWATER FARM AND ANIMAL RESCUE I 39389 CLEARWATER DR OAK GLEN, CA 923999503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CLUB 21 LEARNING AND RESOURCE CENTE 539 N LAKE AVE PASADENA, CA 911011217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CLUB 21 LEARNING AND RESOURCE CENTE 539 N LAKE AVE PASADENA, CA 911011217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB MESROBIAN ALUMNI ORGANIZATION 2445 W WHITTIER BLVD STE 201 MONTEBELLO, CA 906403069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
COACHELLA VALLEY HOUSING COALITION 45-701 MONROE STREET SUITE G INDIO, CA 92201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	169
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COACHELLA VALLEY RESCUE MISSION PO BOX 10660 INDIO, CA 92202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COACHES AGAINST CANCER INC PO BOX 20773 SAN JOSE, CA 95160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
COALITION FOR RESPONSIBLE COMMUNITY 3101 S GRAND AVE LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL COMMUNITY FOUNDATION 162 S RANCHO SANTA FE ROAD F50 ENCINITAS, CA 92024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CODE FOR AMERICA LABS 972 MISSION ST SAN FRANCISCO, CA 941030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,089
COLEMAN ELEMENTARY SCHOOL PTO 800 BELLE AVE SAN RAFAEL, CA 949012227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLINA MIDDLE1500 HILLCREST DR THOUSAND OAKS, CA 913622599	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
COLINA MIDDLE1500 HILLCREST DR THOUSAND OAKS, CA 913622599	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COLLEGE AREA PREGNANCY SERVICES INC PO BOX 15115 SAN DIEGO, CA 921755115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF THE DESERT FOUNDATION 43500 MONTEREY AVE PALM DESERT, CA 922609305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COLLEGE OPTIONS 1321 BUTTE STREET SUITE 101 REDDING, CA 960011064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COLLEGE PREPARATORY SCHOOL 6100 BROADWAY OAKLAND, CA 94618	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE TRACK 2130 E FIRST STREET SUITE 2700 LOS ANGELES, CA 90033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
COLLEGE TRACK 2130 E FIRST STREET SUITE 2700 LOS ANGELES, CA 90033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COLONY HIGH SCHOOL 3850 E RIVERSIDE DR ONTARIO, CA 91761	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMEMORATIVE AIR FORCE P O BOX 4394 MODESTO, CA 95352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMITTEE ON THE SHELTERLESS PO BOX 2744 PETALUMA, CA 949532744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMONWEALPO BOX 316 BOLINAS, CA 94924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH CLUB OF CALIFORNIA 110 THE EMBARCADERO SAN FRANCISCO, CA 94105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS OF LOS ANGEL C/O CREATIVE ARTISTS AGENCY 2000 AVENUE OF THE STARS LOS ANGELES, CA 900674700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY ACTION MARIN 555 NORTHGATE DR STE 201 SAN RAFAEL, CA 949033696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ACTION OF NAPA VALLEY 2521 OLD SONOMA ROAD 94559 NAPA, CA 94559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY ACTION PARTNERSHIP OF SAN 1030 SOUTHWOOD DRIVE SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY ACTION PARTNERSHIP OF SAN 696 S TIPPECANOE AVENUE SAN BERNARDINO, CA 924082607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY CONCERN FOR CATS PO BOX 3795 WALNUT CREEK, CA 945980795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
COMMUNITY CONCERN FOR CATS PO BOX 3795 WALNUT CREEK, CA 945980795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
COMMUNITY DEVELOPMENT TECHNOLOGIES 520 W 23RD ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY EDUCATION PARTNERSHIPS 2667 CARISBROOK DR OAKLAND, CA 946111609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY ENVIRONMENTAL COUNCIL INC 26 W ANAPAMU STREET 2ND FLOOR SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY ENVIRONMENTAL COUNCIL INC 26 W ANAPAMU STREET 2ND FLOOR SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION 3700 6TH ST STE 200 RIVERSIDE, CA 925012885	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
COMMUNITY FOUNDATION FOR EAGLE PEAK 800 HUTCHINSON RD WALNUT CREEK, CA 945984505	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,100
COMMUNITY FOUNDATION FOR MONTEREY C 2354 GARDEN ROAD MONTEREY, CA 939405326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR OAK PARK 899 KANAN ROAD ATTN ZACH BORQUEZ OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY FOUNDATION FOR OAK PARK 899 KANAN ROAD ATTN ZACH BORQUEZ OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COMMUNITY FOUNDATION OF THE NAPA VA 3299 CLAREMONT WAY STE 2 NAPA, CA 945583382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH ACTION NETWORK 15000 - 7TH STREET SUITE 208-G VICTORVILLE, CA 92395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY HEALTH INITIATIVE NAPA CO 2140 JEFFERSON ST STE D NAPA, CA 945591255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY HOUSING COUNCIL OF FRESNO 2560 W SHAW LANE 101 FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING IMPROVEMENT PROGR 1001 WILLOW STREET CHICO, CA 95928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY HOUSING IMPROVEMENT PROGR 1001 WILLOW STREET CHICO, CA 95928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY HOUSING PARTNERSHIP 20 JONES STREET SUITE 200 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING WORKS 3111 CAMINO DEL RIO NORTH SUITE 800 SAN DIEGO, CA 921083815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
COMMUNITY HOUSING WORKS 3111 CAMINO DEL RIO NORTH SUITE 800 SAN DIEGO, CA 921083815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,758
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY MUSIC CENTER 544 CAPP ST SAN FRANCISCO, CA 941102586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY PANTRYPO BOX 763 HEMET, CA 92546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY PARTNERS 2469 S LINCOLN BLVD VENICE, CA 90291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,440
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMMUNITY PREGNANCY CLINIC 2045 ROYAL AVE SUITE 208 SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,090
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PRESBYTERIAN PRESCHOOL & 32202 DEL OBISPO ST SAN JUAN CAPISTRANO, CA 926753438	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY SCHOOL PARENTS ASSOC 11301 BELLAGIO ROAD LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
COMMUNITY SCHOOL PARENTS ASSOC 11301 BELLAGIO ROAD LOS ANGELES, CA 90049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SENIORSERV INC 1200 N KNOLLWOOD CIRCLE ANAHEIM, CA 928011309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY SERVICES & EMPLOYMENT TRA 312 NORTHWEST 3RD AVENUE VISALIA, CA 93291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY SERVICES & EMPLOYMENT TRA 312 NORTHWEST 3RD AVENUE VISALIA, CA 93291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY VISION CAPITAL & CONSULTI 870 MARKET STREET SUITE 677 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMPASS FAMILY SERVICES 37 GROVE ST SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMPASSIONATE FRIENDS INC PO BOX 5523 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSIONATE FRIENDS INC PO BOX 5523 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
COMPASSIONATE FRIENDS INC PO BOX 5523 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
COMPASSIONATE SERVICE SOCIETY 4824 E SANTANA CANYON RD ANAHEIM, CA 92807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERN FOUNDATION 11111 WEST OLYMPIC BLVD STE 214 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
CONCERN FOUNDATION 11111 WEST OLYMPIC BLVD STE 214 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CONCERNED RESOURCE & ENVIRONMENTAL PO BOX 1532 OJAI, CA 93024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERNED RESOURCE & ENVIRONMENTAL PO BOX 1532 OJAI, CA 93024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONCORD HIGH4200 CONCORD BLVD CONCORD, CA 94521	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
CONCORD HIGH4200 CONCORD BLVD CONCORD, CA 94521	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD HIGH4200 CONCORD BLVD CONCORD, CA 94521	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
CONCORD HIGH SCHOOL BAND BOOSTERS C PO BOX 2114 CONCORD, CA 945210014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CONCORD HIGH SCHOOL BAND BOOSTERS C PO BOX 2114 CONCORD, CA 945210014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD HISTORICAL SOCIETY PO BOX 404 CONCORD, CA 945220404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONEJO CHINESE CULTURAL ASSOCIATION PO BOX 6775 THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
CONEJO OAKS SYMPHONY INC PO BOX 4502 THOUSAND OAKS, CA 91359	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO VALLEY FRIENDSHIP CIRCLE INC 30347 CANWOOD STREET AGOURA HILLS, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONEJO VALLEY FRIENDSHIP CIRCLE INC 30347 CANWOOD STREET AGOURA HILLS, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
CONEJO VALLEY FRIENDSHIP CIRCLE INC 30347 CANWOOD STREET AGOURA HILLS, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONEJO VALLEY FRIENDSHIP CIRCLE INC 30347 CANWOOD STREET AGOURA HILLS, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
CONEJO VALLEY SENIOR CONCERNS 401 HODENCAMP RD THOUSAND OAKS, CA 913605467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CONEJO VALLEY UNIFIED 2323 NORTH MOORPARK ROAD THOUSAND OAKS, CA 91360	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION AISH TAMID OF LOS ANGE 5909 W 3RD ST LOS ANGELES, CA 900362828	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CONGREGATION BNAI BRITH CORPORATION 1000 SAN ANTONIO CREEK RD SANTA BARBARA, CA 931111310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	185
CONGREGATION EMANU-EL 2 LAKE STREET SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECT FOUNDATION 4110 CAMPUS POINT CT SAN DIEGO, CA 92121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
CONSERVATION SOCIETY OF CALIFORNIA 9777 GOLF LINKS ROAD OAKLAND, CA 94605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CONSUMER CREDIT COUNSELING SERVICE 1655 GRANT ST CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTEMPORARY JEWISH MUSEUM 736 MISSION STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CONTRA COSTA COUNTY SHERIFFS SEARCH 50 GLACIER DRIVE MARTINEZ, CA 94553	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONTRA COSTA MUSICAL THEATRE INC PO BOX 4446 WALNUT CREEK, CA 94596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTRA COSTA MUSICAL THEATRE INC PO BOX 4446 WALNUT CREEK, CA 94596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
CONTRA COSTA MUSICAL THEATRE INC PO BOX 4446 WALNUT CREEK, CA 94596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
CONTRA COSTA MUSICAL THEATRE INC PO BOX 4446 WALNUT CREEK, CA 94596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 945590815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 945590815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
COPE FAMILY CENTER 707 RANDOLPH STREET NAPA, CA 945590815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,668
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORA COMMUNITY OVERCOMING RELATIONS 2211 PALM AVENUE SAN MATEO, CA 94403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CORA COMMUNITY OVERCOMING RELATIONS 2211 PALM AVE SAN MATEO, CA 94403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CORA COMMUNITY OVERCOMING RELATIONS 2211 PALM AVENUE SAN MATEO, CA 94403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORAZON DE VIDA FOUNDATION 14252 CULVER DR STE A-800 IRVINE, CA 926040317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CORNEAL DYSTROPHY FOUNDATION 6066 MC ABEE RD SAN JOSE, CA 95120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CORO SOUTHERN CALIFORNIA INC 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORO SOUTHERN CALIFORNIA INC 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORO SOUTHERN CALIFORNIA INC 1000 N ALAMEDA ST SUITE 240 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CORONADO SCHOOLS FOUNDATION 201 6TH ST CORONADO, CA 921181714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION FOR SUPPORTIVE HOUSING 2664 FOURTH AVENUE SAN DIEGO, CA 92103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA SUITE 810 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
CORPORATION FOR SUPPORTIVE HOUSING 800 SOUTH FIGUEROA SUITE 810 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF THE FINE ARTS MUSEUM 50 HAGIWARA TEA GARDEN DRIVE SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CORPUS CHRISTI SCHOOL ONE ESTATES DRIVE PIEDMONT, CA 94611	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
CORTE MADERA LARKSPUR FOUNDATION 230 DOHERTY DR LARKSPUR, CA 94939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COUNCIL ON AGING SERVICES FOR SENIO 30 KAWANA SPRINGS ROAD SANTA ROSA, CA 954049895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON AGING-SOUTHERN CALIFORNI 2 EXECUTIVE CIR STE 175 IRVINE, CA 926146773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COUNCIL ON AGING-SOUTHERN CALIFORNI 2 EXECUTIVE CIRCLE STE 175 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COUNCIL ON AGING-SOUTHERN CALIFORNI 2 EXECUTIVE CIR STE 175 IRVINE, CA 926146773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNTY CENTER ROTARY COMMUNITY SUPP PO BOX 1366 VISALIA, CA 932791366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COUNTY OF SANTA BARBARA ARTS FUND 205-C SANTA BARBARA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATE 1505 E 17TH ST SUTE 214 SANTA ANA, CA 927050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	345
COURT APPOINTED SPECIAL ADVOCATES O PO BOX 278383 SACRAMENTO, CA 958278383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	378
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATES O 945 S MAIN STREET SUITE 107 SALINAS, CA 93901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
COVE COMMUNITIES SENIOR ASSOCIATION 73-750 CATALINA WAY PALM DESERT, CA 92260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,850
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	665
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 900275615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE CALIFORNIA 1325 N WESTERN AVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
CRAFTON HILLS COLLEGE FOUNDATION 11711 SAND CANYON ROAD YUCAIPA, CA 92399	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	15,000
CRESCENTA VALLEY LITTLE LEAGUE PO BOX 156 MONTROSE, CA 910210156	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRESPI CARMELITE HIGH SCHOOL 5031 ALONZO AVENUE ENCINO, CA 91316	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CROSSROADS COMMUNITY CHURCH OF SOUT 25991 PALA MISSION VIEJO, CA 926912704	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	4,941
CROSSROADS SCHOOL FOR ARTS & SCIENC 1714 21ST STREET SANTA MONICA, CA 90404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CSULB 49ER FOUNDATION 6300 E STATE UNIVERSITY DRIVE NO LONG BEACH, CA 908154669	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10,000
CUBBERLEY SCHOOL FOUNDATION INC 3200 MONOGRAM AVE LONG BEACH, CA 908084146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
CUESTA COLLEGE FOUNDATION HIGHWAY 1 BUILDING 8100 SAN LUIS OBISPO, CA 93403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE CMD 19401 SOUTH VERMONT AVENUE SUITE J100 TORRANCE, CA 90502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CURE CMD 19401 SOUTH VERMONT AVENUE SUITE J100 TORRANCE, CA 90502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,828
CURE CMD 19401 SOUTH VERMONT AVENUE SUITE J100 TORRANCE, CA 90502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE CMD 19401 SOUTH VERMONT AVENUE SUITE J100 TORRANCE, CA 90502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CURE CMD 19401 SOUTH VERMONT AVENUE SUITE J100 TORRANCE, CA 90502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	911
CURE GM1 INCORPORATED 535 PIERCE ST APT 1104 ALBANY, CA 947061060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CURTIS SCHOOL FOUNDATION 15871 MULHOLLAND DR LOS ANGELES, CA 900491118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,700
CYSTIC FIBROSIS FOUNDATION 235 MONTGOMERY ST STE 724 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE SUITE 135 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE SUITE 135 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CYSTINOSIS RESEARCH FOUNDATION 19200 VON KARMAN AVE STE 920 IRVINE, CA 92612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAKSHANA FOUNDATION 1220 ROOSEVELT STE 200 IRVINE, CA 926203675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DANCERS GROUP 44 GOUGH ST SUITE 201 SAN FRANCISCO, CA 941032647	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
DANDORA AREA WELLNESS ALLIANCE FOR 1152 CHARM ACRES PLACE PACIFIC PALISADES, CA 90272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANDORA AREA WELLNESS ALLIANCE FOR 1152 CHARM ACRES PLACE PACIFIC PALISADES, CA 90272	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DANVILLE OAKS RUGBY FOOTBALL ASSOCI PO BOX 3204 DANVILLE, CA 945269404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
DANVILLE OAKS RUGBY FOOTBALL ASSOCI PO BOX 3204 DANVILLE, CA 945269404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANVILLE OAKS RUGBY FOOTBALL ASSOCI PO BOX 3204 DANVILLE, CA 945269404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
DARAJA EDUCATION FUND PO BOX 4333 SAN RAFAEL, CA 94913	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
DARE AQUATICS PARENT ASSOCIATION 2089 WOODS AVE MONTEREY PARK, CA 917545913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID AND MARGARET HOME INC 1350 THIRD STREET LA VERNE, CA 917505201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DAVID HOROWITZ FREEDOM CENTER 14724 VENTURA BLVD SUITE 820 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
DE LA SALLE HIGH SCHOOL 1130 WINTON DRIVE CONCORD, CA 94518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE LA SALLE HIGH SCHOOL 1130 WINTON DRIVE CONCORD, CA 94518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	124
DE LA SALLE HIGH SCHOOL 1130 WINTON DRIVE CONCORD, CA 94518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	176
DE LA SALLE HIGH SCHOOL 1130 WINTON DRIVE CONCORD, CA 94518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE LA SALLE HIGH SCHOOL OF CONCORD 1130 WINTON DR CONCORD, CA 945183528	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	934
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEDICATION AND EVERLASTING LOVE TO PO BOX 9 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DEENABANDHU FRIENDS OF THE POOR INC 12268 DARKWOOD ROAD SAN DIEGO, CA 92129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DEER VALLEY HIGH SCHOOL EDUCATIONAL 4464 LONE TREE WAY BOX 100 ANTIOCH, CA 94531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEER VALLEY HIGH SCHOOL EDUCATIONAL 4464 LONE TREE WAY BOX 100 ANTIOCH, CA 94531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
DEER VALLEY HIGH SCHOOL EDUCATIONAL 4464 LONE TREE WAY BOX 100 ANTIOCH, CA 94531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DEL MAR SCHOOLS EDUCATION FOUNDATIO 11444 CANTER HEIGHTS DR SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEL MAR SCHOOLS EDUCATION FOUNDATIO 11444 CANTER HEIGHTS DR SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DEL MAR SCHOOLS EDUCATION FOUNDATIO 11444 CANTER HEIGHTS DR SAN DIEGO, CA 92130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
DEL RIO CC FOUNDATION 812 14TH STREET MODESTO, CA 95354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMEO TEEN CLUB INC509 ADAMS ST SANTA ROSA, CA 954016110	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
DENTISTRY 4 VETS552 MONHOLLAN RD CARMEL, CA 939239459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DESCANSO GARDENS GUILD INC 1418 DESCANSO DR LA CANADA FLINTRIDGE, CA 91011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
DESERT AIDS PROJECT 1695 N SUNRISE WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DESERT COMMUNITY FOUNDATION 75-105 MERLE STREET SUITE 300 PALM DESERT, CA 922115212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESERT MANNA201 N FIRST AVE STE B BARSTOW, CA 92311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DESI DANCE NETWORK INCORPORATED 3203 DAVIS ST OAKLAND, CA 946012609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESIGN TECH HIGH 275 ORACLE PARKWAY REDWOOD CITY, CA 94065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
DESTINYS HOPE ANIMAL RESCUE PO BOX 3933 MODESTO, CA 953523933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DESTINYS HOPE ANIMAL RESCUE PO BOX 3933 MODESTO, CA 953523933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESTINYS HOPE ANIMAL RESCUE PO BOX 3933 MODESTO, CA 953523933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DHISHA13654 BLACKSMITH CT MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND CREEK ELEMENTARY PARENT-TEA 3151 HOPSCOTCH WAY ROSEVILLE, CA 957477163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
DIDI HIRSCH PSYCHIATRIC SERVICE 4760 SEPULVEDA BLVD LOS ANGELES, CA 902304820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DIEGUENO MIDDLE 710 ENCINITAS BLVD ENCINITAS, CA 92024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIGITAL NEST INC 1961 MAIN STREET 221 WATSONVILLE, CA 95076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DIGNITY HEALTH 1911 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
DIOCESE OF OAKLAND CA DEPARTMENT OF 1961 PLUM ST PINOLE, CA 94564	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF OAKLAND CA DEPARTMENT OF 1335 HIGH STREET ALAMEDA, CA 94501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
DIOCESE OF SAN BERNARDINO EDUCATION 7085 BROCKTON AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	455
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	188
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	89
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIRECT RELIEF FOUNDATION 6100 BECKNELL RD GOLETA, CA 931173265	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
DIRECT RELIEF FOUNDATION 6100 BECKNELL RD GOLETA, CA 931173265	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
DISABILITY RIGHTS ADVOCATES A NATL 2001 CENTER STREET 4TH FLOOR BERKELEY, CA 947041242	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABILITY RIGHTS CALIFORNIA ATTN ACCOUNTING 1831 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DISABLED SPORTS EASTERN SIERRA PO BOX 7275 MAMMOTH LAKES, CA 935467275	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
DISABLED VETERANS NATIONAL FOUNDATI 8810 RIO SAN DIEGO DR 1160 SAN DIEGO, CA 921017316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED VETERANS NATIONAL FOUNDATI 8810 RIO SAN DIEGO DR 1160 SAN DIEGO, CA 921017316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DISCOVERY SCIENCE CENTER OF LOS ANG 11800 FOOTHILL BLVD SYLMAR, CA 91342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
DISCOVERY SCIENCE CENTER OF ORANGE 2500 N MAIN STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY SCIENCE CENTER OF ORANGE 2500 N MAIN STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
DISTRICT COUNCIL OF CONTRA COSTA CT 2210 GLADSTONE DRIVE PITTSBURG, CA 945655101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
DISTRICT COUNCIL OF CONTRA COSTA CT 2210 GLADSTONE DRIVE PITTSBURG, CA 945655101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVERSIONARY THEATRE PRODUCTIONS IN 4545 PARK BLVD SUITE 101 SAN DIEGO, CA 92116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DIVERSITY COLLECTIVE VENTURA COUNTY 2471 PORTOLA ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DJANBAZIAN DANCE FOUNDATION 2600 FOOTHILL BLVD STE 102 LA CRESCENTA, CA 912144578	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DJANBAZIAN DANCE FOUNDATION 2600 FOOTHILL BLVD STE 102 LA CRESCENTA, CA 912144578	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DOGS ON DEPLOYMENT 970 W VALLEY PKWY BOX 667 ESCONDIDO, CA 92025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOGS ON DEPLOYMENT 970 W VALLEY PKWY BOX 667 ESCONDIDO, CA 92025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
DOGS ON DEPLOYMENT 970 W VALLEY PKWY BOX 667 ESCONDIDO, CA 92025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
DOGWOOD ANIMAL RESCUE PROJECT INC 1415 FULTON RD STE 205 BOX 432 SANTA ROSA, CA 95403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOHENY EYE INSTITUTEPO BOX 86228 LOS ANGELES, CA 90086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DOMINICAN SISTERS VISION OF HOPE 1555 34TH AVENUE OAKLAND, CA 94601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN UNIVERSITY OF CALIFORNIA 50 ACACIA AVE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
DONALDINA CAMERON HOUSE 920 SACRAMENTO ST SAN FRANCISCO, CA 941082015	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	279
DONALDINA CAMERON HOUSE 920 SACRAMENTO ST SAN FRANCISCO, CA 941082015	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONALDINA CAMERON HOUSE 920 SACRAMENTO ST SAN FRANCISCO, CA 941082015	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
DONKEYLAND 5225 CANYON CREST DR STE 71-295 RIVERSIDE, CA 925076321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	599
DOOR OF HOPEPO BOX 90455 PASADENA, CA 91109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN FOR DANCE6 BARLOVENTO CT NEWPORT BEACH, CA 92663	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
DOWNTOWN SAN DIEGO PARTNERSHIP FOUN 401 B ST STE 100 SAN DIEGO, CA 921014224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
DOWNTOWN STREETS INC 1671 THE ALAMEDA STE 306 SAN JOSE, CA 951262222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN STREETS INC 1671 THE ALAMEDA STE 306 SAN JOSE, CA 951262222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
DOWNTOWN WOMENS CENTER 442 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN WORKS 626 WILSHIRE BLVD STE 850 LOS ANGELES, CA 900172915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUITE 1000 ENCINO, CA 91436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
DR SUSAN LOVE RESEARCH FOUNDATION 16133 VENTURA BLVD SUITE 1000 ENCINO, CA 91436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAKE FUND 1327 SIR FRANCIS DRAKE BLVD SAN ANSELMO, CA 949601866	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
DREAMCATCHER WILD HORSE AND BURRO PO BOX 9 RAVENDALE, CA 961230009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
DRESS FOR SUCCESS BAKERSFIELD 1416 17TH ST BAKERSFIELD, CA 933015214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS FRESNO 970 W ALLUVIAL FRESNO, CA 937115700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DRESS FOR SUCCESS FRESNO 970 W ALLUVIAL FRESNO, CA 937115700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
DRESS FOR SUCCESS FRESNO 970 W ALLUVIAL FRESNO, CA 937115700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS FRESNO 970 W ALLUVIAL FRESNO, CA 937115700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DVORSKAYA ALTERNATIVE SCHOOL 1317 N CRESCENT HEIGHTS BLVD WEST HOLLYWOOD, CA 90046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
DWARF ATHLETIC ASSOCIATION OF AMERI PO BOX 2 KENTFIELD, CA 949140002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DYE SCHOLARSHIP FOUNDATION INC 3152 WILLOW HAVEN CT THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DYE SCHOLARSHIP FOUNDATION INC 3152 WILLOW HAVEN CT THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EAGLE ROCK BAPTIST CHURCH 1499 COLORADO BLVD LOS ANGELES, CA 900412366	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
EARLY ALERT CANINES 1641 CHALLENGE DR STE 300 CONCORD, CA 945205206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARN INC 235 MONTGOMERY ST STE 1050 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY STE 460 BERKELEY, CA 947041346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY STE 460 BERKELEY, CA 947041346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY STE 460 BERKELEY, CA 947041346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EARTH ISLAND INSTITUTE INC 2150 ALLSTON WAY STE 460 BERKELEY, CA 947041346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,471
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	560
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,775
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EARTHJUSTICE 50 CALIFORNIA ST STE 500 SAN FRANCISCO, CA 941114608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,040
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
EAST BAY AGENCY FOR CHILDREN 2828 FORD STREET OAKLAND, CA 94601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY ASIAN LOCAL DEVELOPMENT CO 1825 SAN PABLO AVENUE SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
EAST BAY BICYCLE COALITION PO BOX 1736 OAKLAND, CA 94604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EAST BAY CENTER FOR THE PERFORMING 339 - 11TH STREET RICHMOND, CA 948013105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY CENTER FOR THE PERFORMING 339 - 11TH STREET RICHMOND, CA 948013105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EAST BAY COMMUNITY LAW CENTER 1950 UNIVERSITY AVENUE STE 200 BERKELEY, CA 94704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EAST BAY COMMUNITY LAW CENTER 1950 UNIVERSITY AVE ST 200 BERKELEY, CA 94704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY HOUSING ORGANIZATIONS 538 9TH STREET SUITE 200 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
EAST BAY INTEGRATED CARE INC 3470 BUSKIRK AVENUE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
EAST BAY INTEGRATED CARE INC 3470 BUSKIRK AVENUE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY INTEGRATED CARE INC 3470 BUSKIRK AVENUE PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
EAST BAY SOCIETY FOR THE PREVENTION 8323 BALDWIN STREET OAKLAND, CA 94621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
EAST L A COMMUNITY CORPORATION 2917 E 1ST ST SUITE 101 LOS ANGELES, CA 90033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EAST OAKLAND YOUTH DEVELOPMENT CENT 8200 INTERNATIONAL BLVD OAKLAND, CA 946212234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS BAY AREA 2730 SHADELANDS DRIVE BLDG 10 WALNUT CREEK, CA 94598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
EASTSIDE COLLEGE PREPARATORY SCHOOL 1041 MYRTLE ST EAST PALO ALTO, CA 943032013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
EASTSIDE COLLEGE PREPARATORY SCHOOL 1041 MYRTLE ST EAST PALO ALTO, CA 943032013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTVALE GIRLS SOFTBALL ASSOCIATION 12672 LIMONITE STE 3E-187 CORONA, CA 928804201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ECOLE BILINGUE1009 HEINZ AVE BERKELEY, CA 947102718	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ECOLE BILINGUE1009 HEINZ AVE BERKELEY, CA 947102718	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECOLE NOTRE DAME DES VICTOIRES SCHO 659 PINE STREET SAN FRANCISCO, CA 94108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
ECONOMIC DEVELOPMENT CORPORATION OF 444 S FLOWER ST FL 37 LOS ANGELES, CA 900712972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ECUMENICAL COUNCIL OF THE PASADENA PO BOX 41125 PASADENA, CA 91114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECUMENICAL COUNCIL OF THE PASADENA PO BOX 41125 PASADENA, CA 91114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
EDEN HOUSING INC 22645 GRAND STREET HAYWARD, CA 94541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
EDGEWOOD CENTER FOR CHILDREN AND FA 1801 VICENTE STREET SAN FRANCISCO, CA 94116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISON HIGH SCHOOL FOOTBALL BOOSTER PO BOX 6276 HUNTINGTN BCH, CA 926156276	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EDISON HIGH SCHOOL FOUNDATION 21400 MAGNOLIA STREET HUNTINGTON BEACH, CA 92646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EDISON HIGH SCHOOL LACROSSE BOOSTER 21400 MAGNOLIA STREET HUNTINGTON BEACH, CA 926467121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISON HIGH SCHOOL SOFTBALL CLUB PO BOX 5353 HUNTINGTN BCH, CA 926155353	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	595
EDUCATION FIRST CAMBODIA 25 S 40 DOCK SAUSALITO, CA 949651360	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
EDUCATIONAL FOUNDATION OF ORINDA 21 C ORINDA WAY 123 ORINDA, CA 945630009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDUCATIONAL MEDIA FOUNDATION 5700 W OAKS BLVD ROCKLIN, CA 957650000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL STUDENT TOURS INC 5014 SHENANDOAH AVE LOS ANGELES, CA 900561059	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EDUCATIONAL STUDENT TOURS INC 5014 SHENANDOAH AVE LOS ANGELES, CA 900561059	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EL CAMINO HOMELESS ORGANIZATION PO BOX 2077 ATASCADERO, CA 93423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CAPITAN HIGH10410 ASHWOOD ST LAKESIDE, CA 920402406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EL CAPITAN HIGH10410 ASHWOOD ST LAKESIDE, CA 920402406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
EL CAPITAN HIGH10410 ASHWOOD ST LAKESIDE, CA 920402406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CENTRO DE LIBERTAD 500 ALLERTON STREET 2ND FLOOR REDWOOD CITY, CA 94063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	164
EL CENTRO DE LIBERTAD 500 ALLERTON STREET 2ND FLOOR REDWOOD CITY, CA 94063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
EL CENTRO DE LIBERTAD 500 ALLERTON STREET 2ND FLOOR REDWOOD CITY, CA 94063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL DORADO HIGH SCHOOL BAND BOOSTERS 1651 VALENCIA AVE PLACENTIA, CA 928703030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
EL DORADO HIGH SCHOOL BAND BOOSTERS 1651 VALENCIA AVE PLACENTIA, CA 928703030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EL DORADO MIDDLE1750 WEST ST CONCORD, CA 945211008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL DORADO MIDDLE1750 WEST ST CONCORD, CA 945211008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
EL DORADO MIDDLE1750 WEST ST CONCORD, CA 945211008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
ELDRIDGE ELEMENTARY 26825 ELDRIDGE AVE HAYWARD, CA 94544	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDRIDGE ELEMENTARY 26825 ELDRIDGE AVE HAYWARD, CA 94544	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
ELDRIDGE ELEMENTARY 26825 ELDRIDGE AVE HAYWARD, CA 94544	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	131
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
ELECTRONIC FRONTIER FOUNDATION INC 815 EDDY STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ELK GROVE FOOD BANK SERVICES PO BOX 1447 ELK GROVE, CA 957591447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELSIE ALLEN HIGH SCHOOL FOUNDATION PO BOX 4801 SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
EMANATE HEALTH FOUNDATION PO BOX 2499 WEST COVINA, CA 917932499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EMPIRE HOTEL EHARC INC 1237 CALIFORNIA ST REDDING, CA 960010618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWERMENT WORKS INC 1187 COAST VILLAGE RD SANTA BARBARA, CA 93108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ENCINITAS EDUCATIONAL FOUNDATION 101 S RANCHO SANTA FE RD ENCINITAS, CA 920244349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
ENFOQUE CIUDAD 8150 INDUSTRIAL AVENUE BUILDING A ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGAGE INC 240 E VERDUGO AVENUE SUITE 100 BURBANK, CA 91502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ENRICHMENT CENTER A CREATIVE FOCUS 321 W 64TH ST INGLEWOOD, CA 903021127	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
ENSAAF INCPO BOX 11682 PLEASANTON, CA 94588	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	526
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE COMMUNITY PARTNERS INC 101 MONTGOMERY ST 1350 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 843721 LOS ANGELES, CA 900843721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTRENOUS YOUTH EMPOWERMENT SERVICE PO BOX 7205 LONG BEACH, CA 908072654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DRIVE NEWBURY PARK, CA 91320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DRIVE NEWBURY PARK, CA 91320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DRIVE NEWBURY PARK, CA 91320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
ENV ACAD OF RESEARCH TECH AND EARTH 2626 MICHAEL DRIVE NEWBURY PARK, CA 91320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ENVISION EDUCATION INC 111 MYRTLE STREET OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF NORTHERN CAL 1736 FRANKLIN STREET STE 450 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EPILEPSY FOUNDATION OF NORTHERN CAL 1736 FRANKLIN STREET STE 450 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EPISCOPAL COMMUNITY SERVICES OF SAN 165 8TH ST SAN FRANCISCO, CA 941032726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESCUELA BILINGUE INTERNACIONAL 410 ALCATRAZ AVE OAKLAND, CA 946091106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ESTRELLA DEL MAR DE LOS ANGELES INC 2212 BEVERLY BLVD LOS ANGELES, CA 90057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ESTRELLA DEL MAR DE LOS ANGELES INC 2212 BEVERLY BLVD LOS ANGELES, CA 90057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESTRELLA DEL MAR DE LOS ANGELES INC 2212 BEVERLY BLVD LOS ANGELES, CA 90057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ESZTERLANC HUNGARIAN FOLK ENSEMBLE 14 INVERNESS CT SAN RAMON, CA 945833513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ESZTERLANC HUNGARIAN FOLK ENSEMBLE 14 INVERNESS CT SAN RAMON, CA 945833513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERGREEN BAPTIST CHURCH-SAN GABRIE 323 WORKMAN MILL RD LA PUENTE, CA 917462443	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
EVERGREEN BAPTIST CHURCH-SAN GABRIE 323 WORKMAN MILL RD LA PUENTE, CA 917462443	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,270
EVERGREEN BAPTIST CHURCH-SAN GABRIE 323 WORKMAN MILL RD LA PUENTE, CA 917462443	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYCHILD FOUNDATION 956 CORSICA DR PACIFIC PLSDS, CA 902724010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
EVERYCHILD FOUNDATION 956 CORSICA DR PACIFIC PLSDS, CA 902724010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
EXCELENCIA ACADEMY INC 2821 E 7TH ST LOS ANGELES, CA 90023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXTRAFOOD ORG 907 SIR FRANCIS DRAKE BOULEVARD KENTFIELD, CA 94904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
EXTRAORDINARY FAMILIES 221 N ARDMORE AVENUE LOS ANGELES, CA 90004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
EZEKIEL PROJECT INTERNATIONAL INC 100 ADMIRAL CALLAGHAN LANE 5212 VALLEJO, CA 94591	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F O O D INC4010 E AMENDOLA DRIVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
F O O D INC4010 E AMENDOLA DRIVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
F O O D INC4010 E AMENDOLA DRIVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F O O D INC4010 E AMENDOLA DRIVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
F O O D INC4010 E AMENDOLA DRIVE FRESNO, CA 937252542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FACES OF TOMORROWPO BOX 697 DAVIS, CA 956170697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FACES OF TOMORROWPO BOX 697 DAVIS, CA 956170697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FACES OF TOMORROWPO BOX 697 DAVIS, CA 956170697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAIR HOUSING COUNCIL OF RIVERSIDE C PO BOX 1068 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIR HOUSING COUNCIL OF RIVERSIDE C PO BOX 1068 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FALCONRIDGE EQUINE RESCUEINCORPORAT 32190 DOWLING LANE VALLEY CENTER, CA 92082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FALLBROOK FOOD PANTRYPO BOX 3008 FALLBROOK, CA 920883008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALLBROOK SPORTS ASSOCIATION PO BOX 503 FALLBROOK, CA 920880000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILIES FORWARD8 THOMAS IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY ASSISTANCE PROGRAM 15075 7TH STREET VICTORVILLE, CA 92395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY BRIDGES INC168 11TH ST OAKLAND, CA 946074841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILY BRIDGES INC168 11TH ST OAKLAND, CA 946074841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY BRIDGES INC168 11TH ST OAKLAND, CA 946074841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY CARE FOUNDATION INC 10174 AUSTIN DR 1039 SPRING VALLEY, CA 91979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY CARE FOUNDATION INC 10174 AUSTIN DR 1039 SPRING VALLEY, CA 91979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FAMILY PROMISE OF ORANGE COUNTY INC PO BOX 6225 ORANGE, CA 92863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF ORANGE COUNTY INC PO BOX 6225 ORANGE, CA 92863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	188
FAMILY PROMISE OF ORANGE COUNTY INC PO BOX 6225 ORANGE, CA 92863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FAMILY PROMISE OF ORANGE COUNTY INC PO BOX 6225 ORANGE, CA 92863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RESCUE CENTER 22103 VANOWEN ST CANOGA PARK, CA 913032460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY RESCUE FUND 222 MONTEREY RD UNIT 1604 GLENDALE, CA 912062071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILY RESCUE FUND 222 MONTEREY RD UNIT 1604 GLENDALE, CA 912062071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE AGENCY OF THE CENTRA 104 WALNUT AVE 208 SANTA CRUZ, CA 95060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILY SERVICES OF TULARE COUNTY 815 W OAK AVE VISALIA, CA 932916033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY SUPPORTIVE HOUSING INC 692 NORTH KING ROAD SAN JOSE, CA 951331709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY YMCA OF THE DESERT 43-930 SAN PABLO AVENUE PALM DESERT, CA 92260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
FAMILY YMCA OF THE DESERT 43-930 SAN PABLO AVENUE PALM DESERT, CA 92260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAR WEST WHEELCHAIR ATHLETIC CORP 3369 UNION AVE SAN JOSE, CA 95124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FARRAGUT SCHOOL BOOSTER CLUB 10820 FARRAGUT DR CULVER CITY, CA 902304107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FCANCER9854 NATIONAL BLVD 280 LOS ANGELES, CA 90034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA RIVERSIDE AND SAN B 2950 JEFFERSON STREET STE-A RIVERSIDE, CA 92504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	167
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	182
FEEDING SAN DIEGO 9455 WAPLES ST STE 135 SAN DIEGO, CA 921213916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEINSTEIN (DIANNE) ELEMENTARY 2550 25TH AVE SAN FRANCISCO, CA 94116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
FESTIVAL OF ARTS OF LAGUNA BEACH 650 LAGUNA CANYON RD LAGUNA BEACH, CA 926511837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
FILIPINO AMERICAN LAW ENFORCEMENT O PO BOX 77086 SAN FRANCISCO, CA 941070086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILIPINO AMERICAN SYMPHONY ORCHESTR 6621 DENNY AVE N HOLLYWOOD, CA 916062204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FILIPINO FOOD MOVEMENT 1101 RAILROAD AVE PITTSBURG, CA 945652641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FILLMORE SEARCH AND RESCUE PO BOX 296 FILLMORE, CA 930160296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL WOMENS ASSOCIATION OF SAN 268 BUSH STREET 2822 SAN FRANCISCO, CA 941043503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FINDING TRUE MIND 3216 HUMBOLT AVE SANTA CLARA, CA 950513749	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,400
FINDING TRUE MIND 3216 HUMBOLT AVE SANTA CLARA, CA 950513749	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST CHRISTIAN CHURCH OF NEWBURY P 801 KNOLLWOOD DR NEWBURY PARK, CA 913205341	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FIRST PRESBYTERIAN CHURCH OF NEWHAL 24317 NEWHALL AVE NEWHALL, CA 913212721	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
FIRST UNITED METHODIST CHURCH 500 E COLORADO BLVD PASADENA, CA 91101	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE ACRES-THE BOYS & GIRLS AID SOC 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FIVE ACRES-THE BOYS & GIRLS AID SOC 760 WEST MOUNTAIN VIEW STREET ALTADENA, CA 91001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FIX OUR FERALSPO BOX 13083 BERKELEY, CA 947124083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIX OUR FERALSPO BOX 13083 BERKELEY, CA 947124083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FIX OUR FERALSPO BOX 13083 BERKELEY, CA 947124083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLINTRIDGE GUILD OF CHILDRENS HOSPI 4650 SUNSET BLVD STE M/S 4 LOS ANGELES, CA 900276062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINTRIDGE PREPARATORY SCHOOL 4543 CROWN AVENUE LA CANADA, CA 910113637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
FLINTRIDGE SACRED HEART ACADEMY 440 SAINT KATHERINE DR LA CANADA, CA 910114113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FOCUS ON CHILDREN NOW INC 17412 VENTURA BLVD 389 ENCINO, CA 91316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUSING PHILANTHROPY INC 1637 16TH STREET SANTA MONICA, CA 90404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOLLOWING FRANCIS5 IRIS LN WALNUT CREEK, CA 945951221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK COALITION OF SAN LUIS OBI 1180 KENDALL ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,629
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	661
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	515
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 945201200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR MONTEREY COUNTY 353 WEST ROSSI STREET SALINAS, CA 93907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD FOR THOUGHTPO BOX 1608 FORESTVILLE, CA 954361608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOOD FORWARD INC 7412 FULTON AVE 3 NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FORWARD INC 7412 FULTON AVE STE 3 N HOLLYWOOD, CA 916054155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD IN NEED OF DISTRIBUTION INC PO BOX 10080 INDIO, CA 92202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FOOD OF GOD FOR THE PEOPLE OF GOD 3336 BURDECK DRIVE OAKLAND, CA 94602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST SUITE 100 SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST SUITE 100 SANTA BARBARA, CA 93101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOODLINK FOR TULARE COUNTY INC PO BOX 391 EXETER, CA 93221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	349
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	178
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	89
FOODSHARE INC 4156 SOUTHBANK ROAD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC4156 SOUTHBANK RD OXNARD, CA 930361002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FOOTHILL AIDS PROJECT 233 W HARRISON AVE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOOTHILL FAMILY SHELTER INC 1501 W 9TH STREET SUITE D UPLAND, CA 917865665	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL FAMILY SHELTER INC 1501 W NINTH ST SUITE D UPLAND, CA 91786	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOOTHILL FAMILY SHELTER INC 1501 W NINTH ST SUITE D UPLAND, CA 91786	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOOTHILL HOUSE HOSPITALITY 1262 SUTTON WAY GRASS VALLEY, CA 959453223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOTHILL UNITY CENTER 790 W CHESTNUT AVENUE MONROVIA, CA 910167230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTSTEPS MISSIONSPO BOX 390938 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOR THE TROOPSPO BOX 12 SIMI VALLEY, CA 93062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOR THE TROOPSPO BOX 12 SIMI VALLEY, CA 93062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR THE TROOPSPO BOX 12 SIMI VALLEY, CA 93062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREVER FOUND2321 TAPO ST STE D SIMI VALLEY, CA 93063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
FORGET ME NOT CHILDRENS SERVICES PO BOX 1296 SANTA ROSA CA 95402-129 SANTA ROSA, CA 954021296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FORT WASHINGTON ELEMENTARY 960 E TEAGUE AVE FRESNO, CA 93720	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOTC - SF BAY AREA111 QUINT ST SAN FRANCISCO, CA 941241403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FOUNDATION FIGHTING BLINDNESS INC 10350 SANTA MONICA BLVD SUITE 250 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,705
FOUNDATION FOR CALIFORNIA COMMUNITY 1102 Q STREET SACRAMENTO, CA 95811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR CENTRAL SCHOOLS 4605 N POLK AVE ROOM 11 FRESNO, CA 937225334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR DEVELOPMENTAL DISABI 6050 SANTO RD SUITE 145 SAN DIEGO, CA 92124	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR DEVELOPMENTAL DISABI 6050 SANTO RD SUITE 145 SAN DIEGO, CA 92124	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR DEVELOPMENTAL DISABI 6050 SANTO RD SUITE 145 SAN DIEGO, CA 92124	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR EXCELLENCE INC 526 W FREMONT AVE 2920 SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOUNDATION FOR EXCELLENCE INC 526 W FREMONT AVE 2920 SUNNYVALE, CA 94087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR PRADER WILLI RESEARC DEPT LA 23216 PASADENA, CA 911853216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FOUNDATION FOR SAN MATEO COUNTY LIB 125 LESSINGIA COURT SAN MATEO, CA 94402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION FOR THE CULTURE OF ETERN PO BOX 8035 CALABASAS, CA 913728035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE PERFORMING ARTS P O BOX 1137 SAN LUIS OBISPO, CA 934061137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION FOR WOMEN WARRIORS 5062 LANKERSHIM BLVD 3013 NORTH HOLLYWOOD, CA 91601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION OF ACTIVE 20 30 CLUB OF PO BOX 415 BAKERSFIELD, CA 93303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOX RIVERSIDE THEATER FOUNDATION 3801 MISSION INN AVE RIVERSIDE, CA 92501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOXY AND THE HOUNDS 6520 PLATT AVE SUITE 222 WEST HILLS, CA 913073218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FOXY AND THE HOUNDS 6520 PLATT AVE SUITE 222 WEST HILLS, CA 913073218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMELINE INC145 NINTH ST 300 SAN FRANCISCO, CA 941032636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FRAMELINE INC145 NINTH ST 300 SAN FRANCISCO, CA 941032636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRANCISCAN WORKERS OF JUNIPERO SERR PO BOX 2027 SALINAS, CA 939022027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREE WHEELCHAIR MISSION 15279 ALTON PKWY STE 300 IRVINE, CA 926182601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FREE WHEELCHAIR MISSION 15279 ALTON PKWY STE 300 IRVINE, CA 926182601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FREEDOM FOR IMMIGRANTS 1322 WEBSTER ST STE 300 OAKLAND, CA 946123218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM STORY 337 17TH STREET SUITE 102 OAKLAND, CA 946123315	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRENCH AMERICAN INTERNATIONAL SCHOO 150 OAK STREET SAN FRANCISCO, CA 941025912	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
FRENCH HOSPITAL MEDICAL CENTER FOUN 1911 JOHNSON AVE SN LUIS OBISP, CA 93401	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO AREA HISPANIC FOUNDATION 1444 FULTON ST FRESNO, CA 93721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FRESNO ART MUSEUM 2233 NORTH FIRST STREET FRESNO, CA 93703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRESNO BULLY RESCUE INC 11740 E BELMONT AVE SANGER, CA 93657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO BULLY RESCUE INC 11740 E BELMONT AVE SANGER, CA 93657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRESNO BULLY RESCUE INC 11740 E BELMONT AVE SANGER, CA 93657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRESNO COMMUNITY DEVELOPMENT FINANC 1920 MARIPOSA MALL SUITE 330 FRESNO, CA 937212504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO COUNTY SHERIFFS SEARCH AND R PO BOX 7 FRESNO, CA 937070007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
FRESNO COUNTY SHERIFFS SEARCH AND R PO BOX 7 FRESNO, CA 937070007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRESNO FIRST STEPS HOME 713 VAN NESS AVENUE SUITE 213 FRESNO, CA 93721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO PHILHARMONIC ASSOCIATION 7170 N FINANCIAL DRIVE SUITE 135 FRESNO, CA 93720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
FRESNO RESCUE MISSION263 G ST FRESNO, CA 937063421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS & FOUNDATION OF THE SAN FRA 710 VAN NESS AVE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
FRIENDS OF BRENTWOOD SCIENCE MAGNET 740 S GRETNA GREEN WAY LOS ANGELES, CA 900494927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF CANFIELD 9233 AIRDROME ST LOS ANGELES, CA 900353201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CANINES ANIMAL RESCUE PO BOX 563 TRACY, CA 95376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF CASTLE HEIGHTS 9755 CATTARAUGUS AVE LOS ANGELES, CA 900342352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF CASTLE HEIGHTS 9755 CATTARAUGUS AVE LOS ANGELES, CA 900342352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CASTLE HEIGHTS 9755 CATTARAUGUS AVE LOS ANGELES, CA 900342352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF DXE PMB 328 2425 CHANNING WAY STE B BERKELEY, CA 94704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF GARDNER 7450 HAWTHORN AVE LOS ANGELES, CA 900462802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GARDNER 7450 HAWTHORN AVE LOS ANGELES, CA 900462802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF HUE FOUNDATION PO BOX 1823 SAN JOSE, CA 951091823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF LA JOLLA ELEMENTARY INC 1111 MARINE STREET LA JOLLA, CA 92037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LANAI BOOSTER PO BOX 260585 ENCINO, CA 914260585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF PACIFIC RIM ELEMENTARY 1100 CAMINO DE LAS ONDAS CARLSBAD, CA 920093400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	435
FRIENDS OF PACIFIC RIM ELEMENTARY 1100 CAMINO DE LAS ONDAS CARLSBAD, CA 920093400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PORTER RANCH COMMUNITY S 12450 MASON AVE PORTER RANCH, CA 913264619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF PORTER RANCH COMMUNITY S 12450 MASON AVE PORTER RANCH, CA 913264619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FRIENDS OF PORTER RANCH COMMUNITY S 12450 MASON AVE PORTER RANCH, CA 913264619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SAN FRANCISCO ANIMAL CAR 1200-15TH ST SAN FRANCISCO, CA 941030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF SEAL BEACH ANIMAL CARE C 1700 ADOLFO LOPEZ DRIVE SEAL BEACH, CA 907405605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FRIENDS OF SEAL BEACH ANIMAL CARE C 1700 ADOLFO LOPEZ DRIVE SEAL BEACH, CA 907405605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SEAL BEACH ANIMAL CARE C 1700 ADOLFO LOPEZ DRIVE SEAL BEACH, CA 907405605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
FRIENDS OF SHEBA MEDICAL CENTER INC 9465 WILSHIRE BLVD STE 300 BEVERLY HILLS, CA 90212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF SILVER GATE 1499 VENICE ST SAN DIEGO, CA 921073632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SILVER GATE 1499 VENICE ST SAN DIEGO, CA 921073632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF ST LAWRENCE-WATTS YOUTH 10122 COMPTON AVE LOS ANGELES, CA 90002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE BERKELEY PUBLIC LIBR 2090 KITTREDGE ST BERKELEY, CA 947041427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE FOLSOM LIBRARY 101 BOLI COURT FOLSOM, CA 95630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE FRESNO COUNTY PUBLIC PO BOX 4523 FRESNO, CA 93744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE FRESNO COUNTY PUBLIC PO BOX 4523 FRESNO, CA 93744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GOLETA VALLEY LIBRAR P O BOX 635 GOLETA, CA 931160635	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE ISRAEL DEFENSE FORCE 6165 GREENWICH DR SUITE 120 SAN DIEGO, CA 92122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
FRIENDS OF THE ISRAEL DEFENSE FORCE 870 MARKET STREET SUITE 872 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LOS ANGELES RIVER 570 W AVE 26 250 LOS ANGELES, CA 900651011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE OBSERVATORY 12100 WILSHIRE BLVD STE 1150 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ROCKRIDGE LIBRARY PO BOX 3723 OAKLAND, CA 946090723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE SEA LION INC 20612 LAGUNA CANYON ROAD LAGUNA BEACH, CA 92651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE URBAN FORESTS 1007 GENERAL KENNEDY AVENUE SUITE 1 SAN FRANCISCO, CA 941291404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE YGNACIO VALLEY LIBRA 2866 BOWLING GREEN DRIVE WALNUT CREEK, CA 94598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE YGNACIO VALLEY LIBRA 2866 BOWLING GREEN DRIVE WALNUT CREEK, CA 94598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THIRD STREET SCHOOL 201 S JUNE ST LOS ANGELES, CA 90004	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THIRD STREET SCHOOL 201 S JUNE ST LOS ANGELES, CA 90004	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,050
FRIENDS OF WALNUT CREEK LIBRARY PO BOX 5764 WALNUT CREEK, CA 945961764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF WEST HOLLYWOOD ELEMENTAR 970 HAMMOND ST W HOLLYWOOD, CA 900694407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP SHELTER INCPO BOX 4252 LAGUNA BEACH, CA 926524252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
FROM THE GROUND UP FARMS INC 1692 MANGROVE AVE PMB 105 CHICO, CA 959262648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	757
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROSTED FACES FOUNDATION INC 1448 PINE ST RAMONA, CA 920651347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FULFILLMENT FUND 6100 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FULLNESS IN CHRIST FELLOWSHIP 945 TARAVAL ST 249 SAN FRANCISCO, CA 941162422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULLNESS IN CHRIST FELLOWSHIP 945 TARAVAL ST 249 SAN FRANCISCO, CA 941162422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FULLNESS IN CHRIST FELLOWSHIP 945 TARAVAL ST 249 SAN FRANCISCO, CA 941162422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
FUNDAMENTAL CHANGE 777 S FIGUEROUA STREET SUITE 4050 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE LEADERS OF AMERICA EAST BAY 640 BAILEY RD SUITE 227 BAY POINT, CA 945654306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
GALILEE CENTERPO BOX 308 MECCA, CA 92254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GALLO CENTER FOR THE ARTS INC 1000 I STREET MODESTO, CA 953542381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLO CENTER FOR THE ARTS INC 1000 I STREET MODESTO, CA 953542381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GANNA WALSKA LOTUSLAND 695 ASHLEY RD SANTA BARBARA, CA 931081059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GARDEN PATHWAYS INC 1616 29TH STREET BAKERSFIELD, CA 93301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN PATHWAYS INC 1616 29TH STREET BAKERSFIELD, CA 93301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GARDEN SCHOOL FOUNDATION INC 222 E GLENARM ST STE B2 PASADENA, CA 911064235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	698
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	949
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
GARY SINISE FOUNDATION 21700 OXNARD STREET SUITE 580 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GATHERING INN201 BERKELEY AVE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESIS LA ECONOMIC GROWTH CORPORAT 801 SOUTH GRAND AVENUE SUITE 775 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GENEVIEVE DIDION 6490 HARMON DRIVE SACRAMENTO, CA 95831	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE BARN FOUNDATION 15825 SIERRA HIGHWAY SANTA CLARITA, CA 91390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
GEORGE MARK CHILDRENS FUND 2121 GEORGE MARK LN SAN LEANDRO, CA 945781017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
GETTY HOUSE FOUNDATION 605 SOUTH IRVING BOULEVARD LOS ANGELES, CA 90005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEVORKIAN ACADEMY 711 S SAN FERNANDO BLVD BURBANK, CA 915021445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
GEVORKIAN ACADEMY 711 S SAN FERNANDO BLVD BURBANK, CA 915021445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD 157 ANAHEIM HILLS, CA 92808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD 157 ANAHEIM HILLS, CA 92808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD 157 ANAHEIM HILLS, CA 92808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD 157 ANAHEIM HILLS, CA 92808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GHETTO RESCUE FFOUNDATION 751 S WEIR CANYON RD 157 ANAHEIM HILLS, CA 92808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
GIANT COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 941072134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
GIANT COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 941072134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	363
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILROY FOUNDATIONPO BOX 774 GILROY, CA 950210774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
GILROY FOUNDATIONPO BOX 774 GILROY, CA 950210774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
GILROY GARLIC FESTIVAL ASSOCIATION 7473 MONTEREY ST GILROY, CA 950205823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GIRL SCOUTS6601 ELVAS AVE SACRAMENTO, CA 958194339	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CALIFORNIAS CENTRAL 1500 PALMA DRIVE SUITE 110 VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CENTRAL CALIFORNIAS 1377 WEST SHAW AVENUE FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF CENTRAL CALIFORNIAS 1377 WEST SHAW AVENUE FRESNO, CA 93711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER LOS ANGELES 1150 S OLIVE STREET SUITE 600 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER LOS ANGELES 1150 S OLIVE STREET SUITE 600 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER LOS ANGELES 1150 S OLIVE STREET SUITE 600 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PARKWAY SUITE 100 ALAMEDA, CA 94502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 923744505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SAN GORGONIO COUNCIL 25878 LAZY CLOUD WAY SUN CITY, CA 92585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF SAN GORGONIO COUNCIL 25878 LAZY CLOUD WAY SUN CITY, CA 92585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GIRL SCOUTS OF SAN GORGONIO COUNCIL 1751 PLUM LN REDLANDS, CA 92374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,175
GIRL SCOUTS SAN DIEGO-IMPERIAL COUN 1231 UPAS ST SAN DIEGO, CA 921035127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS FASTPITCH - SANTA ANA PO BOX 144 SANTA ANA, CA 927020144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRLS INCORPORATED OF ALAMEDA COUNT 510 16TH STREET OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	188
GIRLS INCORPORATED OF ALAMEDA COUNT 510 16TH STREET OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF ALAMEDA COUNT 510 16TH STREET OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRLS INCORPORATED OF ALAMEDA COUNT 510 16TH STREET OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIRLS INCORPORATED OF ORANGE COUNTY 1815 ANAHEIM AVENUE COSTA MESA, CA 92627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE ST STE 101 OAKLAND, CA 946072535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	687
GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE ST STE 101 OAKLAND, CA 946072535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	624
GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE ST STE 101 OAKLAND, CA 946072535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	416
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS LEADERSHIP INSTITUTE INC 111 MYRTLE ST STE 101 OAKLAND, CA 946072535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
GIVE AN HOUR NONPROFIT CORPORATION 2559 LEAFWOOD DRIVE CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GIVE FOUNDATION INC GIVE FOUNDATION INC PO BOX 50876 PALO ALTO, CA 94303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVE FOUNDATION INC GIVE FOUNDATION INC PO BOX 50876 PALO ALTO, CA 94303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
GIVE FOUNDATION INC GIVE FOUNDATION INC PO BOX 50876 PALO ALTO, CA 94303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GIVEPOWER FOUNDATION 500 SECOND ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 941085017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 941085017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
GLAUCOMA RESEARCH FOUNDATION 251 POST ST STE 600 SAN FRANCISCO, CA 941085017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENDALE HISTORICAL SOCIETY PO BOX 4173 GLENDALE, CA 912220173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GLENDALE POLICE FOUNDATION PO BOX 10142 GLENDALE, CA 912093142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLENDALE-SUNRISE ROTARY FOUNDATION PO BOX 10383 GLENDALE, CA 91209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL AIDS INTERFAITH ALLIANCE 2171 FRANCISCO BLVD EAST SUITE I SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	302
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	506
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,076
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A 176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GLOBAL BRIGADES INC 1099 E CHAMPLAIN DR STE A176 FRESNO, CA 937205030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
GLOBAL FUND FOR WOMEN INC 800 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	901
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL GLIMPSE 2991 SHATTUCK AVENUE SUITE 304 BERKELEY, CA 94705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GLOBAL OPERATIONS AND DEVELOPMENT- 8332 COMMONWEALTH AVE BUENA PARK, CA 906212526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	567
GO CAMPAIGN 2461 SANTA MONICA BLVD 437 SANTA MONICA, CA 904042138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	218
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GO FOR BROKE NATIONAL EDUCATION CEN 355 E 1ST STREET SUITE 200 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GO2 FOUNDATION FOR LUNG CANCER 1100 INDUSTRIAL RD STE 1 SAN CARLOS, CA 940704131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GO2 FOUNDATION FOR LUNG CANCER 1100 INDUSTRIAL ROAD SUITE 1 SAN CARLOS, CA 94070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOEBEL SENIOR CENTER COMMISSION INC 1385 E JANSS RD THOUSAND OAKS, CA 913622100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GOLD RUSH CURE FOUNDATION INC 27671 ROSEBUD WAY LAGUNA NIGUEL, CA 926776019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOLDEN EMPIRE YOUTH TACKLE FOOTBALL 2601 VYN DRIVE BAKERSFIELD, CA 93306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN GATE COLLECTORS FINE ARTS MU 50 HAGIWARA TEA GARDEN DR SAN FRANCISCO, CA 94118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	199
GOLDEN GATE LABRADOR RETRIEVER RESC 268 BUSH STREET 4322 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	661
GOLDEN GATE NATIONAL PARKS CONSERVA FORT MASON BLDG 201 SAN FRANCISCO, CA 94123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN GATE PERFORMING ARTS 170 VALENCIA STREET SAN FRANCISCO, CA 94103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
GOLDEN GATE UNIVERSITY 536 MISSION STREET STE 4306 SAN FRANCISCO, CA 941052921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
GOLDEN HILLS COMMUNITY CHURCH 2401 SHADY WILLOW LN BRENTWOOD, CA 945135330	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	999
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN HILLS COMMUNITY CHURCH 2401 SHADY WILLOW LN BRENTWOOD, CA 945135330	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	222
GOLDEN STATE OPPORTUNITY FOUNDATION 553 S CLARENCE ST LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GOOD SAMARITAN FAMILY RESOURCE CENT 1294 POTRERO AVENUE SAN FRANCISCO, CA 941103570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,818
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD SHELTER OF LOS ANGELE 2561 W VENICE BLVD LOS ANGELES, CA 900196233	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	390
GOOD SHEPHERD SHELTER OF LOS ANGELE 2561 W VENICE BLVD LOS ANGELES, CA 900196233	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
GOODWILL CENTRAL COAST 1566 MOFETT STREET SALINAS, CA 93905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF ORANGE COUNT 410 N FAIRVIEW ST SANTA ANA, CA 927033412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
GOODWILL INDUSTRIES OF ORANGE COUNT 410 N FAIRVIEW ST SANTA ANA, CA 927033412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
GOODWILL INDUSTRIES OF SOUTHERN CAL 342 N SAN FERNANDO ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF SOUTHERN CAL 342 N SAN FERNANDO ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GOODWILL INDUSTRIES OF SOUTHERN CAL 342 N SAN FERNANDO ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GOODWILL SERVING THE PEOPLE OF SOUT 800 WEST PACIFIC COAST HIGHWAY LONG BEACH, CA 908065243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE RESOURCES INC 45134 SIERRA HWY LANCASTER, CA 93534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
GRACE RESOURCES INC 45134 SIERRA HWY LANCASTER, CA 93534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,045
GRACE RESOURCES INC 45134 SIERRA HWY LANCASTER, CA 93534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANADA HILLS CHARTER 10535 ZELZAH AVE GRANADA HILLS, CA 913445902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRANITE BAY HIGH BOOSTERS ASSOCIATI 1 GRIZZLY WAY GRANITE BAY, CA 957467194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
GRATEFUL DOGS RESCUE PO BOX 411013 SAN FRANCISCO, CA 941411013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRATTAN ELEMENTARY 165 GRATTAN ST SAN FRANCISCO, CA 941174208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
GRAYSTONE HOME & SCHOOL CLUB 6982 SHEARWATER DR SAN JOSE, CA 951202123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREAT ADVENTURES THROUGH EDUCATION 1456 9TH AVE SAN FRANCISCO, CA 94122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CONTRIBUTION 3096 APACHE CIR THOUSAND OAKS, CA 913601023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
GREATER LOS ANGELES FISHER HOUSE FO 140 S BARRINGTON AVE STE 201 LOS ANGELES, CA 900493309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GREATER LOS ANGELES ZOO ASSOCIATION 5333 ZOO DRIVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LOS ANGELES ZOO ASSOCIATION 5333 ZOO DRIVE LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GREATER PLAM SPRINGS PRIDE INC 329 W MARISCAL RD PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREATER SACRAMENTO URBAN LEAGUE 3725 MARYSVILLE BLVD SACRAMENTO, CA 95838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER SOUTH BAY STEM FOUNDATION PO BOX 10263 TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREEN DOT PUBLIC SCHOOLS 1149 S HILL STREET STE 600 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
GREENBROOK ELEMENTARY 1475 HARLAN DR DANVILLE, CA 945265248	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
GREENLINING INSTITUTE 360 14TH STREET 2ND FLOOR OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
GREYHOUND ADOPTION CENTER PO BOX 2433 LA MESA, CA 919432433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND ADOPTION CENTER PO BOX 2433 LA MESA, CA 919432433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GRID ALTERNATIVES 4140 N BRAWLEY AVE SUITE 108 FRESNO, CA 93722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GRID ALTERNATIVES 4140 N BRAWLEY AVE SUITE 108 FRESNO, CA 93722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRID ALTERNATIVES 1171 OCEAN AVENUE SUITE 200 OAKLAND, CA 94608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300,000
GRID ALTERNATIVES 930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GRID ALTERNATIVES 930 GATEWAY CENTER WAY SAN DIEGO, CA 92102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROSSMONT HOSPITAL FOUNDATION PO BOX 158 LA MESA, CA 919440158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GROWINGGREAT 2711 N SEPULVEDA BLVD 279 MANHATTAN BEACH, CA 902662725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOGS FOR THE BLIND INC P O BOX 151200 SAN RAFAEL, CA 949151200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GUIDE DOGS OF THE DESERT P O BOX 1692 PALM SPRINGS, CA 92263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GUTHY-JACKSON RESEARCH FOUNDATION I 1018 PAMELA DR BEVERLY HILLS, CA 902102823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUTHY-JACKSON RESEARCH FOUNDATION I 1018 PAMELA DR BEVERLY HILLS, CA 902102823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
GUTHY-JACKSON RESEARCH FOUNDATION I 1018 PAMELA DR BEVERLY HILLS, CA 902102823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
GVNGORG 907 WESTWOOD BLVD SUITE 414 LOS ANGELES, CA 900242904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY FRESNO INC 4991 E MCKINLEY AVENUE SUITE 123 FRESNO, CA 93727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY FRESNO INC 4991 E MCKINLEY AVENUE SUITE 123 FRESNO, CA 93727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY FRESNO INC 4991 E MCKINLEY AVENUE SUITE 123 FRESNO, CA 93727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 724 E HUNTING DR MONROVIA, CA 91016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 724 E HUNTING DR MONROVIA, CA 91016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HABITAT FOR HUMANITY INTERNATIONAL 108 MAGNOLIA STREET SANTA CRUZ, CA 95062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1421 LOS BANOS, CA 936351421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 176 GOLETA, CA 93116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 500 WASHINGTON ST 250 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 13129 SAN BERNARDINO, CA 92423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 848 VISALIA, CA 932790848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
HABITAT FOR HUMANITY INTERNATIONAL 8128 MERCURY COURT SAN DIEGO, CA 92111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	281
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 500 WASHINGTON ST 250 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HABITAT FOR HUMANITY INTERNATIONAL 8128 MERCURY COURT SAN DIEGO, CA 92111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 848 VISALIA, CA 932790848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 613 SAN LUIS OBISPO, CA 93406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 819 NORTH 10TH STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4387 SONORA, CA 953701387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1850 EASTMAN AVENUE OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1500 E 19TH STREET BAKERSFIELD, CA 933055406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 8739 ARTESIA BOULEVARD BELLFLOWER, CA 907066330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 2200 RITCHEY STREET SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1421 LOS BANOS, CA 936351421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 724 E HUNTING DR MONROVIA, CA 91016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 3273 AIRWARY DR STE E SANTA ROSA, CA 954032080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
HABITAT FOR HUMANITY INTERNATIONAL 630 KEARNEY AVE MODESTO, CA 953505714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 848 VISALIA, CA 932790848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 5130 FULTON DR STE R FAIRFIELD, CA 945344223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL 724 E HUNTING DR MONROVIA, CA 91016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 848 VISALIA, CA 932790848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 2619 BROADWAY OAKLAND, CA 946123107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY-RIVERSIDE INC 2180 IOWA AVENUE RIVERSIDE, CA 925162216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
HACIENDA SCIENCEENVIRONMENTAL MAGN 1290 KIMBERLY DR SAN JOSE, CA 95118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HALLECK CREEK RANCHPO BOX 159 NICASIO, CA 949460159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMSADHWANI CARNATIC MUSIC ACADEMY 5222 VIA PISA NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
HAMSADHWANI CARNATIC MUSIC ACADEMY 5222 VIA PISA NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	366
HAMSADHWANI CARNATIC MUSIC ACADEMY 5222 VIA PISA NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	321
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY TRAILS FOR KIDS 2525 OCEAN PARK BLVD STE 104 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HAPPY TRAILS FOR KIDS 2525 OCEAN PARK BLVD STE 104 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HAPPY TRAILS RIDING ACADEMY PO BOX 572 VISALIA, CA 932790572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR VIEW DADS 900 GOLDENROD AVE CORONA DL MAR, CA 926251503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
HARBOR VIEW PARENT-FACULTY ORGANIZA 900 GOLDENROD AVE CORONA DL MAR, CA 926251503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,275
HARBOR VIEW PARENT-FACULTY ORGANIZA 900 GOLDENROD AVE CORONA DL MAR, CA 926251503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARPER FOR KIDS 2920 BUCHANAN ST APT 9 SAN FRANCISCO, CA 941234217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HARRIETT BUHAI CENTER FOR FAMILY LA 3250 WILSHIRE BLVD LOS ANGELES, CA 900101509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,489
HARTNELL COLLEGE FOUNDATION 411 CENTRAL AVE RM 107 SALINAS, CA 939011688	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,678
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON NORTH HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
HARVARD-WESTLAKE SCHOOL 3700 COLDWATER CANYON AVE N HOLLYWOOD, CA 916042301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,850
HARVEY MUDD COLLEGE 301 PLATT BLVD CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYNES CHARTER FOR ENRICHED STUDIES 6624 LOCKHURST DR WEST HILLS, CA 913073135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
HAYRENASERPO BOX 251231 GLENDALE, CA 912251231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HEAD ROYCE SCHOOL 4315 LINCOLN AVENUE OAKLAND, CA 94602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADING HOME ANIMAL RESCUE 854 RACE ST SAN JOSE, CA 951263854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HEADING HOME ANIMAL RESCUE PO BOX 2852 APTOS, CA 950012852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HEADING HOME ANIMAL RESCUE PO BOX 2852 APTOS, CA 950012852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAL THE BAY1444 9TH STREET SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
HEAL THE BAY1444 9TH STREET SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HEAL THE BAY1444 9TH STREET SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAL THE BAY1444 9TH STREET SANTA MONICA, CA 90401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HEALTH EDUCATION COUNCIL SERVING PO 3950 INDUSTRIAL BLVD WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
HEAR CENTER301 E DEL MAR BLVD PASADENA, CA 911012714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART TO HEART INTERNATIONAL CHILDR 655 13TH ST STE 200 OAKLAND, CA 946121218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HELPING HANDS CARING HEARTS MINISTR PO BOX 167 POMONA, CA 91769	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HENRY E HUNTINGTON LIBRARY & ART GA 1151 OXFORD RD SAN MARINO, CA 911081218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY E HUNTINGTON LIBRARY & ART GA 1151 OXFORD RD SAN MARINO, CA 911081218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
HENRY E HUNTINGTON LIBRARY & ART GA 1151 OXFORD RD SAN MARINO, CA 911081218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249
HENRY E HUNTINGTON LIBRARY & ART GA 1151 OXFORD RD SAN MARINO, CA 911081218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY OHLHOFF HOUSE 601 STEINER ST SAN FRANCISCO, CA 941172509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HERALD CHRISTIAN HEALTH CENTER 8841 GARVEY AVE ROSEMEAD, CA 917703358	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
HERBERT HOOVER HIGH 651 GLENWOOD ROAD GLENDALE, CA 91202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE HIGH SCHOOL GRAD NIGHT COM 101 AMERICAN AVENUE BRENTWOOD, CA 94513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEYDAYPO BOX 9145 BERKELEY, CA 947090145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HIDAYA FOUNDATIONPO BOX 5481 SANTA CLARA, CA 95056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIDDEN HARVEST CORPORATION PO BOX 266 COACHELLA, CA 922360000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HIGH POINT ACADEMY 1720 KINNELOA CANYON RD PASADENA, CA 91107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HIGHLANDS ELEMENTARY 2320 NEWPORT ST SAN MATEO, CA 944023838	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIKMA HEALTH INC42 ROCKWAY DR SAN JOSE, CA 951272962	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HILLCREST CHRISTIAN SCHOOL 384 ERBES ROAD THOUSAND OAKS, CA 913622725	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
HILLEL THE FOUNDATION FOR JEWISH CA 5717 LINDO PASEO SAN DIEGO, CA 921151326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH BEAUTIFICATION FOUNDAT 1600 FLORIBUNDA AVENUE HILLSBOROUGH, CA 940106418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HILLSBOROUGH SCHOOLS FOUNDATION 300 EL CERRITO AVE HILLSBOROUGH, CA 940106818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HILLSIDE MIDDLE2222 FITZGERALD RD SIMI VALLEY, CA 930654936	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSIDE MIDDLE2222 FITZGERALD RD SIMI VALLEY, CA 930654936	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	85
HILLSIDES 815 COLORADO BLVD STE 300 LOS ANGELES, CA 90041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
HIM FOR HER INC 843 LONGRIDGE ROAD OAKLAND, CA 94610	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANAS ORGANIZED FOR POLITICAL EQ 634 S SPRING ST STE 920 LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HISPANIC FOUNDATION OF SILICON VALL 1922 THE ALAMEDA SUITE 217 SAN JOSE, CA 95126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
HISPANIC FOUNDATION OF SILICON VALL 1922 THE ALAMEDA SUITE 217 SAN JOSE, CA 95126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC FOUNDATION OF SILICON VALL 1922 THE ALAMEDA SUITE 217 SAN JOSE, CA 95126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HISPANIC SCHOLARSHIP FUND 1411 W190TH STREET SUITE 700 GARDENA, CA 902484376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVENUE SUITE 100 NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE STE 100 NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOLLOW HILLS ELEMENTARY 828 GIBSON AVE SIMI VALLEY, CA 930655665	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HOLLOW HILLS ELEMENTARY 828 GIBSON AVE SIMI VALLEY, CA 930655665	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOLLYWOOD COMMUNITY HOUSING CORPORA 5020 SANTA MONICA BLVD LOS ANGELES, CA 90029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HOLLYWOOD SCHOOLHOUSE INC 1233 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLTONS HEROESPO BOX 11173 MARINA DL REY, CA 902957173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOLTONS HEROESPO BOX 11173 MARINA DL REY, CA 902957173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOLY FAMILY CATHOLIC ELEMENTARY SCH 1301 ROLLIN STREET SOUTH PASADENA, CA 910303736	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY FAMILY HIGH SCHOOL COLLEGE PRE 400 EAST LOMITA AVE GLENDALE, CA 91205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
HOLY FAMILY HIGH SCHOOL COLLEGE PRE 400 EAST LOMITA AVE GLENDALE, CA 91205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
HOLY MARTYRS ARMENIAN ELEMFERRAHIA 5300 WHITE OAK AVENUE ENCINO, CA 913162459	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAME ELEMENTARY SCHOOL 1560 40TH AVENUE SAN FRANCISCO, CA 94122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
HOLY NAMES HIGH SCHOOL 4660 HARBORD DRIVE OAKLAND, CA 946182211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,931
HOLY SPIRIT SCHOOL 1050 N TEXAS STREET FAIRFIELD, CA 94533	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEAID AMERICA INC 24 EXECUTIVE PARK SUITE 100 NEWPORT BEACH, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
HOMEAID AMERICA INC 24 EXECUTIVE PARK SUITE 100 NEWPORT BEACH, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
HOMEBOY INDUSTRIES 130 W BRUNO ST LOS ANGELES, CA 90012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HOMELESS TO FOREVER FOUNDATION PO BOX 661533 ARCADIA, CA 91066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HOMENETMEN 3347 SAN FERNANDO ROAD GLENDALE, CA 90065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOMENETMEN 699 SERRAMONTE BLVD 125 DALY CITY, CA 94015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,396
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMEN 3347 N SAN FERNANDO RD LOS ANGELES, CA 90065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,500
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
HOMENETMEN 3347 N SAN FERNANDO RD LOS ANGELES, CA 90065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOMENETMEN2324 COLORADO BLVD LOS ANGELES, CA 900411145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,125
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMENETMENPO BOX 321 LA VERNE, CA 91750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMEOWNERSHIP SAN FRANCISCO 275 5TH STREET 314 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR FAMILIES 21031 VENTURA BLVD SUITE 610 WOODLAND HILLS, CA 913642203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HOMEWARD BOUND GOLDEN RETRIEVER RES 7495 NATOMAS RD ELVERTA, CA 956269307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOMEWARD BOUND GOLDEN RETRIEVER RES 7495 NATOMAS RD ELVERTA, CA 956269307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD BOUND OF MARIN 1385 NORTH HAMILTON PARKWAY NOVATO, CA 94949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HOOVES & PAWS ANIMAL RESCUE PO BOX 1469 LITTLEROCK, CA 935435469	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HOOVES & PAWS ANIMAL RESCUE PO BOX 1469 LITTLEROCK, CA 935435469	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPALONG ANIMAL RESCUE PO BOX 27507 OAKLAND, CA 94602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPALONG ANIMAL RESCUE PO BOX 27507 OAKLAND, CA 94602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE FOR PAWS 8950 W OLYMPIC BLVD 525 LOS ANGELES, CA 90211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE THROUGH HOUSING FOUNDATION 9421 HAVEN AVE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOPE WORLDWIDE LTD 4231 BALBOA AVE 330 SAN DIEGO, CA 92117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPETODAYPO BOX 8762 FOUNTAIN VALLEY, CA 927288762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZON PREGNANCY CENTER 15061 SPRINGDALE ST 109 HUNTINGTON BEACH, CA 92649	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOSPICE BY THE BAY 17 E SIR FRANCIS DRAKE BLVD LARKSPUR, CA 94939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
HOSPICE GIVING FOUNDATION 80 GARDEN COURT SUITE 201 MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	467
HOSPICE GIVING FOUNDATION 80 GARDEN COURT SUITE 201 MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE GIVING FOUNDATION 80 GARDEN COURT SUITE 201 MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
HOSPICE GIVING FOUNDATION 80 GARDEN CT STE 201 MONTEREY, CA 939405369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVE STOCKTON, CA 952041953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVE STOCKTON, CA 952041953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVE STOCKTON, CA 952041953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOSPITAL FOR HOPE INDIA INC 240 DELPHI CIR LOS ALTOS, CA 940221250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE RABBIT SOCIETY 148 BROADWAY RICHMOND, CA 948041912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOUSING ENDOWMENT & TR OF SAN MATEO 2905 S EL CAMINO REAL SAN MATEO, CA 94403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HOUSING TR FUND OF SANTA BARBARA CO PO BOX 60909 SANTA BARBARA, CA 931600909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING TRUST SILICON VALLEY 75 E SANTA CLARA STREET SUITE 1350 SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
HUBBS SEA WORLD RESEARCH INSTITUTE 2595 INGRAHAM STREET SAN DIEGO, CA 92109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUGH OBRIAN YOUTH LEADERSHIP 31255 CEDAR VALLEY DRIVE SUITE 327 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUGH OBRIAN YOUTH LEADERSHIP 31255 CEDAR VALLEY DRIVE SUITE 327 WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMAN INVESTMENT PROJECT INC 800 SOUTH CLAREMONT STREET 210 SAN MATEO, CA 94401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HUMAN OPTIONS INCPO BOX 53745 IRVINE, CA 926193745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN OPTIONS INCPO BOX 53745 IRVINE, CA 926193745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE FARMING ASSOCIATION PO BOX 3577 SAN RAFAEL, CA 94912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF POMONA VALLEY INC 500 HUMANE WAY POMONA, CA 91766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF SONOMA COUNTY 5345 HIGHWAY 12 WEST SANTA ROSA, CA 95407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE DESERT ORPHAN PO BOX 2922 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
HUMANE SOCIETY OF THE DESERT ORPHAN PO BOX 2922 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HUMANE SOCIETY OF THE DESERT ORPHAN PO BOX 2922 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE DESERT ORPHAN PO BOX 2922 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
HUMANE SOCIETY OF THE DESERT ORPHAN PO BOX 2922 PALM SPRINGS, CA 92262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
HUMANE SOCIETY OF VENTURA COUNTY PO BOX 297 OJAI, CA 930240297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF VENTURA COUNTY PO BOX 297 OJAI, CA 930240297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY SILICON VALLEY 901 AMES AVENUE MILPITAS, CA 95035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON MIDDLE 1700 HUNTINGTON DR SAN MARINO, CA 911082541	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	675
HUNTINGTONS DISEASE SOCIETY OF AMER POBOX 161238 SACRAMENTO, CA 95816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUNTINGTONS DISEASE SOCIETY OF AMER 28241 CROWN VALLEY PARKWAY 401 LAGUNA NIGUEL, CA 92677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUYS FOUNDATION 330 N BRAND BLVD STE 702 GLENDALE, CA 912032392	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ICA SAN FRANCISCO WORK STUDY INC 3625 24TH ST SAN FRANCISCO, CA 941103607	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
ICA SAN FRANCISCO WORK STUDY INC 3625 24TH ST SAN FRANCISCO, CA 941103607	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDYLLWILD HELP CENTERPO BOX 660 IDYLLWILD, CA 925490660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
IF GIVEN A CHANCEPO BOX 2607 NAPA, CA 945580260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
IF GIVEN A CHANCEPO BOX 2607 NAPA, CA 945580260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IF GIVEN A CHANCEPO BOX 2607 NAPA, CA 945580260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
IGNATIAN CORPORATION SAINT IGNATIUS 2001 37TH AVENUE SAN FRANCISCO, CA 941169981	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,350
IIT BOMBAY HERITAGE FOUNDATION 21710 STEVENS CREEK BLVD SUITE 115 CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IKAR1737 S LA CIENEGA BLVD LOS ANGELES, CA 90035	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	175
IMAGINE PROJECT INC 1201 N PACIFIC AVE STE 204 GLENDALE, CA 912023826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
IMMACULATE HEART HIGH SCHOOL 5515 FRANKLIN AVE LOS ANGELES, CA 90028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE HEART HIGH SCHOOL 5515 FRANKLIN AVE LOS ANGELES, CA 90028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	136
IMMACULATE HEART HIGH SCHOOL 5515 FRANKLIN AVE LOS ANGELES, CA 90028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
IMMIGRATION CENTER FOR WOMEN AND CH 634 SOUTH SPRING STREET LOS ANGELES, CA 900143921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT FOUNDRY2031 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
IMPACT FOUNDRY2031 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
IMPACT FOUNDRY2031 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT FOUNDRY2031 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
IMPACT FOUNDRY2031 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
IMPACT FUND125 UNIVERSITY AVE BERKELEY, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPERIAL VALLEY FOOD BANK 486 W ATEN ROAD IMPERIAL, CA 92251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
IN DEFENSE OF ANIMALS 3010 KERNER BLVD SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
IN DEFENSE OF ANIMALS 3010 KERNER BLVD SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIA EVANGELICAL MISSION INC PO BOX 1633 HAWAIIAN GARDENS, CA 907160633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
INDIA FRIENDS ASSOCIATION 2261 EL NIDO CT CAMARILLO, CA 930102355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
INDIAN DISPUTE RESOLUTION SERVICES PO BOX 877 PLYMOUTH, CA 95669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN INSTITUTE OF TECHNOLOGY KANP 3838 MUMFORD PLACE PALO ALTO, CA 94306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INDIAN MUSLIM RELIEF AND CHARITIES 849 INDEPENDENCE AVE SUITE A MOUNTAIN VIEW, CA 94043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INDIVIDUALS NOW INC SOCIAL ADVOCATE 2447 SUMMERFIELD RD SANTA ROSA, CA 954057815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INFINITE MUSIC FOUNDATION 1163 MAIN STREET STE C MORRO BAY, CA 934422005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA SUITE 101 SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE, CA 92057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,160
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	531
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE, CA 92057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	673
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE, CA 92057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
INJURED MARINE SEMPER FI FUND BOX 555193 CMP PENDLETON, CA 920555193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD SUITE 102 PMB 609 OCEANSIDE, CA 92057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLAND EMPIRE ECONOMIC PARTNERSHIP 10630 TOWN CENTER DRIVE SUITE 105 RANCHO CUCAMONGA, CA 917306805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INLAND EMPIRE FUTURE LEADERS PROGRA 23170 VISTA GRANDE WAY GRAND TERRACE, CA 923134938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INLAND EMPIRE RESCUE MISSION INC 1 HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLAND EMPIRE UNITED WAY 9644 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
INLAND VALLEY COUNCIL OF CHURCHES PO BOX 2572 POMONA, CA 91769	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	20,000
INLAND VALLEY COUNCIL OF CHURCHES PO BOX 2572 POMONA, CA 91769	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INNER-CITY ARTS720 KOHLER STREET LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
INSPIRE LIFE SKILLS TRAINING INC 2279 EAGLE GLEN PKWY 112-131 CORONA, CA 92883	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR MYELOMA AND BONE CANC 9201 W SUNSET BLVD STE 300 W HOLLYWOOD, CA 900693704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INSTITUTE OF HEARTMATH PO BOX 1463 BOULDER CREEK, CA 95006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
INSTITUTE OF HEARTMATH PO BOX 1463 BOULDER CREEK, CA 95006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF HEARTMATH PO BOX 1463 BOULDER CREEK, CA 95006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
INSTITUTE OF NEUROSURGICAL INNOVATI 3111 VIA DOLCE 604 MARINA DEL REY, CA 90292	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
INSTITUTE OF NOETIC SCIENCES 101 SAN ANTONIO RD PETALUMA, CA 949529524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFACE CHILDREN FAMILY SERVICES 4001 MISSION OAKS BLVD STE I CAMARILLO, CA 930125121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
INTERFAITH COMMUNITY SERVICES INC 550 WEST WASHINGTON AVENUE ESCONDIDO, CA 920251643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INTERNATIONAL BALLET THEATER INSTIT 475 E DOWNS ST STOCKTON, CA 95204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL BIRD RESCUE 3601 SOUTH GAFFEY ROAD SAN PEDRO, CA 907310000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
INTERNATIONAL CHILDRENS AID NETWORK 5235 MISSION OAKS BLVD 425 CAMARILLO, CA 93012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
INTERNATIONAL DOCUMENTARY ASSOCIATI 3470 WILSHIRE BLVD STE 980 LOS ANGELES, CA 900103900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
INTERNATIONAL GUIDING EYES INC 13445 GLENOAKS BLVD SYLMAR, CA 91342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
INTERNATIONAL HOUSE DEVELOPMENT ALUMNI RELATIONS OFFICE BERKELEY, CA 947202327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE SUITE 206 NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE NORTH HOLLYWOOD, CA 91607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RELIEF TEAMS 4560 ALVARADO CANYON RD SUITE 1H SAN DIEGO, CA 921204309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
INTERNATIONAL RESCUE COMMITTEE INC 5348 UNIVERSITY AVE SUITE 205 SAN DIEGO, CA 92105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
INTERNATIONAL SCHOOL OF LOS ANGELES 1105 W RIVERSIDE DR BURBANK, CA 91506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL SCHOOL OF MONTEREY FO 1720 YOSEMITE ST SEASIDE, CA 939553914	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
INTERNATIONAL SOCIETY FOR CHILDREN 17701 COWAN UNIT 130A IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
INTERNATIONAL SOCIETY FOR CHILDREN 17701 COWAN UNIT 130A IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL SOCIETY FOR CHILDREN 17701 COWAN UNIT 130A IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
INTERNATIONAL TRADE EDUCATION PROGR 2417 E CARSON STREET SUITE 200 CARSON, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
IRIS GLOBALPO BOX 493995 REDDING, CA 960493995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	389
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRIS GLOBALPO BOX 493995 REDDING, CA 960493995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
IRONCLAD VOLLEYBALL CLUB INC 442 S ENID AVE AZUSA, CA 917024303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ISLAMIC CENTER OF SOUTH BAY - LOS A 25816 WALNUT STREET LOMITA, CA 90717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF SOUTH BAY - LOS A 25816 WALNUT STREET LOMITA, CA 90717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISRAEL EMERGENCY ALLIANCE PO BOX 341069 LOS ANGELES, CA 900349069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ISRAELI-AMERICAN COUNCIL 5900 CANOGA AVE SUITE 390 WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ISSO SEVA15213 PIONEER BLVD NORWALK, CA 906506452	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	601
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IT GETS BETTER 7288 SUNSET BLVD 207 LOS ANGELES, CA 90046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ITALIAN COMMUNITY SERVICES 678 GREEN STREET SAN FRANCISCO, CA 94133	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	500
ITALIAN COMMUNITY SERVICES 678 GREEN STREET SAN FRANCISCO, CA 94133	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J F SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
J F SHEA THERAPEUTIC RIDING CENTER 26284 OSO RD SAN JUAN CAPISTRANO, CA 92675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JACOBS & CUSHMAN SAN DIEGO FOOD BAN 9850 DISTRIBUTION AVENUE SAN DIEGO, CA 921212320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOBS HOUSE INC 27636 YNEZ RD L-7 293 TEMECULA, CA 925915600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JAKES WISH DOG RESCUEPO BOX 1345 SAN MARTIN, CA 95046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JAMBOREE HOUSING CORPORATION 17701 COWAN AVENUE SUITE 200 IRVINE, CA 926146840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	47,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES B DAVIDSON MIDDLE 280 WOODLAND AVE SAN RAFAEL, CA 949015046	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JAMES FRANKLIN SMITH ELEMENTARY 2220 WOODBURY LN SAN JOSE, CA 95121	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
JAMES STOREHOUSE INCORPORATED 3543 OLD CONEJO RD 105 NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAPANESE AMERICAN NATIONAL MUSEUM 100 NORTH CENTRAL AVENUE LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JAPANESE AMERICAN NATIONAL MUSEUM 100 NORTH CENTRAL AVENUE LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JAPANESE COMMUNITY YOUTH COUNCIL 2012 PINE STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAPANESE CULTURAL & COMMUNITY CENTE 1840 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JAPANESE CULTURAL & COMMUNITY CENTE 1840 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
JAPANESE CULTURAL & COMMUNITY CENTE 1840 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAZZ AT THE BALLROOM INC 1325 HOWARD AVE 339 BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 1851 HERITAGE LANE SUITE 170 SACRAMENTO, CA 95815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 811 WILSHIRE BLVD SUITE 1600 LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 2 CORPORATE PARK STE 106 IRVINE, CA 92606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
JDRF INTERNATIONAL 135 MAIN ST STE 1030 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JEEVANVIDYA CENTER INC 4994 KINGSTON WAY SAN JOSE, CA 95130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON ELEMENTARY 1725 IRVING ST SAN FRANCISCO, CA 941221893	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
JENESSE CENTER INCPO BOX 8476 LOS ANGELES, CA 900080476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JENESSE CENTER INCPO BOX 8476 LOS ANGELES, CA 900080476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JENESSE CENTER INCPO BOX 8476 LOS ANGELES, CA 900080476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
JENESSE CENTER INCPO BOX 8476 LOS ANGELES, CA 900080476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JERICHO ROAD PASADENA INC 75 SOUTH GRAND AVENUE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSIE REES FOUNDATION PO BOX 80667 RCHO STA MARG, CA 92688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
JEWISH BIG BROTHERS BIG SISTERS ASS 6505 WILSHIRE BLVD LOS ANGELES, CA 900484918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
JEWISH COMMUNITY CENTER OF ORANGE C ONE FEDERATION WAY SUITE 200 IRVINE, CA 92603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	626
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF ORANGE C ONE FEDERATION WAY SUITE 200 IRVINE, CA 92603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
JEWISH COMMUNITY CENTER OF THE SOUT 2108 VAIL AVENUE REDONDO BEACH, CA 90278	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
JEWISH COMMUNITY FEDERATION OF THE PO BOX 370 BERKELEY, CA 947010370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY FREE CLINIC 50 MONTGOMERY DRIVE SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BOULEVARD STE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF LOS ANGELE 3580 WILSHIRE BLVD SUITE 700 LOS ANGELES, CA 90010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 921231506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICE OF THE DESERT 490 SOUTH FARRELL DRIVE SUITE C 208 PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION AND FAMILY SERVIC 1 FEDERATION WAY SUITE 210 IRVINE, CA 92603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BLVD 1000 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BLVD 1000 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BLVD 1000 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FEDERATION COUNCIL OF GREATE 6505 WILSHIRE BLVD 1000 LOS ANGELES, CA 900484917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH FREE LOAN ASSOCIATION 6505 WILSHIRE BLVD SUITE 715 LOS ANGELES, CA 900484958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FREE LOAN ASSOCIATION 6505 WILSHIRE BLVD SUITE 715 LOS ANGELES, CA 900484958	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JEWISH JUMPSTART 2801 OCEAN PARK BLVD 348 SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
JEWISH STUDENT CENTER 2713 SEVERANCE ST LOS ANGELES, CA 900072542	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH STUDENT CENTER 2713 SEVERANCE ST LOS ANGELES, CA 900072542	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	144
JEWISH STUDENT CENTER 2713 SEVERANCE ST LOS ANGELES, CA 900072542	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	860
JEWISH VOCATIONAL & CAREER COUNSELI 225 BUSH STREET SUITE 400 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH VOCATIONAL & CAREER COUNSELI 225 BUSH STREET SUITE 400 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JOBTRAIN INC1200 OBRIEN DRIVE MENLO PARK, CA 940251413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JOHN F KENNEDY MEMORIAL FOUNDATION 73555 SAN GORGONIO WAY PALM DESERT, CA 922603549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MUIR FOUNDATION 912 S CHEVY CHASE DRIVE GLENDALE, CA 91205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JOHN MUIR FOUNDATION 1400 TREAT BOULEVARD 2ND FLOOR WALNUT CREEK, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JOHN MUIR FOUNDATION 912 S CHEVY CHASE DRIVE GLENDALE, CA 91205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN MUIR FOUNDATION 1400 TREAT BOULEVARD WALNUT CREEK, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JOHN RITTER FOUNDATION FOR AORTIC H 11901 SANTA MONICA BLVD STE 410 LOS ANGELES, CA 900254597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOHN THOMAS DYE SCHOOL 11414 CHALON RD LOS ANGELES, CA 900491723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN THOMAS DYE SCHOOL 11414 CHALON RD LOS ANGELES, CA 900491723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
JOHN THOMAS DYE SCHOOL 11414 CHALON RD LOS ANGELES, CA 900491723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
JOHN THOMAS DYE SCHOOL 11414 CHALON RD LOS ANGELES, CA 900491723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN TRACY CLINIC 806 WEST ADAMS BOULEVARD LOS ANGELES, CA 900072505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JONI AND FRIENDSPO BOX 3333 AGOURA HILLS, CA 913763333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONSSON CANCER CENTER FOUNDATION- U 8-950 FACTOR BUILDING BOX 951780 LOS ANGELES, CA 900951780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JONSSON CANCER CENTER FOUNDATION- U 8-950 FACTOR BUILDING BOX 951780 LOS ANGELES, CA 900951780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	109
JOURNEY HOUSE INC 1232 NORTH LOS ROBLES AVE PASADENA, CA 91104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY HOUSE INC 1232 NORTH LOS ROBLES AVE PASADENA, CA 91104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JOURNEY HOUSE INC 1232 NORTH LOS ROBLES AVE PASADENA, CA 91104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
JUDSONS LEGACY 340 S LEMON AVE 2720 WALNUT, CA 917892706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JULIA MORGAN SCHOOL FOR GIRLS 5000 MACARTHUR BLVD OAKLAND, CA 94613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JUMA VENTURES 131 STEUART STREET SUITE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JUMA VENTURES 131 STEUART STREET SUITE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMA VENTURES 131 STEUART STREET SUITE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
JUMA VENTURES 131 STEUART STREET SUITE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,585
JUMA VENTURES 131 STEUART STREET SUITE 201 SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF NORTHERN CALI 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PLACE SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF SAN DIEGO COU 4756 MISSION GORGE PL SAN DIEGO, CA 921204227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,580
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,370
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	885
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,464
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,165
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,425
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	496
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,303
JUNIOR ACHIEVEMENT OF SOUTHERN CA 6250 FOREST LAWN DRIVE LOS ANGELES, CA 900681016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
JUNIOR ACHIEVEMENT USA 3003 OAK ROAD SUITE 130 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF SACRAMENTO INC 778 UNIVERSITY AVE SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF SACRAMENTO INC 778 UNIVERSITY AVE SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	107
JUNIOR LEAGUE OF SACRAMENTO INC 778 UNIVERSITY AVE SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF SACRAMENTO INC 778 UNIVERSITY AVE SACRAMENTO, CA 95825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
JUNIPERO SERRA HIGH SCHOOL 451 W 20TH AVENUE SAN MATEO, CA 944031335	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
JUNIPERO SERRA HIGH SCHOOL 451 W 20TH AVENUE SAN MATEO, CA 944031335	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JVS SOCAL 6505 WILSHIRE BLVD STE 200 LOS ANGELES, CA 900484956	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
K9 SPIRIT ORGANIZATION 18627 BROOKHURST ST 135 FOUNTAIN VALLEY, CA 927086748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 94062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 94062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 94062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAINOS HOME & TRAINING CENTER FOR T 3631 JEFFERSON AVE REDWOOD CITY, CA 94062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
KANNADA KALI 8507 BROWNS CREEK LANE CANOGA PARK, CA 91304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KANNADA KALI 8507 BROWNS CREEK LANE CANOGA PARK, CA 91304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA STREET SAN FRANCISCO, CA 941211798	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
KATHERINE ELEMENTARY 5455 KATHERINE AVE SIMI VALLEY, CA 93063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
KAWEAH DELTA HOSPITAL FOUNDATION 216 S JOHNSON VISALIA, CA 93291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCETLINK2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	120
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	320
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCRW FOUNDATION INC 1900 PICO BLVD SANTA MONICA, CA 90405	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
KENNEDY COMMISSION 17701 COWAN AVENUE SUITE 200 IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
KENSINGTON EDUCATION FOUNDATION 90 HIGHLAND BLVD KENSINGTON, CA 947081023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
KENTFIELD SCHOOLS FOUNDATION 750 COLLEGE AVE KENTFIELD, CA 949040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KERN COMMUNITY FOUNDATION 3300 TRUXTUN AVE BAKERSFIELD, CA 93301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,550
KERN MEDICAL CENTER FOUNDATION 3511 UNION AVENUE BAKERSFIELD, CA 93305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	345
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KHAN ACADEMY INCPO BOX 1630 MOUNTAIN VIEW, CA 940421630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
KIDSAVE INTERNATIONAL INC 100 CORPORATE POINTE SUITE 380 CULVER CITY, CA 90230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KIDSAVE INTERNATIONAL INC 100 CORPORATE POINTE SUITE 380 CULVER CITY, CA 90230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDSAVE INTERNATIONAL INC 100 CORPORATE POINTE SUITE 380 CULVER CITY, CA 90230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KIDS-N-NEED8281 SASSAFRAS CT PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KIDSPACE A PARTICIPATORY MUSEUM 480 N ARROYO BLVD PASADENA, CA 911033269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDSTREAM 5235 MISSION OAKS BLVD SUITE 356 CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
KIDWORKS COMMUNITY DEVELOPMENT CORP 1902 W CHESTNUT AVE SANTA ANA, CA 927034304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
KING (THOMAS STARR) ELEMENTARY 1215 CAROLINA ST SAN FRANCISCO, CA 94107	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGDOM OF PEOPLE MINISTRIES 10455 CORTE DE SEVILLE CUPERTINO, CA 95014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KINGS COMMUNITY ACTION ORGANIZATION 1130 N 11TH AVE HANFORD, CA 932303608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KINGS COMMUNITY ACTION ORGANIZATION 1130 N 11TH AVE HANFORD, CA 932303608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS REGIONAL TRADITIONAL FOLK ART PO BOX 71 HANFORD, CA 932320071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
KIPP LA SCHOOLS3601 E FIRST ST LOS ANGELES, CA 90063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
KITCHENS FOR GOOD404 EUCLID AVE SAN DIEGO, CA 92114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITCHENS FOR GOOD404 EUCLID AVE SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITT CRUSADERS INC 1038 SOUTH ROBINSON BLVD STE 1 LOS ANGELES, CA 90035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
KIWANIS CAL-NEV-HA FOUNDATION 8360 RED OAK ST STE 201 RCH CUCAMONGA, CA 917300608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS CLUB OF BREA FOUNDATION PO BOX 1372 BREA, CA 928221372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
KIWANIS CLUB OF LOS RANCHEROS FOUND PO BOX 28035 SAN DIEGO, CA 921980035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KOCE-TV FOUNDATION 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOCE-TV FOUNDATION 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
KOCE-TV FOUNDATION 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
KOREAN HEALTH EDUCATION INFORMATION 3727 W 6TH STREET SUITE 210 LOS ANGELES, CA 900205108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOREATOWN YOUTH AND COMMUNITY CENTE 3727 W 6TH ST SUITE 300 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
KOREATOWN YOUTH AND COMMUNITY CENTE 3727 W 6TH ST SUITE 300 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	766
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	903
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KQED INC 50 BEALE ST 5TH FLOOR ATTN MATCHING GIFTS SAN FRANCISCO, CA 94105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	541
KULTIVATE LABS1010 MISSION ST SAN FRANCISCO, CA 941032813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KURANDZAPO BOX 751013 PETALUMA, CA 94975	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	259
KVIE INC2030 WEST EL CAMINO AVE SACRAMENTO, CA 95835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KYOTO SYMPOSIUM ORGANIZATION PO BOX 3303 LA JOLLA CA, CA 92038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L A FAMILY HOUSING CORPORATION 7843 LANKERSHIM BLVD N HOLLYWOOD, CA 916052523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
L A SOUTHEAST YOUTH ATHLETIC FOUNDA 751 EAST NUTWOOD ST APT 1 LOS ANGELES, CA 900611722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
L A SOUTHEAST YOUTH ATHLETIC FOUNDA 751 EAST NUTWOOD ST APT 1 LOS ANGELES, CA 900611722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	890
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L A SOUTHEAST YOUTH ATHLETIC FOUNDA 751 EAST NUTWOOD ST APT 1 LOS ANGELES, CA 900611722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LA CANADA FLINTRIDGE EDUCATIONAL FO 4490 CORNISHON AVE STE 211 LA CANADA, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
LA CANADA FLINTRIDGE EDUCATIONAL FO 4490 CORNISHON AVE STE 211 LA CANADA, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CANADA FLINTRIDGE EDUCATIONAL FO 4490 CORNISHON AVE STE 211 LA CANADA, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LA CANADA FLINTRIDGE EDUCATIONAL FO 4490 CORNISHON AVE STE 211 LA CANADA, CA 91011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,526
LA CASA DE LAS MADRES 1269 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA DE LAS MADRES 1269 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LA COCINA INC2948 FOLSOM STREET SAN FRANCISCO, CA 941104028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
LA COSTA CANYON HIGH SCHOOL FOUNDAT ONE MAVERICK WAY CARLSBAD, CA 92009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA COSTA CANYON HIGH SCHOOL FOUNDAT ONE MAVERICK WAY CARLSBAD, CA 92009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 920371387	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
LA JOLLA INSTITUTE FOR ALLERGY AND 9420 ATHENA CIRCLE LA JOLLA, CA 920371387	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA JOLLA YOUTH BASEBALL ASSOCIATION PO BOX 954 LA JOLLA, CA 920380954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
LA LUZ CENTER17560 GREGER ST SONOMA, CA 954763617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LA PLAZA DE CULTURA Y ARTES 501 NORTH MAIN STREET LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA PROVIDENCIA GUILD OF CHILDRENS H 4650 SUNSET BLVDMS4 LOS ANGELES, CA 900276062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
LA SALLE HIGH SCHOOL 3880 E SIERRA MADRE BLVD PASADENA, CA 91107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
LABC INSTITUTE 2029 CENTURY PARK E STE 4380 LOS ANGELES, CA 900672917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABS 2 LOVE RESCUE INCPO BOX 232 LINCOLN, CA 956480232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LACBA COUNSEL FOR JUSTICE 1055 W 7TH ST SUITE 2700 LOS ANGELES, CA 900172553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,017
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE PARTNERS IN EDUCATION PO BOX 923 LAFAYETTE, CA 945490923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LAGRANT FOUNDATION 633 W 5TH STREET 48TH FLOOR LOS ANGELES, CA 90071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
LAGUNA BLANCA SCHOOL 4125 PALOMA DR SANTA BARBARA, CA 931102146	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE ALTERNATIVE ELEMENTARY 220 MIDDLEFIELD DR SAN FRANCISCO, CA 941321418	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	280
LAKESHORE ALTERNATIVE ELEMENTARY 220 MIDDLEFIELD DR SAN FRANCISCO, CA 941321418	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
LAKESHORE ALTERNATIVE ELEMENTARY 220 MIDDLEFIELD DR SAN FRANCISCO, CA 941321418	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANEVIEW ELEMENTARY 2095 WARMWOOD LN SAN JOSE, CA 95132	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
LANG RANCH2450 WHITECHAPEL PL THOUSAND OAKS, CA 913625399	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
LARGER THAN LIFE - LA FAMILY 19626 VENTURA BLVD STE 212 TARZANA, CA 91356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARGER THAN LIFE - LA FAMILY 18034 VENTURA BLVD 257 ENCINO, CA 91316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
LARK MUSICAL SOCIETY INC 543 ARDEN AVE GLENDALE, CA 91203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17,900
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LAS COLINAS MIDDLE 5750 FIELDCREST CAMARILLO, CA 93012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS MADRINASDEPARTMENT 6778 LOS ANGELES, CA 90084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAS MADRINASDEPARTMENT 6778 LOS ANGELES, CA 90084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAS TRAMPAS SCHOOL INC 3460 LANA LN LAFAYETTE, CA 945494519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VIRGENES UNIFIED 4111 NORTH LAS VIRGENES RD CALABASAS, CA 913021929	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	196
LAS VIRGENES UNIFIED 28545 W DRIVER AVENUE AGOURA, CA 91301	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	950
LASALLIAN EDUCATIONAL ADVANCEMENT P 1103 MAXEY COURT SAN JOSE, CA 95132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAST CHANCE FOR ANIMALS 8033 SUNSET BOULEVARD SUITE 835 LOS ANGELES, CA 900462427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LATINO BUSINESS ACTION NETWORK INC 297 COMMERCIAL STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
LATINO BUSINESS ACTION NETWORK INC 297 COMMERCIAL STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATINO BUSINESS CHAMBER OF GREATER 333 SOUTH GRAND AVE SUITE 3310 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
LATINO CENTER FOR PREVENTION & ACTI 450 W 4TH STREET STE 130 SANTA ANA, CA 92701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET STE 1160 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET STE 1160 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LATINO COMMUNITY FOUNDATION 235 MONTGOMERY STREET STE 1160 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
LAURAS HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
LAUREL ELEMENTARY 13550 LAMBERT RD WHITTIER, CA 90605	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAVA MAE1015 FILLMORE STREET 379 SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LAVENDER YOUTH RECREATION AND INFOR 127 COLLINGWOOD STREET SAN FRANCISCO, CA 941142411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LAVENDER YOUTH RECREATION AND INFOR 127 COLLINGWOOD STREET SAN FRANCISCO, CA 941142411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD SAN DIEGO INC 402 WEST BROADWAY SUITE 1000 SAN DIEGO, CA 921013585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEAD WITH PURPOSE FOUNDATION 22628 PAUL REVERE DR CALABASAS, CA 91302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
LEADERSUP 830 TRACTION AVENUE 3A HUB LOS ANGELES, CA 90013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADING FROM WITHINPO BOX 806 SANTA BARBARA, CA 93102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEAGUE TO SAVE LAKE TAHOE 2608 LAKE TAHOE BLVD S LAKE TAHOE, CA 961507709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
LEARNING LAB VENTURES 840 N AVENUE 66 LOS ANGELES, CA 90042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEELA INSTITUTE 23650 COMMUNITY STREET WEST HILLS, CA 913043001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,300
LEGACY CHRISTIAN SCHOOL INC 420 ALLEGAN CIR SAN JOSE, CA 95123	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LEGAL AID SOCIETY OF SAN MATEO CO 330 TWIN DOLPHIN DR STE 123 REDWOOD CITY, CA 94065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEIGH HIGH HOME AND SCHOOL CLUB 5210 LEIGH AVE SAN JOSE, CA 951245616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEIGH PURTILL BALLET COMPANY 3182 ROWENA AVE LOS ANGELES, CA 900272513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEIGH PURTILL BALLET COMPANY 3182 ROWENA AVE LOS ANGELES, CA 900272513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEIGH PURTILL BALLET COMPANY 3182 ROWENA AVE LOS ANGELES, CA 900272513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LETS GET MOOVIN 3811 BROADLAND ST SACRAMENTO, CA 958343824	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEVITT & QUINN FAMILY LAW CENTER 1557 BEVERLY BOULEVARD LOS ANGELES, CA 900265704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIAHONA MOTU FOUNDATION PO BOX 1115 BELMONT, CA 94002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LIBERTY HILL FOUNDATION 6420 WILSHIRE BOULEVARD SUITE 700 LOS ANGELES, CA 90048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LIBRARY ASSOCIATION OF LA JOLLA 1008 WALL ST LA JOLLA, CA 920374418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBRARY FOUNDATION OF LOS ANGELES 630 W FIFTH STREET LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVE SAN FRANCISCO, CA 94112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	535
LIFE ELDERCARE INC3300 CAPITOL AVE FREMONT, CA 94538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIFE GROUP LA INC 1049 HAVENHURST DRIVE SUITE 330 WEST HOLLYWOOD, CA 90046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE SERVICES ALTERNATIVE INC 1922 THE ALAMEDA STE 400 SAN JOSE, CA 951261430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
LIFE SERVICES ALTERNATIVE INC 1922 THE ALAMEDA STE 400 SAN JOSE, CA 951261430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
LIFE SERVICES ALTERNATIVE INC 1922 THE ALAMEDA STE 400 SAN JOSE, CA 951261430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIFECHRONICLES INC 113 W MISSION ST STE B2 SANTA BARBARA, CA 931015890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEMOVES181 CONSTITUTION DRIVE MENLO PARK, CA 940251106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIFESAVERS INC 35700 SAND CANYON RD CALIENTE, CA 93518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LIFEWATER INCP O BOX 3131 SN LUIS OBISPO, CA 934033131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	206
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC1910 MAGNOLIA AVE STE 404 LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIGHT & ACHIEVEMENT EDUCATIONAL FOU 12523 LIMONITE AVE STE 440 382 EASTVALE, CA 917523667	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LIGHT AFRICAPO BOX 2411 ROCKLIN, CA 956778411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE FOR THE BLIND AND VISUAL 1155 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LINC HOUSING CORPORATION 3590 ELM AVE LONG BEACH, CA 90807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
LINDSAY WILDLIFE MUSEUM LINDSAY WILDLIFE EXPERIENCE 1931 FIRST AVE WALNUT, CA 94597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LINKS FOR LIFE INC 5301 OFFICE PARK DR STE 370 BAKERSFIELD, CA 933090654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIONS TIGERS & BEARS 24402 MARTIN WAY ALPINE, CA 919012513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC 4089 SOUTHHAMPTON RD MOORPARK, CA 930212826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INCPO BOX 1 BELMONT, CA 940023723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 1 BELMONT, CA 940023723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LITTLE LEAGUE BASEBALL INC PO BOX 1 BELMONT, CA 940023723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LITTLE LEAGUE BASEBALL INC 158 W GROVE ST 4 POMONA, CA 91767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 1345 ENCINITAS BLVD 418 ENCINITAS, CA 920242845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	122
LITTLE LION FOUNDATION 233 WEST ARTESIA BLVD LONG BEACH, CA 90805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE WISHES901 BUTTERFIELD RD SAN ANSELMO, CA 949601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVE AGAIN FRESNO MINISTRIES 161 N VAN NESS AVE FRESNO, CA 93701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LIVE AGAIN FRESNO MINISTRIES 161 N VAN NESS AVE FRESNO, CA 93701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE OAK A LEARNING CENTER FOR CHIL 1555 MARIPOSA ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
LIVE OAK A LEARNING CENTER FOR CHIL 1555 MARIPOSA ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	110
LIVE OAK A LEARNING CENTER FOR CHIL 1555 MARIPOSA ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE OAK A LEARNING CENTER FOR CHIL 1555 MARIPOSA ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
LIVE OAK ELEMENTARY 5151 SHERWOOD WAY SAN RAMON, CA 94582	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	795
LIVERMORE MUSICPO BOX 1171 LIVERMORE, CA 945511171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
LIVING ROOM CENTER INC 1207 CLEVELAND AVENUE SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES OF CONTRA COSTA 835 FERRY STREET MARTINEZ, CA 94553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOAVES AND FISHES OF CONTRA COSTA 510 GARCIA AVE UNIT H PITTSBURGH, CA 94565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
LOAVES AND FISHES OF CONTRA COSTA 510 GARCIA AVE UNIT H PITTSBURGH, CA 94565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES OF CONTRA COSTA 510 GARCIA AVE UNIT H PITTSBURGH, CA 94565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
LOCAL INITIATIVES SUPPORT CORPORATI 4305 UNIVERSITY AVE SUITE 420 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LOCAL INITIATIVES SUPPORT CORPORATI 1970 BROADWAY SUITE 1100 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOMA LINDA UNIVERSITY 11175 MOUNTAIN VIEW AVE SUITE H LOMA LINDA, CA 92354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
LONG BEACH PUBLIC LIBRARY FOUNDATIO 200 W BROADWAY LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LONG BEACH PUBLIC LIBRARY FOUNDATIO 200 W BROADWAY LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG BEACH PUBLIC LIBRARY FOUNDATIO 200 W BROADWAY LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LONG BEACH PUBLIC LIBRARY FOUNDATIO 200 W BROADWAY LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LONG BEACH PUBLIC LIBRARY FOUNDATIO 200 W BROADWAY LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG BEACH SYMPHONY ASSOCIATION 249 E OCEAN BOULEVARD STE 200 LONG BEACH, CA 90802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27,500
LOOMIS BASIN EDUCATION FOUNDATION PO BOX 1450 LOOMIS, CA 95650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOS AL BOYS SOCCER BOOSTER 3409 CERRITOS AVE LOS ALAMITOS, CA 907202107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ALTOS EDUCATIONAL FOUNDATION PO BOX 98 LOS ALTOS, CA 94023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LOS ALTOS EDUCATIONAL FOUNDATION PO BOX 98 LOS ALTOS, CA 94023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES ARBORETUM FOUNDATION IN 301 NORTH BALDWIN AVENUE ARCADIA, CA 910072697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
LOS ANGELES AREA CHAMBER OF COMMERC 350 S BIXEL ST LOS ANGELES, CA 900171418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130,000
LOS ANGELES BROTHERHOOD CRUSADE - B 200 EAST SLAUSON AVENUE LOS ANGELES, CA 90011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES CHILDRENS MUSIC FOUNDAT 1217 FOREST AVE PASADENA, CA 91103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LOS ANGELES CONSERVANCY 523 W 6TH ST STE 826 LOS ANGELES, CA 900141248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LOS ANGELES COUNTY ANIMAL CARE FOUN 5898 CHERRY AVENUE LONG BEACH, CA 90805	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES COUNTY ANIMAL CARE FOUN 5898 CHERRY AVENUE LONG BEACH, CA 90805	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
LOS ANGELES COUNTY ANIMAL CARE FOUN 4275 ELTON STREET BALDWIN PARK, CA 91706	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
LOS ANGELES COUNTY ANIMAL CARE FOUN 4275 ELTON STREET BALDWIN PARK, CA 91706	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES COUNTY ANIMAL CARE FOUN 4275 ELTON STREET BALDWIN PARK, CA 91706	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20
LOS ANGELES COUNTY HIGH SCHOOL FOR 1149 S HILL STREET SUITE H-100 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOS ANGELES COUNTY MUSEUM OF NATURA 900 EXPOSITION BLVD LOS ANGELES, CA 900074057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1700 STADIUM WAY SUITE 100 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1700 STADIUM WAY SUITE 100 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1700 STADIUM WAY SUITE 100 LOS ANGELES, CA 900121404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1700 STADIUM WAY SUITE 100 LOS ANGELES, CA 900121404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOS ANGELES FIRE DEPARTMENT FOUNDAT 1700 STADIUM WAY SUITE 100 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES FREE CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 900483401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES JEWISH HOME FOR THE AGI 7150 TAMPA AVE RESEDA, CA 913353700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
LOS ANGELES JEWISH HOME FOR THE AGI 7150 TAMPA AVE RESEDA, CA 913353700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOS ANGELES JEWISH HOME FOR THE AGI 7150 TAMPA AVE RESEDA, CA 913353700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,190
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,631
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,252
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,272
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,561
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	301
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	162
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,885
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,386
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	182
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,777
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41
LOS ANGELES LGBT CENTER 1118 N MCCADDEN PLACE LOS ANGELES, CA 90038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	900
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,800
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	24
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4
LOS ANGELES MISSION INC 303 E 5TH ST LOS ANGELES, CA 900131505	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES OPERA COMPANY 135 N GRAND AVE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
LOS ANGELES PET RESCUE 7950 WOODLEY AVE STE C VAN NUYS, CA 914061261	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
LOS ANGELES PHILHARMONIC ASSOCIATIO 151 S GRAND AVE LOS ANGELES, CA 900123034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES POLICE FOUNDATION 633 W 5TH STREET SUITE 960 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES POLICE FOUNDATION 633 W 5TH STREET SUITE 960 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES POLICE FOUNDATION 633 W 5TH STREET SUITE 960 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES PREGNANCY SERVICES INC 2524 W 7TH ST LOS ANGELES, CA 900573802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
LOS ANGELES RABBIT FOUNDATION 302 BARBOUR ST PLAYA DEL REY, CA 90293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 900581502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES RESIDENTIAL COMMUNITY F 29890 BOUQUET CYN RD SAUGUS, CA 91390	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOS ANGELES RIVER REVITALIZATION CO 525 S HEWITT STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES S P C A 5026 W JEFFERSON BLVD LOS ANGELES, CA 900163925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES TEAM MENTORING INC A DE 145 S SPRING STREET SUITE 725 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES TEAM MENTORING INC A DE 145 S SPRING STREET SUITE 725 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
LOS ANGELES TELUGU ASSOCIATION LATA 4315 W 190TH ST TORRANCE, CA 905045510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES TELUGU ASSOCIATION LATA 4315 W 190TH ST TORRANCE, CA 905045510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LOS ANGELES UNIVERSAL PRESCHOOL 515 S FIGUEROA ST SUITE 900 LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LOS ANGELES URBAN LEAGUE 4401 CRENSHAW BLVD SUITE 201 LOS ANGELES, CA 90043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ANGELES WORLD AFFAIRS COUNCIL 3535 HAYDEN AVENUE SUITE 200 CULVER CITY, CA 90232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,883
LOS ANGELITOS DE ENCINITAS PO BOX 232682 LEUCADIA, CA 92023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOS GATOS HIGH SCHOOL NEW MILLENIUM 20 HIGH SCHOOL COURT LOS GATOS, CA 95030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS GATOS HIGH SCHOOL NEW MILLENIUM 20 HIGH SCHOOL COURT LOS GATOS, CA 95030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	108
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,600
LOS GATOS UNION ELEMENTARY 17010 ROBERTS RD LOS GATOS, CA 95032	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS PENASQUITOS ACADEMY FOUNDATION 14125 CUCA STREET SAN DIEGO, CA 92129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOS ROBLES HOSPITAL VOLUNTEERS INC 215 W JANSS RD THOUSAND OAKS, CA 913601847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOS ROBLES HOSPITAL VOLUNTEERS INC 215 W JANSS RD THOUSAND OAKS, CA 913601847	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOU GRANT PARENT-CHILD WORKSHOP 5400 6TH ST CARPINTERIA, CA 930132494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
LOU GRANT PARENT-CHILD WORKSHOP 5400 6TH ST CARPINTERIA, CA 930132494	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
LOVE TO SHARE FOUNDATION AMERICA 3363 BEL MIRA WAY SAN JOSE, CA 951352359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE TO SHARE FOUNDATION AMERICA 3363 BEL MIRA WAY SAN JOSE, CA 951352359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LOVE TO SHARE FOUNDATION AMERICA 3363 BEL MIRA WAY SAN JOSE, CA 951352359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOVING FARM ANIMAL SANCTUARY 6060 VISTA DEL PASO PASO ROBLES, CA 93446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVING FARM ANIMAL SANCTUARY 6060 VISTA DEL PASO PASO ROBLES, CA 93446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOW INCOME INVESTMENT FUND 50 CALIFORNIA ST SUITE 2900 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF LOS ANGELES 1901 VENICE BLVD LOS ANGELES, CA 90006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,393
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE SUITE 2800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
LOYOLA MARYMOUNT UNIVERSITY 919 S ALBANY ST LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LRNG IN AN URBAN COMM WITH HIGH ACH 1711 EAST SAN ANTONIO ST SAN JOSE, CA 95116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LTSC COMMUNITY DEVELOPMENT CORPORAT 231 E THIRD ST STE G106 LOS ANGELES, CA 900131494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LUCILE PACKARD FOUNDATION FOR CHILD 400 HAMILTON AVE STE 340 PALO ALTO, CA 94301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LUCILE SALTER PACKARD CHILDRENS HOS 400 HAMILTON AVENUE SUITE 340 PALO ALTO, CA 94301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCILE SALTER PACKARD CHILDRENS HOS 400 HAMILTON AVE STE 340 PALO ALTO, CA 94301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
LUNA KIDS DANCE INC 605 ADDISON STREET BERKELEY, CA 947101972	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
LUNADA BAY ELEMENTARY 520 PASEO LUNADO PALOS VERDES ESTATES, CA 902744377	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,973
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPIN HILL ELEMENTARY 26210 ADAMOR RD CALABASAS, CA 913021006	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	375
LUPIN HILL ELEMENTARY 26210 ADAMOR RD CALABASAS, CA 913021006	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	700
LUPIN HILL ELEMENTARY 26210 ADAMOR RD CALABASAS, CA 913021006	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF NORTHERN CALIFO 2635 N FIRST ST SAN JOSE, CA 95134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
LUPUS FOUNDATION OF NORTHERN CALIFO 2635 N FIRST ST SAN JOSE, CA 95134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LUPUS LA 8383 WILSHIRE BLVD SUITE 232 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN CHURCH OF THE HOLY SPIRIT 2400 NORIEGA ST SAN FRANCISCO, CA 941224242	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
LYCEE FRANCAIS DE SAN FRANCISCO 755 ASHBURY ST SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
LYCEE INTERNATIONAL DE LOS ANGELES 1105 W RIVERSIDE DR BURBANK, CA 91506	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCEUM OF MONTEREY COUNTY 1073 6TH STREET MONTEREY, CA 93940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MADERA COUNTY FOOD BANK 225 S PINE ST STE 101 MADERA, CA 936375223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MADERA ELEMENTARY250 ROYAL AVE SIMI VALLEY, CA 930654128	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADERA RESCUE MISSION INCORPORATED 1305 CLINTON STREET MADERA, CA 93639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
MADRONA ELEMENTARY 612 CAMINO MANZANAS THOUSAND OAKS, CA 913602118	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MAIN STREET LAUNCH 2101 WEBSTER STREET SUITE 1200 OAKLAND, CA 946123011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAJOR LEAGUE BASEBALL CHARITIES INC 100 ELYSIAN PARK AVE LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
MAKE A WISH FOUNDATION OF GREATER B 1333 BROADWAY SUITE 200 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE A WISH FOUNDATION OF GREATER L 11390 W OLYMPIC BLVD STE 300 LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER L 11390 W OLYMPIC BLVD STE 300 LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
MAKE A WISH FOUNDATION OF GREATER L 11390 W OLYMPIC BLVD STE 300 LOS ANGELES, CA 90064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MAKE-A-WISH FOUNDATION OF CENTRAL C 351 W CROMWELL AVE FRESNO, CA 937052759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ORANGE CO 3230 EL CAMINO REAL 100 IRVINE, CA 92602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
MAKE-A-WISH FOUNDATION OF ORANGE CO 3230 EL CAMINO REAL SUITE 100 IRVINE, CA 926021389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MALIBU TRIATHLON FOUNDATION 29395 AGOURA RD STE 102 AGOURA HILLS, CA 913012504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,717
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,833
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,464
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	583
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
MANHATTAN BEACH EDUCATION FOUNDATIO PO BOX 1110 MANHATTAN BCH, CA 902671110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN BEACH UNIFIED 325 SOUTH PECK AVE MANHATTAN BEACH, CA 902662478	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	40
MANIFESTWORKS823 SEWARD STREET LOS ANGELES, CA 90038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MANNA CONEJO VALLEY FOOD DISTRIBUTI PO BOX 1114 THOUSAND OAKS, CA 91358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	680
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY MANSIONS A CALIFORNIA NON PROF 1259 E THOUSAND OAKS BLVD THOUSAND OAKS, CA 913626221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
MAR VISTA FAMILY CENTER 5075 S SLAUSON AVE CULVER CITY, CA 902305663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MARALLIANCE209 MISSISSIPPI ST SAN FRANCISCO, CA 941072528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARANATHA MISSION PROJECTS INC 990 RESERVE DR STE 100 ROSEVILLE, CA 956781387	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,425
MARCH OF DIMES INC 140 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 140 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	726
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	616
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 140 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
MARCH OF DIMES INC 7575 N DEL MAR AVE STE 104 FRESNO, CA 93711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	481
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	287
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,668
MARCH OF DIMES INC 140 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	964
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	852
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 5173 WARING RD 133 SAN DIEGO, CA 92120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	266
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
MARCH OF DIMES INC 44 MONTGOMERY ST SUITE 1230 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARIN AGRICULTURAL LAND TRUST PO BOX 809 PT REYES STATION, CA 949560809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
MARIN BALLET100 ELM ST SAN RAFAEL, CA 94901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN BALLET100 ELM ST SAN RAFAEL, CA 94901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MARIN CITY HEALTH AND WELLNESS CENT MCHWC ADMINISTRATIVE OFFICE 880 LAS GALLINAS SUITE 7 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MARIN CONSERVATION LEAGUE 175 N REDWOOD DRIVE STE 135 SAN RAFAEL, CA 94903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN COUNTRY DAY SCHOOL 5221 PARADISE DRIVE CORTE MADERA, CA 949252107	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
MARIN COURT APPOINTED SPECIAL ADVOC 1401 LOS GAMOS DRIVE SUITE 130 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	158
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	101
MARIN HUMANE SOCIETY 171 BEL MARIN KEYS BLVD NOVATO, CA 949496105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
MARIN SENIOR COORDINATING COUNCIL I 930 TAMALPAIS AVENUE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIN SYMPHONY ASSN 4340 REDWOOD HWY STE 409C SAN RAFAEL, CA 949032104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL CENTER 2000 BUNKER ROAD FORT CRONKHITE SAUSALITO, CA 94965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
MARINERS CHURCH 5001 NEWPORT COAST DR IRVINE, CA 926030164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MARINERS ELEMENTARY SCHOOL FOUNDATI PO BOX 3158 NEWPORT BEACH, CA 926591358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINERS ELEMENTARY SCHOOL FOUNDATI PO BOX 3158 NEWPORT BEACH, CA 926591358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MARIPOSA WOMEN AND FAMILY CENTER 200 E KATELLA AVE ORANGE, CA 92867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARJAREE MASON CENTER INC 1600 M ST FRESNO, CA 937211122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARLEYS MUTTS DOG RESCUE 1121 W VALLEY BLVD STE I 140 TEHACHAPI, CA 93561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
MARLEYS MUTTS DOG RESCUE 1121 W VALLEY BLVD STE I 140 TEHACHAPI, CA 93561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
MARLEYS MUTTS DOG RESCUE 1121 W VALLEY BLVD STE I 140 TEHACHAPI, CA 93561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARLEYS MUTTS DOG RESCUE 1121 W VALLEY BLVD STE I 140 TEHACHAPI, CA 93561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
MARLEYS MUTTS DOG RESCUE 1121 W VALLEY BLVD STE I 140 TEHACHAPI, CA 93561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MARTHAS VILLAGE AND KITCHEN INC 83791 DATE AVENUE INDIO, CA 922014737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN LUTHER KING MIDDLE 1781 ROSE ST BERKELEY, CA 947031048	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MARYMOUNT HIGH SCHOOL 10643 SUNSET BLVD LOS ANGELES, CA 900773623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
MARYMOUNT HIGH SCHOOL 10643 SUNSET BLVD LOS ANGELES, CA 900773623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATER DEI HIGH SCHOOL 1202 W EDINGER AVENUE SANTA ANA, CA 92707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	38
MATER DEI HIGH SCHOOL 1202 W EDINGER AVENUE SANTA ANA, CA 92707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	69
MATER DEI HIGH SCHOOL 1202 W EDINGER AVENUE SANTA ANA, CA 92707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW HILL FOUNDATION INC 2340 POWELL STREET 293 EMERYVILLE, CA 94608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
MAX S LOVE PROJECT INC 805 W LA VETA AVE STE 205 ORANGE, CA 92868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
MAYFIELD JUNIOR SCHOOL 405 S EUCLID AVENUE PASADENA, CA 91101	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,100
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	360
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	120
MAYFIELD SENIOR SCHOOL 500 BELLEFONTAINE STREET PASADENA, CA 911052439	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
MAYFIELD SENIOR SCHOOL OF THE HOLY 500 BELLEFONTAINE ST PASADENA, CA 911052439	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAZON INC A JEWISH RESPONSE TO HUNG 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MAZON INC A JEWISH RESPONSE TO HUNG 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAZON INC A JEWISH RESPONSE TO HUNG 10850 WILSHIRE BLVD SUITE 400 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MBA CHALLENGE FOR CHARITY 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MCINTYRE HOUSE 544 NORTH KENMORE AVENUE LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MCINTYRE HOUSE 544 NORTH KENMORE AVENUE LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCKINLEY CHILDRENS CENTER INC 762 WEST CYPRESS STREET SAN DIMAS, CA 91773	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ME & KOREA INC100 GREENWICH CT SAN RAMON, CA 94582	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MEADE CANINE RESCUE FOUNDATION PO BOX 252 CRESTON, CA 934320252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADE CANINE RESCUE FOUNDATION PO BOX 252 CRESTON, CA 934320252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MEALS OF MARIN 185 N REDWOOD DRIVE SUITE 140 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MEALS ON WHEELS OF CONTRA COSTA INC PO BOX 3195 MARTINEZ, CA 945534359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,281
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
MEALS ON WHEELS OF SAN FRANCISCO IN 1375 FAIRFAX AVE SAN FRANCISCO, CA 94124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS GREATER SAN DIEGO I 2254 SAN DIEGO AVE STE 200 SAN DIEGO, CA 921102944	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MEDEA CREEK MIDDLE 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MEDEA CREEK MIDDLE SCHOOL PARENT FA 1002 DOUBLETREE RD OAK PARK, CA 913773900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEI FONG AND ASSOCIATES 3543 18TH ST STE 19 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
MEI FONG AND ASSOCIATES 3543 18TH ST STE 19 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
MEI FONG AND ASSOCIATES 3543 18TH ST STE 19 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MEND-MEET EACH NEED WITH DIGNITY 10641 N SAN FERNANDO RD PACOIMA, CA 91331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENIFEE VALLEY COMMUNITY CUPBOARD PO BOX 2253 MENIFEE, CA 925862574	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
MENLO ATHERTON HIGH SCHOOL FOUNDATI PO BOX 1228 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MENLO PARK-ATHERTON EDUCATION FOUND PO BOX 584 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MENLO SCHOOL50 VALPARAISO AVE ATHERTON, CA 940274401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENLO SCHOOL50 VALPARAISO AVE ATHERTON, CA 940274401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
MENTIS709 FRANKLIN ST NAPA, CA 945592920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MENTOR ME426 8TH ST PETALUMA, CA 949524153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTOR TUTOR CONNECTION PO BOX 1473 LOS ALTOS, CA 940231473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MERCED COLLEGE FOUNDATION 3600 M STREET MERCED, CA 953480000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	497
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MERCY FOUNDATION NORTH 2625 EDITH AVE SUITE E REDDING, CA 96001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MERCY FOUNDATION-BAKERSFIELD 551 SHANLEY COURT BAKERSFIELD, CA 93311	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HIGH SCHOOL 2750 ADELINE DRIVE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
MERCY HIGH SCHOOL SAN FRANCISCO 3250 19TH AVE SAN FRANCISCO, CA 94132	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
MERCY HOUSE LIVING CENTERS PO BOX 1905 SANTA ANA, CA 927021905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA ADVISORY COM ON A 1355 THIRD AVENUE CHULA VISTA, CA 91911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
METROPOLITAN EDUCATIONAL THEATRE NE 232 SAVONA WALK LONG BEACH, CA 908035026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MEXICAN AMERICAN LEGAL DEFENSE AND 634 SOUTH SPRING ST 11TH FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEXICAN AMERICAN LEGAL DEFENSE AND 634 SOUTH SPRING ST 11TH FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MEXICAN AMERICAN LEGAL DEFENSE AND 634 SOUTH SPRING ST 11TH FLOOR LOS ANGELES, CA 90014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MEXICAN AMERICAN OPPORTUNITY FOUNDA 401 N GARFIELD AVENUE MONTEBELLO, CA 90640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEXICAN AMERICAN OPPORTUNITY FOUNDA 401 N GARFIELD AVENUE MONTEBELLO, CA 90640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	41
MEXICAN AMERICAN OPPORTUNITY FOUNDA 401 N GARFIELD AVENUE MONTEBELLO, CA 90640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
MGVP INCPO BOX 356 DAVIS, CA 956170356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHELLES PLACE BREAST CANCER RESOU 41669 WINCHESTER RD 101 TEMECULA, CA 925902649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
MICHELLES PLACE BREAST CANCER RESOU 41669 WINCHESTER RD 101 TEMECULA, CA 925902649	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDNIGHT MISSION 601 S SAN PEDRO ST LOS ANGELES, CA 900142415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MID-PENINSULA BOYS & GIRLS CLUB INC 200 N QUEBEC ST SAN MATEO, CA 944011321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MIKEROWEWORKS FOUNDATION 10960 WILSHIRE BLVD 5TH FL LOS ANGELES, CA 900243708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILKEN COMMUNITY HIGH SCHOOL 15800 ZELDINS WAY LOS ANGELES, CA 900496861	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,281
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,511
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
MILL VALLEY SCHOOLS COMMUNITY FOUND 409 SYCAMORE AVE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,981
MILLS COLLEGE 5000 MACARTHUR BLVD OIA OAKLAND, CA 946131301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DR BURLINGAME, CA 940104506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
MIND OC5020 CAMPUS DRIVE NEWPORT BEACH, CA 92660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MINDS MATTER 19360 RINALDI ST BOX 705 PORTER RANCH, CA 913261607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINORS GOLD GIRLS FASTPITCH 1546 FOOTHILL WAY REDLANDS, CA 92374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MIRACLE DISTRIBUTION CENTER 3947 E LA PALMA AVE ANAHEIM, CA 928071714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MIRACLE DISTRIBUTION CENTER 3947 E LA PALMA AVE ANAHEIM, CA 928071714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRANDA D BECK PEDIATRIC CANCER RES PO BOX 6165 ALTADENA, CA 910036165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
MIRANDA D BECK PEDIATRIC CANCER RES PO BOX 6165 ALTADENA, CA 910036165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
MIRANDA D BECK PEDIATRIC CANCER RES PO BOX 6165 ALTADENA, CA 910036165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRANDA D BECK PEDIATRIC CANCER RES PO BOX 6165 ALTADENA, CA 910036165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
MIRMAN SCHOOL FOR GIFTED CHILDREN 16180 MULHOLLAND DR LOS ANGELES, CA 900491125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MISSION COMMUNITY SERVICES CORPORAT 71 ZACA LANE - SUITE 130 SAN LUIS OBISPO, CA 934017300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION CULTURAL CENTER FOR LATINO 2868 MISSION ST SAN FRANCISCO, CA 941103908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MISSION ECONOMIC DEVELOPMENT AGENCY 2301 MISSION STREET SUITE 301 SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MISSION ESTANCIA ELEMENTARY 3330 CALLE BARCELONA CARLSBAD, CA 92009	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	537
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION SAN JOSE HIGH SCHOOL PARENT 41717 PALM AVE FREMONT, CA 945394722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MISSION VIEJO PATEADORES INC 151 KALMUS DRIVE F-5 COSTA MESA, CA 92626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MK LEVEL PLAYING FIELD INSTITUTE 2148 BROADWAY OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMS AGAINST POVERTY 1337 FOLSOM STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MOMS AGAINST POVERTY 1337 FOLSOM STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MOMS AGAINST POVERTY 1337 FOLSOM STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMS AGAINST POVERTY 1337 FOLSOM STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MOMS AGAINST POVERTY 1337 FOLSOM STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	147
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MONARCH SCHOOL PROJECT 1625 NEWTON AVE SAN DIEGO, CA 92113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MONTALVO ASSOCIATIONPO BOX 158 SARATOGA, CA 950710158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTE VISTA HIGH 3131 STONE VALLEY ROAD DANVILLE, CA 94526	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	840
MONTE VISTA HIGH SCHOOL ACADEMIC BO 3131 STONE VALLEY RD DANVILLE, CA 945261129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,285
MONTE VISTA HIGH SCHOOL ACADEMIC BO 3131 STONE VALLEY RD DANVILLE, CA 945261129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTE VISTA HIGH SCHOOL KEYNOTERS 23 RAILROAD AVE 513 DANVILLE, CA 945261129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
MONTECITO EDUCATIONAL FOUNDATION 385 SAN YSIDRO RD SANTA BARBARA, CA 931082131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
MONTECITO UNION SCHOOL FOUNDATION 385 SAN YSIDRO RD SANTA BARBARA, CA 931082131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	995
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MONTEREY BAY AQUARIUM FOUNDATION 886 CANNERY ROW MONTEREY, CA 939401023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	196
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY COUNTY LAND WATCH PO BOX 1876 SALINAS, CA 939021876	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MONTEREY COUNTY YOUTH MUSEUM 425 WASHINGTON ST MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MONTEREY MUSEUM OF ART 559 PACIFIC STREET MONTEREY, CA 93940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEREY PENINSULA COLLEGE FOUNDATI 980 FREMONT ST MONTEREY, CA 93940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
MONTGOMERY HIGH1250 HAHMAN DR SANTA ROSA, CA 954056934	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MONTGOMERY VILLAGE LIONS CLUB FOUND PO BOX 2035 SANTA ROSA, CA 954050035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
MONUMENT CRISIS CENTER 1990 MARKET STREET CONCORD, CA 94520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,000
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOOSE CREEK FARMS567 MARK DR SIMI VALLEY, CA 930654235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MORAGA EDUCATIONAL FOUNDATION PO BOX 34 MORAGA, CA 945560034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MOSES HOUSE MINISTRIES POBOX 2033 VICTORVILLE, CA 92393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHER LODE WILDLIFE CARE PO BOX 495 TUOLUMNE, CA 95379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MOTHER LODE WILDLIFE CARE PO BOX 495 TUOLUMNE, CA 95379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MOTHER LODE WILDLIFE CARE PO BOX 495 TUOLUMNE, CA 95379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS CLUB FAMILY LEARNING CENTER 980 N FAIR OAKS AVENUE PASADENA, CA 91103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,275
MOTHERS CLUB FAMILY LEARNING CENTER 980 N FAIR OAKS AVENUE PASADENA, CA 91103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MOTHERS CLUB FAMILY LEARNING CENTER 980 N FAIR OAKS AVENUE PASADENA, CA 91103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS2MOTHERS INTERNATIONAL INC 7441 W SUNSET BLVD STE 205 LOS ANGELES, CA 900463430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MOTHERS-IN-ACTION INC 4401 S CRENSHAW BLVD 315 PASADENA, CA 90043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90,000
MOTO F A M CORP2880 MACDONALD ST OCEANSIDE, CA 920544532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUND SCHOOL PARENT GROUP 455 S HILL ROAD VENTURA, CA 93003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MOUNTAIN AND SEA EDUCATIONAL ADVENT PO BOX 950 SAN PEDRO, CA 90733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MOUNTAIN COMMUNITIES BOYS AND GIRLS PO BOX 2228 CRESTLINE, CA 923252228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW ELEMENTARY 2925 FLETCHER AVE SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL PO BOX 1146 LOS ALTOS, CA 940231146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL PO BOX 1146 LOS ALTOS, CA 940231146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN VIEW LOS ALTOS HIGH SCHOOL PO BOX 1146 LOS ALTOS, CA 940231146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	569
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,283
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	358
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	878
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,409
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	856
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEMBER FOUNDATION 8559 HIGUERA ST CULVER CITY, CA 902322535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	381
MOVIMIENTO DE ARTE Y CULTURA LATINO 510 S FIRST STREET SAN JOSE, CA 95113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MOZILLA FOUNDATION 331 E EVELYN AVE MOUNTAIN VIEW, CA 940411530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOZILLA FOUNDATION 331 E EVELYN AVE MOUNTAIN VIEW, CA 940411530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MR HOLLANDS OPUS FOUNDATION INC 4370 TUJUNGA AVE SUITE 330 STUDIO CITY, CA 91604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MT CARMEL HIGH SCHOOL MUSIC FOUNDAT 9550 CARMEL MOUNTAIN RD SAN DIEGO, CA 921292738	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT TAMALPAIS PRIMARY SCHOOL ELEMENT 100 HARVARD AVENUE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,400
MT TAMALPAIS PRIMARY SCHOOL ELEMENT 100 HARVARD AVENUE MILL VALLEY, CA 94941	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MT DIABLO UNIFIED 2200 PARISH DRIVE WALNUT CREEK, CA 94598	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM ASSOCIATES 5905 WILSHIRE BOULEVARD LOS ANGELES, CA 90036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
MUSEUM ASSOCIATES 5905 WILSHIRE BOULEVARD LOS ANGELES, CA 90036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750,000
MUSEUM OF CONTEMPORARY ART 250 S GRAND AVE LOS ANGELES, CA 900123007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF CONTEMPORARY ART SAN DIEG 1100 KETTNER BLVD SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MUSEUM OF LATIN AMERICA ART 628 ALAMITOS AVENUE LONG BEACH, CA 90802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MUSIC ACADEMY OF THE WEST 1070 FAIRWAY ROAD SANTA BARBARA, CA 931082899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC4AMERICA565 WAYLAND LOOP LIVERMORE, CA 945504188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MUSYCA10110 MELINDA WAY UNIT 5 NORTHRIDGE, CA 913251110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MUTTVILLEPO BOX 410207 SAN FRANCISCO, CA 94141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUTTVILLEPO BOX 410207 SAN FRANCISCO, CA 94141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,635
MUTTVILLEPO BOX 410207 SAN FRANCISCO, CA 94141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MVLA SPEECH AND DEBATE BOOSTERS INC PO BOX 150 LOS ALTOS, CA 940230150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY BUDDY DOG RESCUEPO BOX 820 KNIGHTSEN, CA 94548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MY BUDDY DOG RESCUEPO BOX 820 KNIGHTSEN, CA 94548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
MY CHOSEN VESSELS INC 3960 W POINT LOMA BLVD SUITEH86 SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY GOOD DEED 5151 CALIFORNIA AVENUE SUITE 100 IRVINE, CA 92617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
MYCHALS LEARNING PLACE 4901 W ROSECRANS AVE HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYOTONIC DYSTROPHY FOUNDATION 1004A OREILLY AVE SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MYOTONIC DYSTROPHY FOUNDATION 1004A OREILLY AVE SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
NAMI ACS4974 OMAR ST FREMONT, CA 94538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI CONTRA COSTA NAMI CONTRA COST 2151 SALVIO ST SUITE V CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
NAMI CONTRA COSTA NAMI CONTRA COST 2151 SALVIO ST SUITE V CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
NAMI CONTRA COSTA NAMI CONTRA COST 2151 SALVIO ST SUITE V CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI CONTRA COSTA NAMI CONTRA COST 2151 SALVIO ST SUITE V CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NAPA VALLEY COMMUNITY HOUSING 150 CAMINO DORADO NAPA, CA 94558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NARAYAN SEWA SANSTHAN INC 936 HAMPTON RD ARCADIA, CA 910061913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALOPECIA AREATA FOUNDATION 65 MITCHELL BLVD SUITE 200-B SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL ASIAN AMERICAN COALITION 318 WESTLAKE CENTER SUITE 270 DALY CITY, CA 94015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NATIONAL CHARITY LEAGUE SAN RAMON C PO BOX 3784 SAN RAMON, CA 945838784	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHARITY LEAGUE SAN RAMON C PO BOX 3784 SAN RAMON, CA 945838784	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL COALITION FOR ASIAN PACIFI 1825 SAN PABLO AVE SUITE 2 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300,000
NATIONAL COUNCIL OF YOUNG ISRAEL 17511 DEVEONSHIRE ST NORTHRIDGE, CA 913251442	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DISASTER SEARCH DOG FOUNDA 6800 WHEELER CANYON RD SANTA PAULA, CA 93060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL FOUNDATION FOR AUTISM RESE 9815 CARROLL CANYON ROAD SUITE 203 SAN DIEGO, CA 92131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL FOUNDATION FOR AUTISM RESE 9815 CARROLL CANYON ROAD SUITE 203 SAN DIEGO, CA 92131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL HEALTH FOUNDATION 515 S FIGUEROA ST STE 1300 LOS ANGELES, CA 90071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL HEALTH FOUNDATION 515 S FIGUEROA ST STE 1300 LOS ANGELES, CA 90071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL KIDNEY FOUNDATION INC 717 MARKET ST STE 450 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL KIDNEY FOUNDATION INC 717 MARKET ST STE 450 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 717 MARKET ST STE 450 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
NATIONAL LATINA BUSINESS WOMEN ASSO 9551 PITTSBURGH AVE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NATIONAL LATINA BUSINESS WOMEN ASSO 9551 PITTSBURGH AVE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 5150 W GOLDLEAF CIR STE 400 LOS ANGELES, CA 90056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
NATIONAL VETERANS TRANSITION SERVIC 8880 RIO SAN DIEGO DRIVE STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
NATIONAL WOMENS HISTORY PROJECT 1855 COOPER DR SANTA ROSA, CA 954045656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVIDAD MEDICAL FOUNDATION INC PO BOX 4427 SALINAS, CA 93912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIVITY ELEMENTARY SCHOOL 1250 LAUREL STREET MENLO PARK, CA 940253204	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
NAVAL POSTGRADUATE SCHOOL FOUNDATIO PO BOX 8626 MONTEREY, CA 93943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAWBO-LA FOUNDATION INC 811 WEST 7TH STREET ST LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEIGHBORHOOD MUSIC SCHOOL ASSOCIATI 358 S BOYLE AVE LOS ANGELES, CA 900333813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NEIGHBORHOOD PARTNERSHIP HOUSING SE 9551 PITTSBURGH AVENUE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD PARTNERSHIP HOUSING SE 9551 PITTSBURGH AVENUE RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NEUROPATHY ACTION FOUNDATION 1950 OLD TUSTIN AVE SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEW DIRECTIONS INCPO BOX 25536 LOS ANGELES, CA 90025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DIRECTIONS INCPO BOX 25536 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
NEW DOOR VENTURES 3221 20TH STREET SAN FRANCISCO, CA 941102626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW ECONOMICS FOR WOMEN 303 S LOMA DR LOS ANGELES, CA 900171103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW SCHOOL FOR CHILD DEVELOPMENT A 13130 BURBANK BLVD VAN NUYS, CA 914016037	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEW SONG CHURCH 945 W COVINA BLVD SAN DIMAS, CA 917732403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
NEW SONG CHURCH 945 W COVINA BLVD SAN DIMAS, CA 917732403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW STORY INC 870 MARKET ST SUITE 1142 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
NEW WEST SYMPHONY ASSOCIATION 2100 E THOUSAND OAKS BLVD SUITE D THOUSAND OAKS, CA 913622914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK BAND BOOSTERS INC PO BOX 730 NEWARK, CA 945600730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NEWBURY PARK HIGH SCHOOL BOOSTER CL 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT COAST ELEMENTARY SCHOOL FOU 21163 NEWPORT COAST DRIVE 503 NEWPORT COAST, CA 926571123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEWPORT HARBOR EDUCATIONAL FOUNDATI 600 IRVINE AVE NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NEWPORT HARBOR EDUCATIONAL FOUNDATI 600 IRVINE AVE NEWPORT BEACH, CA 92663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT MESA PROLITERACY 1000 AVOCADO AVE NEWPORT BEACH, CA 92660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NICARAGUAN EDUCATION RESOURCE CENTE 5824 CLOVER DR OAKLAND, CA 946181623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NIHONMACHI LITTLE FRIENDS 1830 SUTTER STREET SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
NO KILL LAW & ADVOCACY CENTER 6114 LA SALLE AVE STE 837 OAKLAND, CA 946112802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO KILL LAW & ADVOCACY CENTER 6114 LA SALLE AVE STE 837 OAKLAND, CA 946112802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
NO KILL LAW & ADVOCACY CENTER 6114 LA SALLE AVE STE 837 OAKLAND, CA 946112802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
NO KILL LAW & ADVOCACY CENTER 6114 LA SALLE AVE STE 837 OAKLAND, CA 946112802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO KILL LAW & ADVOCACY CENTER 6114 LA SALLE AVE STE 837 OAKLAND, CA 946112802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NO LIMITS THEATER GROUP INC 9801 WASHINGTON BLVD 2ND FL CULVER CITY, CA 902322723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NON-PROFIT HOUSING ASSOCIATION OF N 369 PINE STREET SUITE 350 SAN FRANCISCO, CA 941043308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOONTIME CONCERTS 660 CALIFORNIA STREET SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NOR SEROUNT CULTURAL ASSOC INC 1807 W GLENOAKS BLVD 202 GLENDALE, CA 91201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NORCAL BOXER RESCUE 1520 E COVELL BLVD STE 5 DAVIS, CA 95616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORCAL BOXER RESCUE 1520 E COVELL BLVD STE 5 DAVIS, CA 95616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORCAL BOXER RESCUE 1520 E COVELL BLVD STE 5 DAVIS, CA 95616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORCAL BOXER RESCUE 1520 E COVELL BLVD STE 5 DAVIS, CA 95616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORCAL THINK PINK INC PO BOX 492191 REDDING, CA 960492191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORCO ROTARY FOUNDATION PO BOX 7065 NORCO, CA 92860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTH COUNTY TRAVEL BASEBALL 16875 W BERNARDO DR STE 290 SAN DIEGO, CA 92127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MARIN COMMUNITY SERVICES 680 WILSON AVE NOVATO, CA 94947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
NORTH VALLEY ANIMAL DISASTER GROUP PO BOX 441 CHICO, CA 95927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NORTH VALLEY COMMUNITY FOUNDATION 240 MAIN STREET SUITE 260 CHICO, CA 95928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET VACAVILLE, CA 956884641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN CALIFORNIA PGA FOUNDATION 411 DAVIS STREET VACAVILLE, CA 956884641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
NORTHERN CALIFORNIA SLED DOG RESCUE PO BOX 30877 WALNUT CREEK, CA 94591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHERN CALIFORNIA SLED DOG RESCUE PO BOX 30877 WALNUT CREEK, CA 94591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN CALIFORNIA WILDFIRES FASTP 626 BODESON CT RIPON, CA 953669596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHERN CALIFORNIA WILDFIRES FASTP 626 BODESON CT RIPON, CA 953669596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
NORTHERN CALIFORNIA WILDFIRES FASTP 626 BODESON CT RIPON, CA 953669596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN CALIFORNIA WILDFIRES FASTP 626 BODESON CT RIPON, CA 953669596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NORTHGATE BRONCO BOOSTERS NONPROFIT 425 CASTLE ROCK RD WALNUT CREEK, CA 945984520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
NORTHGATE CHRISTIAN FELLOWSHIP 2201 LAKE HERMAN RD BENICIA, CA 945101029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BLVD NORTHRIDGE, CA 913254105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
NOT FOR SALE FUND 25 TAYLOR STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NOT FOR SALE FUND 25 TAYLOR STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOT FOR SALE FUND 25 TAYLOR STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
NOTRE DAME HIGH SCHOOL 1540 RALSTON AVENUE BELMONT, CA 94002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NOVATO HIGH SCHOOL BOOSTERS CLUB 625 ARTHUR ST NOVATO, CA 949474499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOVATO HIGH SCHOOL BOOSTERS CLUB 625 ARTHUR ST NOVATO, CA 949474499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,725
NOVO MISSION INC 1240 N LAKEVIEW AVE STE 120 ANAHEIM, CA 928071847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
NVCSS BECHELLI LANE INC 2400 WASHINGTON AVE REDDING, CA 960012802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK GROVE INSTITUTE FOUNDATION INC 24275 JEFFERSON AVENUE MURRIETA, CA 925627285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
OAK GROVE INSTITUTE FOUNDATION INC 24275 JEFFERSON AVENUE MURRIETA, CA 925627285	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
OAK HILL SCHOOL OF CALIFORNIA 300 SUNNYHILLS DR BLDG 6 SAN ANSELMO, CA 949601909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,095
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILLS ELEMENTARY 1010 N KANAN RD OAK PARK, CA 913774826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	875
OAK PARK EDUCATION FOUNDATION NONPR 638 LINDERO CANYON RD 126 OAK PARK, CA 91377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OAK PARK HIGH SCHOOL PARENT FACULTY 899 KANAN RD OAK PARK, CA 913773904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK PARK HIGH SCHOOL PARENT FACULTY 899 KANAN RD OAK PARK, CA 913773904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
OAKBROOK PARK CHUMASH INDIAN CORPOR 3290 LANG RANCH PARKWAY THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OAKHILLS-RIDGEVIEW SCHOOLS PARENT T 9233 TWIN SCHOOL RD GRANITE BAY, CA 957467100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND LACROSSE CLUB 1970 BROADWAY STE 920 OAKLAND, CA 946122221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OAKLAND METROPOLITAN CHAMBER OF COM 475 14TH ST OAKLAND, CA 946121928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 946074820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 946074820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	962
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 946074820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 946074820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND MUSEUM OF CALIFORNIA 1000 OAK STREET OAKLAND, CA 946074820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OAKLAND TECHNICAL HIGH 4351 BROADWAY OAKLAND, CA 946114612	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,120
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 913624010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 913624010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
OAKS CHRISTIAN SCHOOL 31749 LA TIENDA DR WESTLAKE VILLAGE, CA 913624010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
OASIS OF HOLLYWOODPO BOX 1590 LOS ANGELES, CA 90078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS OF HOLLYWOODPO BOX 1590 LOS ANGELES, CA 90078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OC UNITED TOGETHER 418 WEST COMMONWEALTH AVENUE FULLERTON, CA 92832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OC UNITED TOGETHER 418 WEST COMMONWEALTH AVENUE FULLERTON, CA 92832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-45 TRAILER C LOS ANGELES, CA 90041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
OCCIDENTAL COLLEGE 1600 CAMPUS ROAD M-45 TRAILER C LOS ANGELES, CA 90041	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
OCEAN DISCOVERY INSTITUTE 4255 THORN ST SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN PARK COMMUNITY CENTER 2116 ARLINGTON AVE SUITE 100 LOS ANGELES, CA 90018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OCEAN VOYAGES INSTITUTE 1709 BRIDGEWAY SAUSALITO, CA 94965	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ODC351 SHOTWELL STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHANA ONE INTERNATIONAL SURGICAL AI 8635 WEST 3RD STREET STE 990W LOS ANGELES, CA 90048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OJAI FESTIVALS LTDPO BOX 185 OJAI, CA 93024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OJAI FESTIVALS LTDPO BOX 185 OJAI, CA 93024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OJAI FESTIVALS LTDPO BOX 185 OJAI, CA 93024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OKIZU FOUNDATION 83 HAMILTON DR STE 200 NOVATO, CA 949495674	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OKIZU FOUNDATION 83 HAMILTON DRIVE SUITE 200 NOVATO, CA 94949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLA CHAHTA CLAN OF CALIFORNIA INC PO BOX 80862 BAKERSFIELD, CA 933800862	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
OKLA CHAHTA CLAN OF CALIFORNIA INC PO BOX 80862 BAKERSFIELD, CA 933800862	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
OLD GLOBE THEATREPO BOX 122171 SAN DIEGO, CA 921122171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD MISSION SCHOOL 761 BROAD STREET SAN LUIS OBISPO, CA 934012228	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	525
OLIGO NATION197 TAMAL VISTA 204 CORTE MADERA, CA 94925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,256
OLIVE CREST2130 E 4TH ST STE 200 SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVET FAMILIES 1825 WILLOWSIDE RD SANTA ROSA, CA 954013923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OLIVET FAMILIES 1825 WILLOWSIDE RD SANTA ROSA, CA 954013923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OMBUDSMAN SERVICES OF SAN MATEO COU 711 NEVADA STREET REDWOOD CITY, CA 94061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ON DECK CREW SOFTBALL BOOSTERS INC P O BOX 1623 HIGHLAND, CA 92346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ON THE MOVE780 LINCOLN AVE NAPA, CA 945585110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ON THE MOVE780 LINCOLN AVE NAPA, CA 945585110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE MORE WAVE SURF CORP PO BOX 420283 SAN DIEGO, CA 92142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ONEFUTURE COACHELLA VALLEY 41550 ECLECTIC ST STE 200E PALM DESERT, CA 922601967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ONEILL SEA ODYSSEY 2222 EAST CLIFF DRIVE SUITE 222 SANTA CRUZ, CA 95062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONEJUSTICE 433 CALIFORNIA ST STE 815 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ONELEGACY FOUNDATION 221 S FIGUEROA ST STE 500 LOS ANGELES, CA 900122526	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
ONEOC1901 E 4TH STREET SUITE 100 SANTA ANA, CA 92705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONESKY2246B SIXTH STREET BERKELEY CA, CA 94710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ONETL INC320 NOVA ALBION WAY SAN RAFAEL, CA 949033523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONTARIO-MONTCLAIR SCHOOLS FOUNDATIO PO BOX 1426 ONTARIO, CA 917620426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPAL ROBINSON ELEMENTARY 80 MORNINGSIDE DRIVE MANHATTAN BEACH, CA 902666562	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	275
OPARC9029 VERNON AVE MONTCLAIR, CA 91763	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
OPEN HEART KITCHEN OF LIVERMORE INC 1141 CATALINA DRIVE 137 LIVERMORE, CA 945505928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HEART KITCHEN OF LIVERMORE INC 1141 CATALINA DRIVE 137 LIVERMORE, CA 945505928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OPEN HEART KITCHEN OF LIVERMORE INC 1141 CATALINA DRIVE 137 LIVERMORE, CA 945505928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OPERATION GAME ON147 JALAPA CT SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OPERATION GRATITUDE INC PO BOX 260257 ENCINO, CA 914260257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SAFE HOUSE INC 9685 HAYES STREET RIVERSIDE, CA 92503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPERATION UNDERGROUND RAILROAD INC 1950 W CORPORATE WAY ANAHEIM, CA 92801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
OPERATION UNDERGROUND RAILROAD INC 1950 W CORPORATE WAY ANAHEIM, CA 92801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION UNDERGROUND RAILROAD INC 1950 W CORPORATE WAY ANAHEIM, CA 92801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
OPERATION UNDERGROUND RAILROAD INC 1950 W CORPORATE WAY ANAHEIM, CA 92801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OPERATION UNDERGROUND RAILROAD INC 1950 W CORPORATE WAY ANAHEIM, CA 92801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180,000
OPPORTUNITY FUND COMMUNITY DEVELOPM 111 W ST JOHN STREET SUITE 800 SAN JOSE, CA 951131106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
OPRAH WINFREY LEADERSHIP ACADEMY FO 1041 N FORMOSA AVENUE WEST HOLLYWOOD, CA 90046	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIONS FOR WOMEN OF CALIFORNIA 5167 CLAYTON ROAD SUITE H CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPTIONS FOR WOMEN OF CALIFORNIA 5167 CLAYTON ROAD SUITE H CONCORD, CA 94521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORANG UTAN REPUBLIK FOUNDATION INC 1508 BERKELEY ST APT D SANTA MONICA, CA 904043221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTRY CONSERVATION CORPS 1853 N RAYMOND AVE ANAHEIM, CA 928011117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ORANGE COUNTY CHILD ABUSE PREVENTIO 2390 E ORANGEWOOD AVE SUITE 300 ANAHEIM, CA 92806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 926602503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY FIRE AUTHORITY FOUNDA PO BOX 57115 IRVINE, CA 926197115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
ORANGE COUNTY FIRE AUTHORITY FOUNDA PO BOX 57115 IRVINE, CA 926197115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ORANGE COUNTY MUSEUM OF ART 1661 W SUNFLOWER AVE A1 SANTA ANA, CA 92704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY RESCUE MISSION INC 1 HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ORANGE COUNTY RESCUE MISSION INC 1 HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ORANGE COUNTY RESCUE MISSION INC 1 HOPE DRIVE TUSTIN, CA 92782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,475
ORANGE COUNTY SCHOOL OF THE ARTS 1010 N MAIN ST SANTA ANA, CA 927013602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTY YOUTH SPORTSASSOCIATI 33675 CARNATION AVE MURRIETA, CA 92563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ORANGE COUNTY YOUTH SPORTSASSOCIATI 33675 CARNATION AVE MURRIETA, CA 92563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTYS UNITED WAY 18012 MITCHELL S IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	588
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	488
ORANGE COUNTYS UNITED WAY 18012 MITCHELL SOUTH IRVINE, CA 926146008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	244
ORANGE ELDERLY SERVICES INC 170 S OLIVE ST ORANGE, CA 928661332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE ELDERLY SERVICES INC 170 S OLIVE ST ORANGE, CA 928661332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
ORANGE ELDERLY SERVICES INC 170 S OLIVE ST ORANGE, CA 928661332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ORGANIZATIONS IN TRAINING 7676 HAZARD CENTER DR 500 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHAN KITTEN CLUB INCPO BOX 633 SPRING VALLEY, CA 91976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ORTEGA (JOSE) ELEMENTARY 400 SARGENT ST SAN FRANCISCO, CA 941323152	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
OSO GRANDE ELEMENTARY 30251 SIENNA PKWY LADERA RANCH, CA 92694	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSO GRANDE ELEMENTARY 30251 SIENNA PKWY LADERA RANCH, CA 92694	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	310
OSO GRANDE ELEMENTARY THIS IS AN ELEMENTARY SCHOOL THE OFFICE HOURS ARE 730 AM TO 300 LADERA RANCH, CA 92694	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
OTIS COLLEGE OF ART AND DESIGN INSTITUTIONAL ADVANCEMENT 9045 LINCOLN BOULEVARD LOS ANGELES, CA 900453505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR CHILDREN LAPO BOX 676 PACIFIC PLSDS, CA 902720676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OUR HOUSE GRIEF SUPPORT CENTER 1663 SAWTELLE BLVD STE 300 LOS ANGELES, CA 90025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OUR LADY OF GRACE ELEMENTARY SCHOOL 2766 NAVAJO ROAD EL CAJON, CA 920202121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF VICTORY SCHOOL PARENTS 1626 WEST PRINCETON AVENUE FRESNO, CA 937053837	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
OUR LADY QUEEN OF ANGELS CHURCH 2046 MAR VISTA DRIVE NEWPORT BEACH, CA 92660	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
OUTDOOR AFRO2323 BROADWAY OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTWORDS ARCHIVE INC 555 W 5TH ST FLR 35 LOS ANGELES, CA 900131010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
P F BRESEE FOUNDATION 184 S BIMINI PLACE LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
P R I D E BOOSTER CLUB INC PAUL REV 1450 ALLENFORD AVE LOS ANGELES, CA 900493614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P S ARTS 6701 CENTER DRIVE WEST SUITE 500 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
P S ARTS 6701 CENTER DRIVE WEST SUITE 500 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
P S ARTS 6701 CENTER DRIVE WEST SUITE 500 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P S ARTS 6701 CENTER DRIVE WEST SUITE 500 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PACIFIC ARTS MOVEMENT 2508 HISTORIC DECATUR ROAD 140 SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PACIFIC ARTS MOVEMENT 2508 HISTORIC DECATUR ROAD 140 SAN DIEGO, CA 92106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,055
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC ASIAN CONSORTIUM IN EMPLOYM 1055 WILSHIRE BLVD STE 1475 LOS ANGELES, CA 900172431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
PACIFIC COAST REGIONAL URBAN SMALL 3255 WILSHIRE BLVD SUITE 1501 LOS ANGELES, CA 900101418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PACIFIC COMMUNITY VENTURES 1700 BROADWAY SUITE 300 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO, CA 958339755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO, CA 958339755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PACIFIC CREST TRAIL ASSOCIATION 1331 GARDEN HIGHWAY SACRAMENTO, CA 958339755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC ENVIRONMENT AND RESOURCES C 473 PINE STREET THIRD FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PEARL MUSIC ASSOCIATION 4375 CLEARWOOD ROAD MOORPARK, CA 93021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PACIFIC PRIMARY1501 GROVE STREET SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
PACIFIC PRIMARY1501 GROVE STREET SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PRIMARY1501 GROVE STREET SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PACIFIC RIDGE SCHOOL 6269 EL FUERTE ST CARLSBAD, CA 92009	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
PACIFIC SYMPHONY 17620 FITCH SUITE 100 IRVINE, CA 926146081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC WILDLIFE CARE1387 MAIN ST MORRO BAY, CA 93442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PACIFICA CHRISTIAN HIGH SCHOOL-ORAN 883 W 15TH ST NEWPORT BEACH, CA 926632701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PACIFICA CHRISTIAN HIGH SCHOOL-ORAN 883 W 15TH ST NEWPORT BEACH, CA 926632701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACT FOUNDATION 750B SAN PIERRE WAY MOUNTAIN VIEW, CA 940433133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PACT FOUNDATION 750B SAN PIERRE WAY MOUNTAIN VIEW, CA 940433133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PACT FOUNDATION 750B SAN PIERRE WAY MOUNTAIN VIEW, CA 940433133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACT FOUNDATION 750B SAN PIERRE WAY MOUNTAIN VIEW, CA 940433133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PACT FOUNDATION 750B SAN PIERRE WAY MOUNTAIN VIEW, CA 940433133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAD PROJECT 10573 W PICO BLVD SUITE 73 LOS ANGELES, CA 90064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAKISTANI AMERICAN FORUM-MERIT GRAN PO BOX 1061 S PASADENA, CA 910311061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PALISADES CHARTER HIGH 15777 BOWDOIN ST PACIFIC PALISADES, CA 902723523	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PALISADES HIGH SCHOOL BOOSTER CLUB PO BOX 223 PACIFIC PLSDS, CA 902720223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALISADES HIGH SCHOOL BOOSTER CLUB PO BOX 223 PACIFIC PLSDS, CA 902720223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
PALISADES HIGH SCHOOL BOOSTER CLUB PO BOX 223 PACIFIC PLSDS, CA 902720223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
PALM SPRINGS INTERNATIONAL FILM SOC 1700 E TAHQUITZ CANYON WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM SPRINGS INTERNATIONAL FILM SOC 1700 E TAHQUITZ CANYON WAY PALM SPRINGS, CA 92262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
PALMA HIGH SCHOOL 919 IVERSON STREET SALINAS, CA 939011816	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
PALO ALTO HUMANE SOCIETY PO BOX 60715 PALO ALTO, CA 943060715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALO ALTO HUMANE SOCIETY PO BOX 60715 PALO ALTO, CA 943060715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PALO ALTO PARTNERS IN EDUCATION PO BOX 1557 PALO ALTO, CA 943021557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PALOS VERDES INTERMEDIATE SCHOOL BO 2161 VIA OLIVERA PALOS VERDES EST, CA 902741979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PALOS VERDES PENINSULA EDUCATION FO PO BOX 2632 PALOS VERDES PENINSULA, CA 902748632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALOS VERDES PENINSULA HIGH 27118 SILVER SPUR ROAD ROLLING HILLS ESTATES, CA 90274	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,010
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	993
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	690
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,615
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANCREATIC CANCER ACTION NETWORK IN 1500 ROSECRANS AVE STE 200 MANHATTAN BEACH, CA 902663721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,150
PANDEMONIUM AVIARIES 13468 THREE FORKS LN LOS ALTOS HLS, CA 940222432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PANETTA INSTITUTE FOR PUBLIC POLICY 100 CAMPUS CENTER BUILDING 86E CSU MONTEREY BAY SEASIDE, CA 93955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANTHER BAND PARENTS 456 N REINO RD NEWBURY PARK, CA 913203714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	424
PARA LOS NINOS 5000 HOLLYWOOD BLVD LOS ANGELES, CA 90027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
PARADISE VALLEY-MACHADO HOME AND SC 409 TENNANT STATION 545 MORGAN HILL, CA 950377115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	454
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARAM SHAKTI PEETH OF AMERICA FOUND 28016 RIDGEBROOK COURT RANCHO PALOS VERDES, CA 90275	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,270
PARAM SHAKTI PEETH OF AMERICA FOUND 28016 RIDGEBROOK COURT RANCHO PALOS VERDES, CA 90275	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,270
PARENT BOOSTER USA INC 27501 MUSTANG RUN C/O THHS MUSIC BOOSTERS MISSION VIEJO, CA 926911027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT FACULTY ASSOCIATION OF RED O 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,345
PARENT FACULTY ASSOCIATION OF RED O 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PARENT FACULTY ASSOCIATION OF RED O 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT FACULTY ASSOCIATION OF WILLO 29026 LARO DR AGOURA HILLS, CA 913011637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
PARENT FACULTY ASSOCIATION OF WILLO 29026 LARO DR AGOURA HILLS, CA 913011637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	820
PARENT FACULTY CLUB OF LINDERO CANY 5844 LARBOARD LN AGOURA HILLS, CA 913011423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENT-FACULTY CLUB OF WHITE OAK SC 31761 W VILLAGE SCH RD WESTLAKE VILLAGE, CA 91361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT-FACULTY CLUB OF WHITE OAK SC 31761 W VILLAGE SCH RD WESTLAKE VILLAGE, CA 91361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,720
PARENT-FACULTY CLUB OF WHITE OAK SC 31761 W VILLAGE SCH RD WESTLAKE VILLAGE, CA 91361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
PARENTS AND FRIENDS OF LESBIANS AND PO BOX 82762 SAN DIEGO, CA 92138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS CLUB WEST PORTAL SCHOOL 5 LENOX WAY SAN FRANCISCO, CA 94127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PARENTS CLUB WEST PORTAL SCHOOL 5 LENOX WAY SAN FRANCISCO, CA 94127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PARENTS HELPING PARENTS INC 1400 PARKMOOR AVE STE 100 SAN JOSE, CA 951263797	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS IN PARTNERSHIP 11333 MOORPARK ST 155 STUDIO CITY, CA 91602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARENTS OF WELBY WAY 23456 WELBY WAY WEST HILLS, CA 913073328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	295
PARI KALOUST FOUNDATION INC 1309 WESLEY AVE PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS ASSOCIATION PO BOX 1633 SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARKINSONS INSTITUTE 2500 HOSPITAL DR BLDG 10 STE 1 MOUNTAIN VIEW, CA 94040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
PARKINSONS INSTITUTE 2500 HOSPITAL DR BLDG 10 STE 1 MOUNTAIN VIEW, CA 94040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR BETTER FUTURES 1275 FAIRWAY DRIVE LOS ALTOS, CA 940245307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PARTNERS FOR PEACEPO BOX 2473 SALINAS, CA 93902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PASADENA EDUCATIONAL FOUNDATION 351 SOUTH HUDSON AVENUE RM 153 PASADENA, CA 91109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA HIGH 2925 E SIERRA MADRE BLVD PASADENA, CA 91107	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE PASADENA, CA 911052607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PASADENA ROSEBUD ACADEMY CHARTER SC 3544 CANON BLVD ALTADENA, CA 910014008	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA SYMPHONY ASSOCIATION 2 N LAKE AVE STE 1080 PASADENA, CA 91101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PASTOR OF SAINT PATRICK CATHOLIC PA PO BOX 85728 SAN DIEGO, CA 921865728	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
PATCH FARMS4460 W SHAW AVE FRESNO, CA 937226210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOTS AND PAWS 9121 ATLANTA AVE 471 HUNTINGTON BEACH, CA 926466309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PATRIOTS OF KERN 14408 TALON GROVE DR BAKERSFIELD, CA 933067674	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PAW WORKS INC 79 EAST DAILY DRIVE 515 CAMARILLO, CA 93010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACH HILL ACADEMY 13400 CHRISTIAN BARRETT DR MOORPARK, CA 930212882	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVENUE SUITE 345 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,313
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVENUE SUITE 345 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVENUE SUITE 345 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVENUE SUITE 345 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
PEDAL THE CAUSE - SAN DIEGO 2445 FIFTH AVENUE SUITE 345 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC CANCER RESEARCH FOUNDATIO 17932 SKY PARK CIRCLE SUITE E IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PEDIATRIC CANCER RESEARCH FOUNDATIO 17932 SKY PARK CIRCLE SUITE E IRVINE, CA 92614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
PEDIATRIC DENTAL INITIATIVE OF THE 1380 19TH HOLE DRIVE WINDSOR, CA 954927713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRICS-ADOLESCENT DIABETES RESE 1201 W LA VETA AVE ORANGE, CA 928683835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PEDIATRICS-ADOLESCENT DIABETES RESE 1201 W LA VETA AVE ORANGE, CA 928683835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
PEDIATRICS-ADOLESCENT DIABETES RESE 1201 W LA VETA AVE ORANGE, CA 928683835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRICS-ADOLESCENT DIABETES RESE 1201 W LA VETA AVE ORANGE, CA 928683835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
PENA ADOBE HISTORICAL SOCIETY 618 EAST MAIN STREET VACAVILLE, CA 956883933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PENCE GALLERY ASSOCIATION 212 D ST DAVIS, CA 956164513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA HUMANE SOCIETY & SPCA 1450 ROLLINS ROAD BURLINGAME, CA 94010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PEOPLE ASSISTING THE HOMELESS 290 N 2ND STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PEOPLE ASSISTING THE HOMELESS 290 N 2ND STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE ASSISTING THE HOMELESS 290 N 2ND STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PEOPLE ASSISTING THE HOMELESS 340 N MADISON AVE LOS ANGELES, CA 900043504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	927
PEOPLE OF PROGRESS INCORPORATED 1242 CENTER STREET REDDING, CA 96001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLES SELF-HELP HOUSING CORPORATI 3533 EMPLEO ST SAN LUIS OBISPO, CA 934017334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
PEPPERDINE UNIVERSITY 24255 PACIFIC COAST HIGHWAY MALIBU, CA 902634151	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERALTA COLLEGES FOUNDATION 333 EAST 8TH STREET OAKLAND, CA 94606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PERFECT 33 FOUNDATION 3842 JENNINGS ST SAN DIEGO, CA 921062805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PERFORMING ARTS CENTER OF LOS ANGEL 135 NORTH GRAND AVENUE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFORMING ARTS CENTER OF LOS ANGEL 135 N GRAND AVE LOS ANGELES, CA 900123013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PERFORMING ARTS CENTER OF LOS ANGEL 135 N GRAND AVENUE 4TH FLOOR LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
PETALUMA ECUMENICAL PROPERTIES 951 PETALUMA BLVD S PETALUMA, CA 94952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETERSEN AUTOMOTIVE MUSEUM FOUNDATI 6060 WILSHIRE BLVD LOS ANGELES, CA 900363605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,154
PETERSEN AUTOMOTIVE MUSEUM FOUNDATI 6060 WILSHIRE BLVD LOS ANGELES, CA 900363605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	654
PETS IN NEED871 5TH AVE REDWOOD CITY, CA 94063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHASE ONE 5792 WEST JEFFERSON BOULEVARD LOS ANGELES, CA 90016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PHILIPPINE FOLKLIFE MUSEUM FOUNDATI 305 DRAYTON CT WALNUT CREEK, CA 94598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PHILIPPINE INTERNATIONAL AID 1813 EL CAMINO REAL STE 3 BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIPPINE SARINGHIMIG SINGERS 5873 MISSION ST SAN FRANCISCO, CA 941124017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PHOEBE APPERSON HEARST ELEMENTARY 5301 CASE AVE PLEASANTON, CA 945668005	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
PHOEBE APPERSON HEARST ELEMENTARY 5301 CASE AVE PLEASANTON, CA 945668005	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX FAMILY PERFORMING ART COLLA 689 SPRINGFIELD AVE VENTURA, CA 93004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PIH HEALTH FOUNDATION 12401 WASHINGTON BLVD WHITTIER, CA 90602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,232
PIH HEALTH FOUNDATION 12401 WASHINGTON BLVD WHITTIER, CA 90602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,057
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIH HEALTH HOSPITAL WHITTIER 12401 WASHINGTON BLVD WHITTIER, CA 90602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	711
PINE RIDGE VOLUNTEER FIRE DEPARTMEN 37340 PINEWOOD LANE SHAVER LAKE, CA 93664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
PINE RIDGE VOLUNTEER FIRE DEPARTMEN 37340 PINEWOOD LANE SHAVER LAKE, CA 93664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINK PAWS RESCUE & ADOPTION 1534 N MOORPARK RD 416 THOUSAND OAKS, CA 913605129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PITZER COLLEGE OFFICE OF COLLEGE ADVANCEMENT 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,275
PITZER COLLEGE OFFICE OF COLLEGE ADVANCEMENT 1050 NORTH MILLS AVENUE CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIVOTAL CONNECTIONS 75 EAST SANTA CLARA STREET SUITE 1450 SAN JOSE, CA 95113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PLACENTIA-YORBA MEALS ON WHEELS 1130 YORBA LINDA BLVD PLACENTIA, CA 92870	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLACER COUNTY SOCIETY FOR THE PREVE 200 TAHOE AVE ROSEVILLE, CA 95678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	511
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	256
PLACER FOOD BANK 8284 INDUSTRIAL AVENUE ROSEVILLE, CA 95678	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD CALIFORNIA CENTR 518 GARDEN ST SANTA BARBARA, CA 931011606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD CALIFORNIA CENTR 518 GARDEN ST SANTA BARBARA, CA 931011606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PLANNED PARENTHOOD CALIFORNIA CENTR 518 GARDEN ST SANTA BARBARA, CA 931011606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD CALIFORNIA CENTR 518 GARDEN ST SANTA BARBARA, CA 931011606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD LOS ANGELES PO BOX 740528 LOS ANGELES, CA 900740528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	153
PLANNED PARENTHOOD LOS ANGELES PO BOX 740528 LOS ANGELES, CA 900740528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PLANNED PARENTHOOD LOS ANGELES PO BOX 740528 LOS ANGELES, CA 900740528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD LOS ANGELES 400 W 30TH ST LOS ANGELES, CA 90007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF THE PACIFIC S 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 921083538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD OF THE PACIFIC S 1075 CAMINO DEL RIO SOUTH SAN DIEGO, CA 921083538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD PASADENA AND SAN 2333 LAKE AVENUE 2ND FLOOR ALTADENA, CA 91001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	344
PLANNED PARENTHOOD PASADENA AND SAN 2333 LAKE AVENUE 2ND FLOOR ALTADENA, CA 91001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	236
PLANNED PARENTHOOD PASADENA AND SAN 2333 LAKE AVENUE 2ND FLOOR ALTADENA, CA 91001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD PASADENA AND SAN 2333 LAKE AVENUE 2ND FLOOR ALTADENA, CA 91001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
PLANNED PARENTHOOD PASADENA AND SAN 2333 LAKE AVENUE 2ND FLOOR ALTADENA, CA 91001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PLANNED PARENTHOOD SHASTA DIABLO IN 2185 PACHECO ST CONCORD, CA 94520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD-ORANGE AND SAN B 700 SOUTH TUSTIN ST ORANGE, CA 92866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PLAVAN (URBAIN H) ELEMENTARY 9675 WARNER AVE FOUNTAIN VALLEY, CA 927082313	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
PLAVAN (URBAIN H) ELEMENTARY 9675 WARNER AVE FOUNTAIN VALLEY, CA 927082313	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
PLAZA DE LA RAZA INC 3540 NORTH MISSION ROAD LOS ANGELES, CA 90031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41,500
PLEASANT GROVE HIGH BAND BOOSTERS 9531 BOND ROAD SACRAMENTO, CA 95624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASANT HILL ELEMENTARY 2097 OAK PARK BLVD PLEASANT HILL, CA 945234033	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	35
PLUMPJACK FOUNDATION 3201 FILLMORE ST SAN FRANCISCO, CA 941233402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
POINT LOMA NAZARENE UNIVERSITY 3900 LOMALAND DRIVE SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE UNITY TOUR INC 23890 COPPER HILL DRIVE SUITE 170 VALENCIA, CA 91354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
POLICE UNITY TOUR INCPO BOX 20900 CASTRO VALLEY, CA 94546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
POLYTECHNIC SCHOOL 1030 E CALIFORNIA BLVD PASADENA, CA 911064042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLYTECHNIC SCHOOL 1030 E CALIFORNIA BLVD PASADENA, CA 911064042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,704
POLYTECHNIC SCHOOL 1030 E CALIFORNIA BLVD PASADENA, CA 911064042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,800
POMELO COMMUNITY CHARTER 7633 MARCH AVE CANOGA PARK, CA 913045233	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POMELO COMMUNITY CHARTER 7633 MARCH AVE WEST HILLS, CA 913045233	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
POMONA COLLEGE550 N COLLEGE AVE CLAREMONT, CA 917114434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
POMONA COLLEGE550 N COLLEGE AVE CLAREMONT, CA 917114434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	261
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 24552 RAYMOND WAY 1268 LAKE FOREST, CA 92609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORTOLA MAGNET PROGRAM FOR ACADEMIC 18720 LINNET ST TARZANA, CA 913563313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PORTRAIT OF A WARRIOR GALLERY KERN 7817 DAVIN PARK DRIVE BAKERSFIELD, CA 93308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTRAIT OF A WARRIOR GALLERY KERN 7817 DAVIN PARK DRIVE BAKERSFIELD, CA 93308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,450
POSITIVE PEDALERS 584 CASTRO STREET 876 SAN FRANCISCO, CA 941142512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
POSITIVE YOUNG PEOPLE INC 14340 ELSWORTH STREET SUITE B112 MORENO VALLEY, CA 92553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POVERELLO HOUSEPO BOX 12225 FRESNO, CA 93777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	664
POVERELLO HOUSEPO BOX 12225 FRESNO, CA 93777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	508
POVERELLO HOUSEPO BOX 12225 FRESNO, CA 93777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POVERELLO HOUSEPO BOX 12225 FRESNO, CA 93777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
POVERELLO HOUSEPO BOX 12225 FRESNO, CA 93777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
POWER OF LOVE FOUNDATION 11626 ALDERIDGE LN SAN DIEGO, CA 921313715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD 552 SHERMAN OAKS, CA 91403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PRC170 9TH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PREGNANCY COUNSELING CENTER 10211 SEPULVEDA BLVD MISSION HILLS, CA 91345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY SUPPORT GROUP OF WOODLAND 120 COURT STREET WOODLAND, CA 95695	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PRESENTATION HIGH SCHOOL 2281 PLUMMER AVENUE SAN JOSE, CA 95125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
PRESIDENT-BOARD OF TRUSTEES SANTA C DEVELOPMENT OFFICE - 500 EL CAMINO REAL SANTA CLARA, CA 950531400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDIO KNOLLS SCHOOL INC 250 10TH ST SAN FRANCISCO, CA 941033811	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
PRESIDIO MIDDLE450 30TH AVE SAN FRANCISCO, CA 941211766	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRICELESS PUPPY RESCUE CORP 13941 RAMONA AVENUE STE E CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE INDUSTRIES 10030 FOOTHILLS BLVD ROSEVILLE, CA 957477102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PRINCIPLE BASED LEADERSHIP 30802 OAKRIM DR WESTLAKE VLG, CA 913624114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
PRINCIPLES OF SUCCESS MOTIVATIONAL 5048 BREWSTER DR TARZANA, CA 913563901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRO YOUTH AND FAMILIES INC 5299 AUBURN BLVD SACRAMENTO, CA 95841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT ACCESS INC 2100 WEST ORANGEWOOD AVE SUITE 230 ORANGE, CA 92868	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
PROJECT ACCESS INC 2100 WEST ORANGEWOOD AVE SUITE 230 ORANGE, CA 92868	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROJECT ANGEL FOOD922 VINE ST LOS ANGELES, CA 90038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ATHENA FOUNDATION 2033 SAN ELIJO AVE 310 CARDIFF BY THE SEA, CA 92007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD SUITE 320 SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
PROJECT CYBERPO BOX 252392 LOS ANGELES, CA 900258981	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT CYBERPO BOX 252392 LOS ANGELES, CA 900258981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PROJECT CYBERPO BOX 252392 LOS ANGELES, CA 900258981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROJECT GLIMMER 269 STRATFORD DRIVE SAN FRANCISCO, CA 94132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT GRAD LOS ANGELES INC 10200 SEPULVEDA BLVD SUITE 255 MISSION HILLS, CA 91345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT HIRED 1401 PARKMOOR AVENUE SUITE 125 SAN JOSE, CA 95126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT HOPE ALLIANCE 1954 PLACENTIA AVE SUITE 202 COSTA MESA, CA 926273459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT MEXICO OF THE ORTHODOX CHUR PO BOX 120028 CHULA VISTA, CA 919123128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROJECT MEXICO OF THE ORTHODOX CHUR PO BOX 120028 CHULA VISTA, CA 919123128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PROJECT MIRACLE 5870 W OLYMPIC BLVD LOS ANGELES, CA 90036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT OPEN HAND 730 POLK ST 3RD FLOOR SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SCIENTISTPO BOX 515 LAGUNA BEACH, CA 92652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT VIETNAM FOUNDATION 15975 HARBOR BLVD FOUNTAIN VALLEY, CA 92708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PROSPECT SILICON VALLEY 1608 LAS PLUMAS AVE SAN JOSE, CA 951331655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
PROSPECT SILICON VALLEY 1608 LAS PLUMAS AVE SAN JOSE, CA 951331655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	22,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSTATE CANCER FOUNDATION 1250 FOURTH ST STE 360 SANTA MONICA, CA 904011304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROSTATE CANCER RESEARCH INSTITUTE 300 CORPORATE POINTE 383 CULVER CITY, CA 90230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PROTESTANT EPISCOPAL CHURCH IN THE 66 SAINT STEPHENS DR ORINDA, CA 945631949	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE HEALTH & SERVICES FOUNDA 501 S BUENA VISTA ST BURBANK, CA 915054809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROYECTO PASTORAL 135 N MISSION ROAD LOS ANGELES, CA 90033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROYECTO PASTORAL 135 N MISSION RD LOS ANGELES, CA 900332101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
PRO-YOUTH505 N COURT STREET VISALIA, CA 93291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PTA CALIFORNIA CONGRESS OF PARENTS 1080 MANGO AVE SUNNYVALE, CA 940871728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 6949 GENESEE AVE SAN DIEGO, CA 921222455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 29001 SIENNA PKWY LADERA RANCH, CA 926940433	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 1200 PACIFIC AVE MANHATTAN BCH, CA 902664969	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2750 N RIVERSIDE AVE RIALTO, CA 92377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 3557 LANCER WAY CARLSBAD, CA 920082785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 25661 PASEO DE VALENCIA LAGUNA HILLS, CA 92653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PTA CALIFORNIA CONGRESS OF PARENTS 3101 PACIFIC VIEW DR CORONA DL MAR, CA 926251108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 8681 N COAST HWY LAGUNA BEACH, CA 926511032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA CALIFORNIA CONGRESS OF PARENTS 2675 RALSTON AVE BELMONT, CA 940021216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS GLEN E MURDOCK PTA 4354 CONRAD DR LA MESA, CA 919410000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 8701 CHARLEVILLE BLVD BEVERLY HILLS, CA 902112805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 471 KNIGHT WAY LA CANADA FLT, CA 910112725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
PTA CALIFORNIA CONGRESS OF PARENTS 3035 LEVANTE ST CARLSBAD, CA 920098331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 725 SOUTHGATE AVE DALY CITY, CA 94015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
PTA CALIFORNIA CONGRESS OF PARENTS 5151 AMALFI DR IRVINE, CA 926033443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 1000 HUGO REID DR ARCADIA, CA 91007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PTA CALIFORNIA CONGRESS OF PARENTS 620 VELARDE DR THOUSAND OAKS, CA 913601331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
PTA CALIFORNIA CONGRESS OF PARENTS 8787 LEMON AVE LA MESA, CA 919415459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 4545 ANZA STREET SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
PTA CALIFORNIA CONGRESS OF PARENTS 2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
PTA CALIFORNIA CONGRESS OF PARENTS 2350 GREENSWARD ST SIMI VALLEY, CA 930651430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 253 MARTENS AVE MOUNTAIN VIEW, CA 940403220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PTA CALIFORNIA CONGRESS OF PARENTS 3101 PACIFIC VIEW DR CORONA DL MAR, CA 926251108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	667
PTA CALIFORNIA CONGRESS OF PARENTS 434 NOGAL DR SANTA BARBARA, CA 931102211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 7885 PASEO ALISO CARLSBAD, CA 920099028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PTA CALIFORNIA CONGRESS OF PARENTS 1050 ARLINGTON DR COSTA MESA, CA 926265626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA CALIFORNIA CONGRESS OF PARENTS 2350 GREENSWARD ST SIMI VALLEY, CA 930651430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 201 VIKING DR PLEASANT HILL, CA 945231809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
PTA CALIFORNIA CONGRESS OF PARENTS 3035 LEVANTE ST CARLSBAD, CA 920098331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
PTA CALIFORNIA CONGRESS OF PARENTS 2620 ORANGE AVE LA CRESCENTA, CA 912142199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 6949 GENESEE AVE SAN DIEGO, CA 921222455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	92
PTA CALIFORNIA CONGRESS OF PARENTS 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
PTA CALIFORNIA CONGRESS OF PARENTS 2350 GREENSWARD ST SIMI VALLEY, CA 930651430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 117 E STRAWBERRY DR MILL VALLEY, CA 949412576	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
PTA CALIFORNIA CONGRESS OF PARENTS 3275 PEACHWILLOW LANE WALNUT CREEK, CA 94598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,395
PTA CALIFORNIA CONGRESS OF PARENTS 2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	284
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 850 N CORDOVA ST BURBANK, CA 915052923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PTA CALIFORNIA CONGRESS OF PARENTS 1851 BROOKHAVEN AVE PLACENTIA, CA 928702610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA CALIFORNIA CONGRESS OF PARENTS 3630 DIVISADERO ST SAN FRANCISCO, CA 941231411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 525 MIDCREST RD OAKLAND, CA 946101813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PTA CALIFORNIA CONGRESS OF PARENTS 1501 N REDONDO AVE MANHATTAN BEACH, CA 902664214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 4620 MATTOS DR FREMONT, CA 945366738	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 23231 HATTERAS ST WOODLAND HILLS, CA 91367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PTA CALIFORNIA CONGRESS OF PARENTS 2925 FLETCHER ST SIMI VALLEY, CA 930655270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA CALIFORNIA CONGRESS OF PARENTS 13061 RIVERSIDE DRIVE SHERMAN OAKS, CA 91423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 2051 34TH AVE SAN FRANCISCO, CA 94116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 25100 EARHART RD LAGUNA HILLS, CA 926535257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	528
PTA CALIFORNIA CONGRESS OF PARENTS 11444 CANTER HEIGHTS DRIVE SAN DIEGO, CA 921300000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 1001 CADENCE IRVINE, CA 926180833	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA CALIFORNIA CONGRESS OF PARENTS 1725 IRVING ST SAN FRANCISCO, CA 941221815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 12100 PORTOLA SPRINGS IRVINE, CA 92618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 1200 PACIFIC AVE MANHATTAN BCH, CA 902664969	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
PTA CALIFORNIA CONGRESS OF PARENTS 11112 CORONEL ROAD SANTA ANA, CA 92705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA CALIFORNIA CONGRESS OF PARENTS 3630 DIVISADERO ST SAN FRANCISCO, CA 941231411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTS 117 E STRAWBERRY DR MILL VALLEY, CA 949412576	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
PTA CALIFORNIA CONGRESS OF PARENTS 2350 GREENSWARD ST SIMI VALLEY, CA 930651430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA CALIFORNIA CONGRESS OF PARENTS 625 ARTHUR STREET NOVATO, CA 94947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA CALIFORNIA CONGRESS OF PARENTST 3535 VILLAGE AT THE PARK DRIVE CAMARILLO, CA 93012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PUBLIC COUNSEL 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC MEDIA GROUP OF SOUTHERN CALI 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
PUBLIC MEDIA GROUP OF SOUTHERN CALI 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
PUBLIC MEDIA GROUP OF SOUTHERN CALI 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC MEDIA GROUP OF SOUTHERN CALI 2900 W ALAMEDA AVE 600 BURBANK, CA 915054267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
PUBLIC RESOURCE ORG INC PO BOX 800 HEALDSBURG, CA 95448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PUEBLO NUEVO EDUCATION AND DEVELOPM 3435 W TEMPLE ST LOS ANGELES, CA 900264524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUENTE LEARNING CENTER 501 S BOYLE AVENUE LOS ANGELES, CA 90033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PUG NATION RESCUE OF LOS ANGELES IN 16829 S BROADWAY GARDENA, CA 902483109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
QUIMBY OAK MIDDLE3190 QUIMBY RD SAN JOSE, CA 95148	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RACE FOR THE RESCUES 13027 VICTORY BLVD 522 NORTH HOLLYWOOD, CA 91606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RAD CAMP INC 17921 SKY PARK CIRCLE STE G IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	142
RAD CAMP INC 17921 SKY PARK CIRCLE STE G IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADIANT HEALTH CENTERS INC 17982 SKY PARK CIRCLE SUITE J IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
RADY CHILDRENS HOSPITAL FOUNDATION- 3020 CHILDRENS WAY MC 5005 SAN DIEGO, CA 921234282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RADY CHILDRENS HOSPITAL FOUNDATION- 3020 CHILDRENS WAY MAILCODE 5005 SAN DIEGO, CA 921234282	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADY CHILDRENS HOSPITAL-SAN DIEGO 3020 CHILDRENS WAY MC 5133 SAN DIEGO, CA 921234282	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
RAINCROSS BOXING ACADEMY PO BOX 52353 RIVERSIDE, CA 92517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RAISINGHOPE INC 1772-J E AVENIDA DE LOS ARBOLES STE 204 THOUSAND OAKS, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO BERNARDO HIGH SCHOOL FOUNDAT 13010 PASEO LUCIDO SAN DIEGO, CA 921284499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
RANCHO BERNARDO HIGH SCHOOL FOUNDAT 13010 PASEO LUCIDO SAN DIEGO, CA 921284499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
RANCHO CIELO INCPO BOX 6948 SALINAS, CA 93912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RANCHO CUCAMONGA COMMUNITY & ARTS F 10995 EUCALYPTUS DRIVE SUITE 103 RANCHO CUCAMONGA, CA 91730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO DE GUADALUPE HISTORICAL SOCI PO BOX 233 GUADALUPE, CA 934340233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RANDOLPH BOURNE INSTITUTE INC 7190 SUNSET BLVD STE 544 LOS ANGELES, CA 90046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RANGER ROAD3257 A MONIER CIR RANCHO CORDOVA, CA 95742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	158
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RAPHAEL HOUSE OF SAN FRANCISCO INC 1065 SUTTER STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
RAVENSWOOD EDUCATION FOUNDATION PO BOX 396 MENLO PARK, CA 94026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAYMOND J FISHER HOME AND SCHOOL CL 19195 FISHER AVE LOS GATOS, CA 950324555	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
READING AND BEYOND 4670 E BUTLER AVE FRESNO, CA 93702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
READING PARTNERS 4625 44TH STREET ROOM 6 SACRAMENTO, CA 95820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
READING PARTNERS 4625 44TH STREET ROOM 6 SACRAMENTO, CA 95820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 4625 44TH STREET ROOM 6 SACRAMENTO, CA 95820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 180 GRAND AVENUE SUITE 800 OAKLAND, CA 946123748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
READY TO WORK119 E WEBER AVE STOCKTON, CA 952022704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
REALITY CHANGERS 3910 UNIVERSITY AVENUE SUITE 400 SAN DIEGO, CA 92105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBIRTH HOMESPO BOX 2291 RIVERSIDE, CA 92506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
REBUILDING TOGETHER SACRAMENTO PO BOX 255584 SACRAMENTO, CA 958255584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
REBUILDING TOGETHER SAN FRANCISCO PIER 28 THE EMBARCADERO SAN FRANCISCO, CA 941050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECOVERY CAFE SAN JOSE INC 80 SOUTH FIFTH STREET SAN JOSE, CA 95112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RED BEAN CANTONESE OPERA INC 192 10TH STREET SUITE 204 OAKLAND, CA 946074314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RED OAK ELEMENTARY 4857 ROCKFIELD ST OAK PARK, CA 913775512	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDF2 EMBARCADERO CTR STE 650 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
REDF2 EMBARCADERO CTR STE 650 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
REDONDO BEACH EDUCATIONAL FOUNDATIO 409 N PACIFIC COAST HWY STE 310 REDONDO BEACH, CA 902776853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDONDO BEACH EDUCATIONAL FOUNDATIO 409 N PACIFIC COAST HWY STE 310 REDONDO BEACH, CA 902776853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
REDWOOD ASSISTANCE FOUNDATION 1002 W MAIN ST VISALIA, CA 932915920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REDWOOD CITY LIBRARY FOUNDATION 1044 MIDDLEFIELD RD REDWOOD CITY, CA 940631815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD CITY SEQUOIA AWARDS INC PO BOX 2355 REDWOOD CITY, CA 940642355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BOULEVARD SANTA ROSA, CA 95403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
REDWOOD GOSPEL MISSIONS PO BOX 493 SANTA ROSA, CA 954031911	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD GOSPEL MISSIONS PO BOX 493 SANTA ROSA, CA 954031911	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
REDWOOD GOSPEL MISSIONS PO BOX 493 SANTA ROSA, CA 954031911	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
REDWOOD GOSPEL MISSIONS PO BOX 493 SANTA ROSA, CA 954031911	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDWOOD GOSPEL MISSIONS PO BOX 493 SANTA ROSA, CA 954031911	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10
REDWOOD HIGH SCHOOL FOUNDATION 395 DOHERTY DRIVE ROOM 181A LARKSPUR, CA 949391536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
REED SCHOOLS FOUNDATION 1199 TIBURON BLVD TIBURON, CA 94920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED SCHOOLS FOUNDATION 1199 TIBURON BLVD TIBURON, CA 94920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
REGENTS OF THE UNIVERSITY OF CALIFO 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 9500 GILMAN DRIVE MC 0176O LA JOLLA, CA 920930176	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250,000
REGENTS OF THE UNIVERSITY OF CALIFO 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 9500 GILMAN DRIVE 0210 LA JOLLA, CA 92093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,000
REGENTS OF THE UNIVERSITY OF CALIFO 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,020
REGENTS OF THE UNIVERSITY OF CALIFO 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
REGENTS OF THE UNIVERSITY OF CALIFO 100 THEORY SUITE 250 IRVINE, CA 926173210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
REGENTS OF THE UNIVERSITY OF CALIFO 100 THEORY SUITE 250 IRVINE, CA 926173210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE STE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF CALIFO 550 E SHAW AVE 100 FRESNO, CA 93710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF CALIFO 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 94704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
REGENTS UNIVERSITY OF CALIFORNIA LO 10889 WILSHIRE BL 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	24,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS UNIVERSITY OF CALIFORNIA LO 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
REGENTS UNIVERSITY OF CALIFORNIA LO 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 900246505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,500
REGENTS UNIVERSITY OF CALIFORNIA LO 10889 WILSHIRE BL 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS UNIVERSITY OF CALIFORNIA LO 10889 WILSHIRE BL 1100 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150,000
REGIONAL EMERGENCY SHELTER TEAM PO BOX 688 YUBA CITY, CA 959920688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 952022400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REINVENT STOCKTON FOUNDATION 110 N SAN JOAQUIN ST STOCKTON, CA 952022400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
RENAISSANCE ENTREPRENEURSHIP CENTER 275 FIFTH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
RENAISSANCE ENTREPRENEURSHIP CENTER 275 FIFTH STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE FROM THE HART 15920 HAMLIN ST LAKE BALBOA, CA 914066445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE 315 NORTH A STREET OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION ALLIANCE315 N A ST OXNARD, CA 93030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD STE 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
RESCUE-FREEDOM PROJECT 4804 LAUREL CANYON BLVD 534 VALLEY VILLAGE, CA 916073717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
REWRITTENPO BOX 2009 COLTON, CA 923240809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHYTHMIX CULTURAL WORKS 2513 BLANDING AVE ALAMEDA, CA 945011505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RICHMOND DISTRICT NEIGHBORHOOD CENT 741 30TH AVE SAN FRANCISCO, CA 94121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIDE ON L A 10860 TOPANGA CANYON BLVD CHATSWORTH, CA 913111350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEVIEW ELEMENTARY 9177 TWIN SCHOOLS ROAD GRANITE BAY, CA 95746	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	399
RIGHT TO LIFE LEAGUE OF SOUTHERN CA 56669 29 PALMS HWY D YUCCA VALLEY, CA 92284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RIO HONDO COLLEGE FOUNDATION 3600 WORKMAN MILL RD WHITTIER, CA 906011616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	254
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISEUP MALAWI INC8418 NAYLOR AVE LOS ANGELES, CA 900453917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RITAS RAINBOWS 5355 DAVENPORT CREEK ROAD SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RIVER CITY ROWING CLUB INC PO BOX 980401 WEST SACRAMENTO, CA 95798	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER OAK CENTER FOR CHILDREN INC 5445 LAUREL HILLS DR SACRAMENTO, CA 958413105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
RIVER OAK CENTER FOR CHILDREN INC 5445 LAUREL HILLS DR SACRAMENTO, CA 958413105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
RIVER OAK CENTER FOR CHILDREN INC 5445 LAUREL HILLS DR SACRAMENTO, CA 958413105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
RIVERSIDE ART MUSEUM 3425 MISSION INN AVENUE RIVERSIDE, CA 92501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
RIVERSIDE COMMUNITY COLLEGE DISTRIC 4800 MAGNOLIA AVE RIVERSIDE, CA 92506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 92504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 92504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 92504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 92504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
RIVERSIDE HUMANE SOCIETY PET ADOPTI 6165 INDUSTRIAL AVE RIVERSIDE, CA 92504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
RIVERSIDE NATIONAL CEMETARY SUPPORT 27 NORTH MICHIGAN ST REDLANDS, CA 92373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT A TOIGO FOUNDATION 180 GRAND AVE STE 925 OAKLAND, CA 946123776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROCKET DOG RESCUE INC PO BOX 460826 SAN FRANCISCO, CA 941460826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
ROCKET DOG RESCUE INC PO BOX 460826 SAN FRANCISCO, CA 941460826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKLIN HIGH SCHOOL BLUE THUNDER BO 5301 VICTORY LANE ROCKLIN, CA 95765	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROCKLIN HIGH SCHOOL BLUE THUNDER BO 5301 VICTORY LANE ROCKLIN, CA 95765	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROMAN CATHOLIC BISHOP OF FRESNO 1550 N FRESNO ST FRESNO, CA 937011607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC BISHOP OF FRESNO 1550 N FRESNO ST FRESNO, CA 937011607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
RONALD MCDONALD HOUSE CHARITIES OF 9161 RANDALL WAY MADERA, CA 93636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 2555 49TH ST SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 383 SOUTH BATAVIA ST ORANGE, CA 928683904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	79
RONALD MCDONALD HOUSE CHARITIES OF 4560 FOUNTAIN AVENUE LOS ANGELES, CA 90029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
RONALD MCDONALD HOUSE CHARITIES OF 383 SOUTH BATAVIA ST ORANGE, CA 928683904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 2929 CHILDRENS WAY SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RONALD MCDONALD HOUSE CHARITIES OF 383 SOUTH BATAVIA ST ORANGE, CA 928683904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	314
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ROOSEVELT ELEMENTARY 211 LEARNING LANE LINDSAY, CA 93247	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
ROOSEVELT ELEMENTARY EDUCATIONAL FO 1990 LAGUNA ST SANTA BARBARA, CA 931011014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSS SCHOOL FOUNDATIONBOX 582 ROSS, CA 949570582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROSSMOOR SCHOLARSHIP FOUNDATION PO BOX 2056 WALNUT CREEK, CA 945950056	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ROTAPLAST INTERNATIONAL INC 3317 26TH ST SAN FRANCISCO, CA 941104604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF SAN FRANCISCO SOMA F 1459 18TH ST PO BOX 262 SAN FRANCISCO, CA 941072801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ROTARY CLUB OF TEHACHAPI FOUNDATION PO BOX 897 TEHACHAPI, CA 93581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROYAL HIGH1402 ROYAL AVE SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROYAL HIGH1402 ROYAL AVE SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ROYAL HIGH1402 ROYAL AVE SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	115
RUBEN CASTRO CHARITIES 409 MCFADDEN AVE MOORPARK, CA 930211828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUBICON PROGRAMS INC 2500 BISSELL AVE RICHMOND, CA 94804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
RURAL COMMUNITY ASSISTANCE 3120 FREEBOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
RURAL COMMUNITY ASSISTANCE 3120 FREEBOARD DRIVE SUITE 201 WEST SACRAMENTO, CA 95691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RURAL HOPE FOUNDATION 971 W HOMESTEAD RD SUNNYVALE, CA 940875257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
RUSSIAN JEWISH COMMUNITY CULTURAL C 7636 SANTA MONICA BLVD LOS ANGELES, CA 90046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RYSE INC205 41ST ST RICHMOND, CA 948052321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO ALLIANCE FOR THE MENTALL PO BOX 277147 SACRAMENTO, CA 95827	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SACRAMENTO BUSINESS SERVICES CENTER 1111 EXPOSITION BLVD BUILDING 100 SACRAMENTO, CA 95815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,250
SACRAMENTO FOOD BANK SERVICES 3333 THIRD AVE SACRAMENTO, CA 958172808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO FOOD BANK SERVICES 3333 THIRD AVE SACRAMENTO, CA 958172808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
SACRAMENTO HOUSING ALLIANCE 909 12TH STREET SUITE 114 SACRAMENTO, CA 958142920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SACRAMENTO LGBT COMMUNITY CENTER 1927 L STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO LGBT COMMUNITY CENTER 1927 L STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	233
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	202
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO LOAVES AND FISHES PO BOX 13495 SACRAMENTO, CA 95813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
SACRAMENTO NEIGHBORHOOD HOUSING SER 2411 ALHAMBRA BLVD STE 200 SACRAMENTO, CA 958170420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SACRAMENTO PUBLIC LIBRARY FOUNDATIO 2411 ALHAMBRA BLVD STE 120 SACRAMENTO, CA 95817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO REGION COMMUNITY FOUNDAT 955 UNIVERSITY AVENUE SUITE A SACRAMENTO, CA 95825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SACRAMENTO SOCIETY FOR THE PREVENTI 6201 FLORIN PERKINS RD SACRAMENTO, CA 958281012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	398
SACRAMENTO SOCIETY FOR THE PREVENTI 6201 FLORIN PERKINS RD SACRAMENTO, CA 958281012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRAMENTO SOCIETY FOR THE PREVENTI 6201 FLORIN PERKINS RD SACRAMENTO, CA 958281012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
SACRAMENTO SOCIETY FOR THE PREVENTI 6201 FLORIN PERKINS RD SACRAMENTO, CA 958281012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SACRED HEART CATHEDRAL PREPARATORY 1055 ELLIS STREET SAN FRANCISCO, CA 941097716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	831
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
SACRED HEART COMMUNITY SERVICE 1381 SOUTH 1ST STREET SAN JOSE, CA 951103431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SACRED HEART SCHOOLS ATHERTON 150 VALPARAISO AVE ATHERTON, CA 940274402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADDLEBACK COLLEGE FOUNDATION 28000 MARGUERITE PKWY MISSION VIEJO, CA 926923635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SADDLEBACK VALLEY COMMUNITY CHURCH 1 SADDLEBACK PARKWAY LAKE FOREST, CA 92630	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
SAGE HILL SCHOOL 20402 NEWPORT COAST DRIVE NEWPORT COAST, CA 92657	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGE HILL SCHOOL 20402 NEWPORT COAST DRIVE NEWPORT COAST, CA 92657	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SAHABA INITIATIVE INC 1887 BUSINESS CENTER DR STE 3A SN BERNRDNO, CA 924083445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAHAG-MESROB ARMENIAN CHRISTIAN SCH 2501 N MAIDEN LANE ALTADENA, CA 91001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAHAG-MESROB ARMENIAN CHRISTIAN SCH 2501 N MAIDEN LANE ALTADENA, CA 91001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
SAI SEVA SADAN 3079 KILGORE ROAD SUITE A RANCHO CORDOVA, CA 95670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,286
SAI SEVA SADAN 3079 KILGORE ROAD SUITE A RANCHO CORDOVA, CA 95670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	306
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT CYRIL OF ALEXANDRIA COPTIC OR PO BOX 2146 IRWINDALE, CA 91706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
SAINT CYRIL OF ALEXANDRIA COPTIC OR PO BOX 2146 IRWINDALE, CA 91706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
SAINT CYRIL OF ALEXANDRIA COPTIC OR PO BOX 2146 IRWINDALE, CA 91706	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PAULS FOUNDATION FOR INTERNAT 21 MARSEILLE LAGUNA NIGUEL, CA 92677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAINT ROSE OF LIMA PARISH AND SCHOO 1305 ROYAL AVE SIMI VALLEY, CA 93065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
SAINT ROSE OF LIMA PARISH AND SCHOO 1305 ROYAL AVE SIMI VALLEY, CA 93065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	680
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ROSE OF LIMA PARISH AND SCHOO 1305 ROYAL AVE SIMI VALLEY, CA 93065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	80
SAINT ROSE OF LIMA PARISH AND SCHOO 1305 ROYAL AVE SIMI VALLEY, CA 93065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
SAINT SEBASTIAN PROJECT INC PO BOX 1711 MANHATTAN BEACH, CA 90267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT SEBASTIAN PROJECT INC PO BOX 1711 MANHATTAN BEACH, CA 90267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SAKYA CARE FOUNDATIONPO BOX 173 MIDWAY CITY, CA 92655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	143
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SALESIAN BOYS CLUB INC 680 FILBERT ST SAN FRANCISCO, CA 941332805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALINAS COLTS & BRONCOS INC PO BOX 2612 SALINAS, CA 93902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SALVADORAN AMERICAN LEADERSHIP AND 421 S BIXEL ST SUITE A LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SAMARITAN CENTER-SIMI VALLEY P O BOX 940568 SIMI VALLEY, CA 93094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN CENTER-SIMI VALLEY 280 ROYAL AVENUE SIMI VALLEY, CA 93065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAMARITAN CENTER-SIMI VALLEY P O BOX 940568 SIMI VALLEY, CA 93094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SAMBAFUNK1428 ALICE ST APT 601 OAKLAND, CA 946124072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO HOSPITAL FOUNDATION INC 999 SAN BERNARDINO ROAD UPLAND, CA 91786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAN DIEGO AMERICAN INDIAN HEALTH CE 2602 1ST AVENUE SAN DIEGO, CA 921036599	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAN DIEGO AMERICAN INDIAN HEALTH CE 2602 1ST AVENUE SAN DIEGO, CA 921036599	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO CENTER FOR CHILDREN 3002 ARMSTRONG STREET SAN DIEGO, CA 921115798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
SAN DIEGO FILIPINO CINEMA 2825 DEWEY ROAD STE 209 SAN DIEGO, CA 921066147	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAN DIEGO FRENCH-AMERICAN SCHOOL 6550 SOLEDAD MOUNTAIN RD LA JOLLA, CA 920375835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO GENEALOGICAL SOCIETY PO BOX 635057 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAN DIEGO HOUSING FEDERATION 3939 IOWA STREET SAN DIEGO, CA 92104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
SAN DIEGO HUMANE SOCIETY & SPCA 5500 GAINES ST SAN DIEGO, CA 92110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO IMPERIAL COUNTIES DEVELOP 6050 SANTO RD SUITE 145 SAN DIEGO, CA 92124	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
SAN DIEGO IMPERIAL COUNTIES DEVELOP 6050 SANTO RD SUITE 145 SAN DIEGO, CA 92124	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
SAN DIEGO JEWISH ACADEMY 11860 CARMEL CREEK RD SAN DIEGO, CA 921302474	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	305
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO LESBIAN GAY BISEXUAL AND PO BOX 3357 SAN DIEGO, CA 92163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	131
SAN DIEGO MANA 404 EUCLID AVE SUITE 308 SAN DIEGO, CA 92114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAN DIEGO MANA 404 EUCLID AVE SUITE 308 SAN DIEGO, CA 92114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO MANA 404 EUCLID AVE SUITE 308 SAN DIEGO, CA 92114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SAN DIEGO MILITARY OUTREACH MINISTR 4426 HARBINSON AVE LA MESA, CA 919428710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SAN DIEGO OPERA ASSOCIATION 233 A STREET SUITE 500 SAN DIEGO, CA 92101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO POLICE FOUNDATION 444 WEST BEECH STREET SUITE 250 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SAN DIEGO POLICE FOUNDATION 444 WEST BEECH STREET SUITE 250 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
SAN DIEGO POLICE FOUNDATION 444 WEST BEECH STREET SUITE 250 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO POLICE FOUNDATION 444 WEST BEECH STREET SUITE 250 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
SAN DIEGO REGION SMALL BUSINESS DEV 2448 HISTORIC DECATUR RD 200 SAN DIEGO, CA 921066116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SAN DIEGO REGIONAL CHAMBER FOUNDATI 402 W BROADWAY STE 1000 SAN DIEGO, CA 921013585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO REGIONAL ECONOMIC DEVELOP 530 B STREET SUITE 700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAN DIEGO REGIONAL ECONOMIC DEVELOP 530 B STREET SUITE 700 SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SAN DIEGO RESCUE MISSION INC PO BOX 80427 SAN DIEGO, CA 921380427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO RESCUE MISSION INC PO BOX 80427 SAN DIEGO, CA 921380427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
SAN DIEGO SOCIETY OF NATURAL HISTOR PO BOX 121390 SAN DIEGO, CA 921121390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAN DIEGO SOCIETY OF NATURAL HISTOR PO BOX 121390 SAN DIEGO, CA 921121390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO STATE UNIVERSITY FOUNDATI 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
SAN DIEGO STATE UNIVERSITY FOUNDATI 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
SAN DIEGO STATE UNIVERSITY FOUNDATI 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVE SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SAN DIEGO SYMPHONY ORCHESTRA ASSOCI 1245 SEVENTH AVENUE SAN DIEGO, CA 92101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
SAN DIEGO WORKFORCE PARTNERSHIP INC 9246 LIGHTWAVE AVENUE STE 210 SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DIEGO WORKFORCE PARTNERSHIP INC 9246 LIGHTWAVE AVENUE STE 210 SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SAN DIEGUITO YOUTH SOFTBALL PO BOX 1098 CARDIFF, CA 920077098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAN DIEGUITO YOUTH SOFTBALL PO BOX 1098 CARDIFF, CA 920077098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN DOMENICO SCHOOL 1500 BUTTERFIELD ROAD SAN ANSELMO, CA 94960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
SAN FERNANDO VALLEY FREEDOM FOURSQU 21049 DEVONSHIRE STREET STE 106 CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
SAN FERNANDO VALLEY FREEDOM FOURSQU 21049 DEVONSHIRE STREET STE 106 CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FERNANDO VALLEY FREEDOM FOURSQU 21049 DEVONSHIRE STREET STE 106 CHATSWORTH, CA 91311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	417
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,715
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,006
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	778
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,555
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,281
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,923
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,810
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	558
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SUITE 400 SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	328
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO BALLET ASSOCIATION 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 941022662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SAN FRANCISCO ELITE ACADEMY 4308 GEARY BLVD STE 302 SAN FRANCISCO, CA 941183050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO ENCHANTEES 720 36TH AVE SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO FORTY-NINERS ACADEMY 2695 FORDHAM ST EAST PALO ALTO, CA 943031207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAN FRANCISCO FOUNDATION ONE EMBARCADERO CENTER SUITE 1400 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SAN FRANCISCO GENERAL HOSPITAL FOUN PO BOX 410836 SAN FRANCISCO, CA 941410836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO GIRLS CHORUS INC 44 PAGE STREET SUITE 200 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAN FRANCISCO JAZZ ORGANIZATION 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SAN FRANCISCO JAZZ ORGANIZATION 201 FRANKLIN STREET SAN FRANCISCO, CA 94102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,417
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
SAN FRANCISCO LESBIAN GAY BISEXUAL 1800 MARKET STREET SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO MUSEUM OF MODERN ART 151 THIRD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SAN FRANCISCO NATURE EDUCATION 757 36TH AVE 301 SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SAN FRANCISCO NATURE EDUCATION 757 36TH AVE 301 SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO NATURE EDUCATION 757 36TH AVE 301 SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 941024509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SAN FRANCISCO OPERA ASSOCIATION 301 VAN NESS AVE SAN FRANCISCO, CA 941024509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO PARKS ALLIANCE 1074 FOLSOM ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAN FRANCISCO PARKS ALLIANCE 1074 FOLSOM ST SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SAN FRANCISCO PUBLIC HEALTH FOUNDAT 2310 FOLSOM STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO PUBLIC HEALTH FOUNDAT 2310 FOLSOM STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAN FRANCISCO PUBLIC HEALTH FOUNDAT 2310 FOLSOM STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO PUBLIC HEALTH FOUNDAT 2310 FOLSOM STREET SAN FRANCISCO, CA 94110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SAILING WHALEBOAT ASS 123 EDGEWOOD AVE SAN FRANCISCO, CA 94117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAN FRANCISCO SENIOR AND DISABILITY 1360 MISSION ST STE 400 SAN FRANCISCO, CA 941032628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15
SAN FRANCISCO SOCIETY FOR THE PREVE 201 ALABAMA ST SAN FRANCISCO, CA 941034213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SUICIDE PREVENTION IN PO BOX 191350 SAN FRANCISCO, CA 941191350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO SYMPHONY 201 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
SAN FRANCISCO UNIVERSITY HIGH SCHOO 3065 JACKSON ST SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
SAN FRANCISCO UNIVERSITY HIGH SCHOO 3065 JACKSON ST SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN FRANCISCO UNIVERSITY HIGH SCHOO 3065 JACKSON ST SAN FRANCISCO, CA 94115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO RD SAN FRANCISCO, CA 94132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
SAN FRANCISCO ZOOLOGICAL SOCIETY 1 ZOO RD SAN FRANCISCO, CA 94132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN GABRIEL VALLEY HUMANE SOCIETY 851 E GRAND AVE SAN GABRIEL, CA 917762713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SAN JOSE CHARTER ACADEMY 2021 W ALWOOD ST WEST COVINA, CA 917903259	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
SAN JOSE CHILDRENS DISCOVERY MUSEUM 180 WOZ WAY SAN JOSE, CA 95110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JOSE HIGHLY GIFTED CENTER BOOST 14928 CLYMER ST MISSION HILLS, CA 913452111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
SAN JOSE MUSEUM OF ART ASSOCIATION 110 S MARKET ST SAN JOSE, CA 951132383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SAN JOSE TAIKO GROUP INC 565 NORTH 5TH STREET SAN JOSE, CA 95112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN LUIS OBISPO COUNTY HOUSING TRUS 71 ZACA LANE STE 130 SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
SAN MARINO SCHOOL FOUNDATION 1665 WEST DRIVE SAN MARINO, CA 91108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SAN MARINO SCHOOL FOUNDATION 1665 WEST DRIVE SAN MARINO, CA 91108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MATEO COUNTY COMMUNITY COLLEGES 1700 WEST HILLSDALE BLVD BUILDING 9 SAN MATEO, CA 94402	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MATEO COUNTY HISTORICAL ASSOCIA 2200 BROADWAY REDWOOD CITY, CA 94063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SAN PEDRO CITY BALLET 1231 S PACIFIC AVE SAN PEDRO, CA 907314105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAN RAFAEL HARBOR ROTARY CLUBFOUNDA 313 WEST THOMSON AVENUE SONOMA, CA 95476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAFAEL HIGH SCHOOL BOOSTERS INC PO BOX 151203 SAN RAFAEL, CA 94915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SAN RAFAEL PUBLIC EDUCATION FOUNDAT PO BOX 150157 SAN RAFAEL, CA 94915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SAN RAFAEL PUBLIC EDUCATION FOUNDAT PO BOX 150157 SAN RAFAEL, CA 94915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI 1475 HARLAN DR DANVILLE, CA 945265248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SAN RAMON VALLEY EDUCATION FOUNDATI 10550 ALBION RD SAN RAMON, CA 945822901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
SAN RAMON VALLEY EDUCATION FOUNDATI PO BOX 2023 DANVILLE, CA 94526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	898
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI 2200 HOLBROOK DR DANVILLE, CA 945064413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	735
SAN RAMON VALLEY EDUCATION FOUNDATI 11611 EAST BRANCH PARKWAY SAN RAMON, CA 94582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,845
SAN RAMON VALLEY EDUCATION FOUNDATI 2200 HOLBROOK DR DANVILLE, CA 945064413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY EDUCATION FOUNDATI PO BOX 2023 DANVILLE, CA 94526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN RAMON VALLEY EDUCATION FOUNDATI 10550 ALBION RD SAN RAMON, CA 945822901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	452
SAN RAMON VALLEY EDUCATIONAL FOUNDA 667 DIABLO RD DANVILLE, CA 945262801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN RAMON VALLEY HIGH SCHOOL ACADEM PO BOX 1004 DANVILLE, CA 945261004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SAN RAMON VALLEY HIGH SCHOOL ATHLET PO BOX 412 DANVILLE, CA 945260412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAN RAMON VALLEY HIGH SCHOOL ATHLET PO BOX 412 DANVILLE, CA 945260412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAND TOTS PARENT PARTICIPATION NURS 2227 ARTESIA BLVD REDONDO BEACH, CA 90278	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,560
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,591
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	865
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,342
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,075
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
SANKARA EYE FOUNDATION USA 1900 MCCARTHY BLVD STE 302 MILPITAS, CA 950357436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	432
SANSKRITI1846 LAKOTA ST SIMI VALLEY, CA 930650234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA CHANNEL KEEPER 714 BOND AVE SANTA BARBARA, CA 931033131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SANTA BARBARA CHANNEL KEEPER 714 BOND AVE SANTA BARBARA, CA 931033131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SANTA BARBARA COTTAGE HOSPITAL FOUN PO BOX 689 SANTA BARBARA, CA 931020689	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA FORESTERS 4299 CARPINTERIA AVE CARPENTERIA, CA 930131830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
SANTA BARBARA FOUNDATION 1111 CHAPALA ST STE 200 SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA BARBARA MUSEUM OF ART 1130 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANTA BARBARA VETERANS FOUNDATION 3905 STATE STREET SUITE 7-328 SANTA BARBARA, CA 93105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SANTA CLARITA TAMIL ACADEMY 24308 ASTOR RACING CT VALENCIA, CA 91354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA CLARITA TAMIL ACADEMY 24308 ASTOR RACING CT VALENCIA, CA 91354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SANTA CLARITA VALLEY BOYS AND GIRLS 24909 NEWHALL AVENUE NEWHALL, CA 91321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SANTA CLARITA VALLEY FOOD PANTRY 24133 RAILROAD AVE NEWHALL, CA 913212918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA CLAUS INCORPORATED OF GREATER PO BOX 2642 SAN BERNARDINO, CA 92406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SANTA CRUZ COUNTY OFFICE OF EDUCATI 400 ENCINAL ST SANTA CRUZ, CA 95060	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
SANTA CRUZ COUNTY OFFICE OF EDUCATI 400 ENCINAL ST SANTA CRUZ, CA 95060	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	21,297
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA FE CHRISTIAN SCHOOLS 838 ACADEMY DR SOLANA BEACH, CA 920752034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SANTA MARIA VALLEY HUMANE SOCIETY 1687 W STOWELL RD SANTA MARIA, CA 93458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	232
SANTA MARIA VALLEY HUMANE SOCIETY 1687 W STOWELL RD SANTA MARIA, CA 93458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA MONICA CHAMBER OF COMMERCE FO 1234 6TH ST STE 100 SANTA MONICA, CA 90401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SANTA MONICA CONSERVANCY PO BOX 653 SANTA MONICA, CA 904060653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA MONICA-MALIBU EDUCATION FOUND 1645 16TH STREET SANTA MONICA, CA 904043801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SANTA ROSA COMMUNITY HEALTH CENTERS 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA ROSA MEMORIAL HOSPITAL 101 BROOKWOOD AVE STE 202 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA ROSA PLAYERS 52 W 6TH STREET SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
SANTA ROSA PLAYERS 52 W 6TH STREET SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
SANTA ROSA PLAYERS 52 W 6TH STREET SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA ROSA PLAYERS 52 W 6TH STREET SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SANTA ROSA PLAYERS 52 W 6TH STREET SANTA ROSA, CA 95401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SANTA SUSANA PERFORMING ARTS BOOSTE 3570 COCHRAN ST SIMI VALLEY, CA 930632525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTE DOR FOUNDATION PO BOX 29076 LOS ANGELES, CA 90029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SARAHS HOUSEPO BOX 941768 SIMI VALLEY, CA 930941768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SASB FOUNDATION 1045 SANSOME STREET SUITE 450 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAUSALITO MARIN CITY 10 LIBERTY SHIP WAY STE 150 SAUSALITO, CA 94965	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	3,000
SAUSALITO MARIN CITY 10 LIBERTY SHIP WAY STE 150 SAUSALITO, CA 94965	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	5,000
SAUSALITO NURSERY SCHOOL 625 MAIN ST SAUSALITO, CA 949652318	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE MOUNT DIABLO 1901 OLYMPIC BLVD STE 320 WALNUT CREEK, CA 94596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAVE SOMEBUNNY RABBIT RESCUE INC 63 CAPE COD IRVINE, CA 926202713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SAVE THE BAY 300 FRANK OGAWA PLAZA SUITE 280 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAVE THE REDWOODS LEAGUE 111 SUTTER STREET 11TH FLOOR SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAWDUST FESTIVAL CORPORATION 935 LAGUNA CANYON RD LAGUNA BEACH, CA 926511840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
SCDR INC2801 B STREET 55 SAN DIEGO, CA 921022051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SCHOOL OF ARTS AND CULTURE AT MHP 1700 ALUM ROCK AVE SAN JOSE, CA 951161301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOLS OF THE SACRED HEART-SAN FRA 2222 BROADWAY ST SAN FRANCISCO, CA 941151240	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SCHOOLS OF THE SACRED HEART-SAN FRA 2222 BROADWAY ST SAN FRANCISCO, CA 941151240	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
SCIENCE ACADEMY FUNDRAISING INITIAT 13351 RIVERSIDE DR SUITE D 526 SHERMAN OAKS, CA 91423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCRIPPS COLLEGE 1030 COLUMBIA AVENUE 2009 CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SCRIPPS COLLEGE 1030 COLUMBIA AVENUE 2009 CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SCRIPPS COLLEGE 1030 COLUMBIA AVENUE 2009 CLAREMONT, CA 91711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SDHC BUILDING OPPORTUNITIES INC 1122 BROADWAY SUITE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SEA CREST SCHOOL INC 901 ARNOLD WAY HALF MOON BAY, CA 940192188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
SEARCH TO INVOLVE PILIPINO AMERICAN 3200 W TEMPLE ST LOS ANGELES, CA 900264522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARCH TO INVOLVE PILIPINO AMERICAN 3200 W TEMPLE ST LOS ANGELES, CA 900264522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND COMMUNITY SCHOOL PARENTS ASS 500 CLARENDON AVE SAN FRANCISCO, CA 941311113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 92618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF ORANGE 8014 MARINE WAY IRVINE, CA 926182235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SECOND HARVEST FOOD BANK OF SAN JOA 1220 VANDERBILT CIRCLE MANTECA, CA 953376116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,510
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SECOND HARVEST FOOD BANK OF SANTA C 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	29
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK SANTA CRUZ 800 OHLONE PKWY WATSONVILLE, CA 950767005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SECOND HARVEST OF SILICON VALLEY 1051 BING STREET SAN CARLOS, CA 94070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST OF SILICON VALLEY 750 CURTNER AVE SAN JOSE, CA 95125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
SEGERSTROM CENTER FOR THE ARTS 600 TOWN CENTER DR COSTA MESA, CA 926261916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELF HELP ENTERPRISESPO BOX 6520 VISALIA, CA 93290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SELF HELP ENTERPRISESPO BOX 6520 VISALIA, CA 93290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SELF-HELP GRAPHICS AND ARTS INC 1300 EAST 1ST STREET LOS ANGELES, CA 90033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEND ITPO BOX 1841 TRUCKEE, CA 96161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SENS FOUNDATION INC 110 PIONEER WAY STE J MOUNTAIN VIEW, CA 940411519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SENS FOUNDATION INC 110 PIONEER WAY STE J MOUNTAIN VIEW, CA 940411519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENS FOUNDATION INC 110 PIONEER WAY STE J MOUNTAIN VIEW, CA 940411519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SENS FOUNDATION INC 110 PIONEER WAY STE J MOUNTAIN VIEW, CA 940411519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SENS FOUNDATION INC 110 PIONEER WAY STE J MOUNTAIN VIEW, CA 940411519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY UNIT 10 THREE RIVERS, CA 93271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY UNIT 10 THREE RIVERS, CA 93271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
SEQUOIA PARKS CONSERVANCY 47050 GENERALS HIGHWAY 10 THREE RIVERS, CA 93271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERRA CATHOLIC SCHOOL 23652 ANTONIO PKWY RANCHO SANTA MARGARITA, CA 926884949	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,229
SERVICE CORPS OF RETIRED EXECUTIVES 1228 BROAD ST SAN LUIS OBISPO, CA 93401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SERVING PEOPLE IN NEED INC 151 KALMUS DR STE H-2 COSTA MESA, CA 926265969	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVITE HIGH SCHOOL 1952 W LA PALMA AVE ANAHEIM, CA 92801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SERVITE HIGH SCHOOL 1952 W LA PALMA AVE ANAHEIM, CA 92801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SEVA FOUNDATION1786 5TH ST BERKELEY, CA 947101716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN HILLS SCHOOL 975 NORTH SAN CARLOS DRIVE WALNUT CREEK, CA 94598	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
SFBA3010 GEARY BLVD SAN FRANCISCO, CA 941183315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SFMADE150 HOOPER STREET UNIT 200 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SGI-USA ENDOWMENT 606 WILSHIRE BLVD SANTA MONICA, CA 904011502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SHALOM CENTER FOR T R E E OF LIFE T 2975 WILSHIRE BLVD STE 415 LOS ANGELES, CA 900101112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SHANTI PROJECT INC730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANTI PROJECT INC730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SHANTI PROJECT INC730 POLK ST FL 3 SAN FRANCISCO, CA 941097813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARE INCPO BOX 1342 BEVERLY HILLS, CA 90213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHASTA COUNTY YOUNG MENS CHRISTIAN 1155 N COURT STREET REDDING, CA 96002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHASTA LIBRARY FOUNDATION PO BOX 993366 REDDING, CA 960993366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHASTA LIBRARY FOUNDATION PO BOX 993366 REDDING, CA 960993366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHASTA WOMENS REFUGE PO BOX 991060 REDDING, CA 96099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHAVER LAKE CIVIC LEAGUE INC PO BOX 96 SHAVER LAKE, CA 936640096	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
SHELTER INCPO BOX 5368 CONCORD, CA 94524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER INCPO BOX 5368 CONCORD, CA 94524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SHELTER PARTNERSHIP INC 520 S GRAND AVE STE 695 LOS ANGELES, CA 900712660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SHELTER PARTNERSHIP INC 520 S GRAND AVE STE 695 LOS ANGELES, CA 900712660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SHELTER PROVIDERS OF ORANGE COUNTY 24 EXECUTIVE PARK STE 100 IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SHELTER PROVIDERS OF RIVERSIDE INC 3891 11TH ST RIVERSIDE, CA 925013523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER TO SOLDIER INC 3143 4TH AVE SAN DIEGO, CA 921035802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
SHOOTING STARS FOUNDATION INC 2197 PLUMLEIGH DR FREMONT, CA 94539	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BLVD SACRAMENTO, CA 95817	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 909 S FAIR OAKS AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	70
SHRINERS HOSPITALS FOR CHILDREN 909 S FAIR OAKS AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SHRINERS HOSPITALS FOR CHILDREN 909 S FAIR OAKS AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 909 S FAIR OAKS AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	24
SIERRA BUSINESS COUNCIL PO BOX 2428 TRUCKEE, CA 96160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SIERRA CANYON HIGH SCHOOL FOUNDATIO 11052 INDEPENDENCE AVE CHATSWORTH, CA 913111562	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	472
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
SIERRA FOREVER FAMILIES 8912 VOLUNTEER LANE SACRAMENTO, CA 958263221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA FOREVER FAMILIES 8912 VOLUNTEER LANE SACRAMENTO, CA 958263221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
SIERRA FOREVER FAMILIES 8912 VOLUNTEER LANE SACRAMENTO, CA 958263221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LN STE 100 SACRAMENTO, CA 958263238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA PREGNANCY & HEALTH 1212 COLOMA WAY STE A ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SIERRA REPERTORY THEATRE INCOR PORA PO BOX 3030 SONORA, CA 95370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
SIERRA REPERTORY THEATRE INCOR PORA PO BOX 3030 SONORA, CA 95370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA REPERTORY THEATRE INCOR PORA PO BOX 3030 SONORA, CA 95370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SIERRA VISTA DONS BOOSTER CLUB PO BOX 1068 BALDWIN PARK, CA 917067068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,031
SILICON ANDHRA 1521 CALIFORNIA CIRCLE MILPITAS, CA 95035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILICON VALLEY CAMPAIGN FOR LEGAL S PO BOX 391471 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SILICON VALLEY CREATES 38 W SANTA CLARA ST SAN JOSE, CA 95113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SILICON VALLEY PET PROJECT PO BOX 6145 SAN JOSE, CA 951506145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILVER AGE YOGA COMMUNITY OUTREACH PO BOX 160 DEL MAR, CA 92014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
SILVER AGE YOGA COMMUNITY OUTREACH PO BOX 160 DEL MAR, CA 92014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
SILVER LINING MISSIONS 16 CORNING AVE SUITE 206 MILPITAS, CA 950355300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMI VALLEY LACROSSE CLUB 525 COUNTRY CLUB DRIVE SUITE C SIMI VALLEY, CA 930650638	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMI VALLEY MISSING PETS INC 1307 RINCON ST SIMI VALLEY, CA 930654741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SIMI VALLEY YOUTH SOCCER LEAGUE PO BOX 81 SIMI VALLEY, CA 930620081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SIMON WIESENTHAL CENTER 1399 S ROXBURY 2ND FL LOS ANGELES, CA 900354709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMPSON UNIVERSITY 2211 COLLEGE VIEW DR REDDING, CA 960038601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
SIMPSON UNIVERSITY 2211 COLLEGE VIEW DR REDDING, CA 960038601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SIMXA COMPANY INC 126 SOUTH ORANGE DRIVE LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMXA COMPANY INC 126 SOUTH ORANGE DRIVE LOS ANGELES, CA 90036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
SINAI AKIBA ACADEMY 10400 WILSHIRE BLVD LOS ANGELES, CA 900244602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SINALOA MIDDLE601 ROYAL AVE SIMI VALLEY, CA 930654346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINALOA MIDDLE601 ROYAL AVE SIMI VALLEY, CA 930654346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
SINALOA MIDDLE601 ROYAL AVE SIMI VALLEY, CA 930654346	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SISTERS INVOLVED IN LINKING KNOWLED PO BOX 90772 LOS ANGELES, CA 90009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS INVOLVED IN LINKING KNOWLED PO BOX 90772 LOS ANGELES, CA 90009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
SISTERS INVOLVED IN LINKING KNOWLED PO BOX 90772 LOS ANGELES, CA 90009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
SISTERS OF SAINT JOSEPH OF ORANGE A 480 S BATAVIA ORANGE, CA 928683995	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKID ROW HOUSING TRUST 1317 E 7TH STREET LOS ANGELES, CA 900211101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 900496833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SKIRBALL CULTURAL CENTER 2701 N SEPULVEDA BLVD LOS ANGELES, CA 900496833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLEEPY HOLLOW ELEMENTARY 20 WASHINGTON LN ORINDA, CA 94563	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,850
SLEEPY HOLLOW PARENTS CLUB INC 20 WASHINGTON LN ORINDA, CA 945631325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
SOC OPEN AIR THEATER INC 9095 CENTRAL AVE SUITE 11C GARDEN GROVE, CA 92844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL ASSISTANCE PROGRAM FOR VIETN 12881 KNOTT ST STE 116 GARDEN GROVE, CA 928413945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOCIAL ASSISTANCE PROGRAM FOR VIETN 12881 KNOTT ST STE 116 GARDEN GROVE, CA 928413945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SOCIAL GOOD FUNDPO BOX 5473 RICHMOND, CA 94805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL VENTURE PARTNERS LOS ANGELES 800 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOCIAL VENTURE PARTNERS LOS ANGELES 800 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIAL VENTURE PARTNERS LOS ANGELES 800 WILSHIRE BLVD SUITE 200 LOS ANGELES, CA 90017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR CREATIVE ANACHRONISM IN PO BOX 360789 MILPITAS, CA 950360789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOCIETY FOR THE BLIND 1238 S STREET SACRAMENTO, CA 95811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SOCIETY FOR THE PREVENTION OF CRUEL PO BOX 3058 MONTEREY, CA 93942	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOI DOG2010 15TH ST SAN FRANCISCO, CA 941141307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOIL BORN FARM URBAN AGRICULTURE PR PO BOX 661175 SACRAMENTO, CA 95866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	898
SOLANA BEACH SCHOOLS FOUNDATION 309 N RIOS AVE SOLANA BEACH, CA 92075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLANO AQUATIC SEA OTTERS 5055 BUSINESS CENTER DR STE 108-PMB256 FAIRFIELD, CA 945341668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOLE TO SOUL INTERNATIONAL MINISTRI 5475 E LA PALMA AVE STE 208 ANAHEIM, CA 928076009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SOLE TO SOUL INTERNATIONAL MINISTRI 5475 E LA PALMA AVE STE 208 ANAHEIM, CA 928076009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLUTIONS FOR AT RISK YOUTH 579 WILLOW CT BENICIA, CA 945101448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SOLUTIONS FOR URBAN AGRICULTURE 11405 JEFFREY ROAD IRVINE, CA 92602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOLUTIONS FOR URBAN AGRICULTURE 11405 JEFFREY ROAD IRVINE, CA 92602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLVANG DANISH DAYS FOUNDATION PO BOX 1424 SOLVANG, CA 934641424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOMAFM COMMUNITY RADIO INC 2180 BRYANT ST SUITE 208 SAN FRANCISCO, CA 94110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOMEONE CARES SOUP KITCHEN PO BOX 11267 COSTA MESA, CA 92627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMEONE CARES SOUP KITCHEN PO BOX 11267 COSTA MESA, CA 92627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOMOS MAYFAIR INC 370-B S KING ROAD SAN JOSE, CA 951160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SONOMA LAND TRUST 822 FIFTH STREET SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SONOMA VALLEY HISTORICAL SOCIETY IN PO BOX 861 SONOMA, CA 954760861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
SONOMA VOLUNTEER FIREFIGHTERS ASSOC 630 2ND ST W SONOMA, CA 954766901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 683 SAINT HELENA, CA 945740683	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM 1464 MADERA RD N323 SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	687
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
SOROPTIMIST INTERNATIONAL OF THE AM 1464 MADERA RD N323 SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	832
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 1185 WINDSOR, CA 95492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
SOROPTIMIST INTERNATIONAL OF THE AM 1464 MADERA RD N323 SIMI VALLEY, CA 93065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	416
SOUND N VISION INC 2046 E BRIDGER CT TULARE, CA 93274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOURCE LGBT CENTER INC PO BOX 188 VISALIA, CA 932790188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
SOURCE LGBT CENTER INC PO BOX 188 VISALIA, CA 932790188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SOURCE LGBT CENTER INC PO BOX 188 VISALIA, CA 932790188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOURCE LGBT CENTER INCPO BOX 188 VISALIA, CA 932790188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
SOURCE LGBT CENTER INCPO BOX 188 VISALIA, CA 932790188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,151
SOUTH COAST REPERTORY INC 655 TOWN CENTER DRIVE COSTA MESA, CA 926282197	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH COAST REPERTORY INC 655 TOWN CENTER DRIVE COSTA MESA, CA 926282197	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35,000
SOUTH COUNTY OUTREACH 7 WHATNEY SUITE B IRVINE, CA 92618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SOUTH PASADENA BEAUTIFUL INC PO BOX 1133 SO PASADENA, CA 91031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST ASIAN COMMUNITY CENTER 875 OFARRELL STREET SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHERN CALIFORNIA ASSOCIATION OF 340 E 2ND STREET SUITE 406 LOS ANGELES, CA 90012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SOUTHERN CALIFORNIA BULLDOG RESCUEI PO BOX 10313 SANTA ANA, CA 927110313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA BULLDOG RESCUEI PO BOX 10313 SANTA ANA, CA 927110313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTHERN CALIFORNIA BULLDOG RESCUEI PO BOX 10313 SANTA ANA, CA 927110313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHERN CALIFORNIA CENTER FOR NONP 1000 N ALAMEDA STREET SUITE 250 LOS ANGELES, CA 90012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA GRANTMAKERS 1000 NORTH ALAMEDA STREET SUITE 230 LOS ANGELES, CA 90012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
SOUTHERN CALIFORNIA LABRADOR RETRIE 24325 CRENSHAW BLVD 137 TORRANCE, CA 90505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
SOUTHERN CALIFORNIA PIANO CONSERVAT 6520 PLATT AVE 193 WEST HILLS, CA 913073218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PIANO CONSERVAT 6520 PLATT AVE 193 WEST HILLS, CA 913073218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	466
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CALIFORNIA PUBLIC RADIO 474 S RAYMOND AVE PASADENA, CA 91105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN CALIFORNIA RAILWAY PLAZA A PO BOX 5195 FULLERTON, CA 92838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SOUTHWESTERN COLLEGE FOUNDATION 900 OTAY LAKES RD CHULA VISTA, CA 919107223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWESTERN COLLEGE FOUNDATION 900 OTAY LAKES RD CHULA VISTA, CA 919107223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOVEREIGN ORDER OF MALTA-WESTERN AS 610 16TH ST STE 410 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,420
SOWING SEEDS FOR LIFE 1350 ARROW HWY LA VERNE, CA 91030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPANISH-SPEAKING UNITY COUNCIL OF A 1900 FRUITVALE AVENUE STE 2A OAKLAND, CA 94601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SPANISH-SPEAKING UNITY COUNCIL OF A 1900 FRUITVALE AVENUE STE 2A OAKLAND, CA 94601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
SPARROW MUSIC INC 2962 STORY ROAD SAN JOSE, CA 95127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPASTIC PARAPLEGIA FOUNDATION INC 1605 GOULARTE PLACE FREMONT, CA 94539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPASTIC PARAPLEGIA FOUNDATION INC 1605 GOULARTE PLACE FREMONT, CA 94539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS INCPO BOX 5130 SAN JOSE, CA 95150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INCPO BOX 5130 SAN JOSE, CA 95150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS INCPO BOX 5130 SAN JOSE, CA 95150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS NORTHERN CALIFORNI 3480 BUSKIRK AVE SUITE 340 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTHERN CALIFORNI 3480 BUSKIRK AVE SUITE 340 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS SOUTHERN CALIFORNI 1600 FORBES WAY SUITE 200 LONG BEACH, CA 90810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL SERVICE FOR GROUPS INC 905 EAST 8TH STREET LOS ANGELES, CA 90021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SPEECH AND LANGUAGE DEVELOPMENT CEN 8699 HOLDER STREET BUENA PARK, CA 906203614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SPEECH AND LANGUAGE DEVELOPMENT CEN 8699 HOLDER STREET BUENA PARK, CA 906203614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPEECH AND LANGUAGE DEVELOPMENT CEN 8699 HOLDER STREET BUENA PARK, CA 906203614	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
SPIRIT OF JOY LUTHERAN CHURCH 1735 MAIN ST RAMONA, CA 920652218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SPIRITHORSE THERAPEUTIC RIDING CENT 1105 TAYLOR AVE VALLEJO, CA 945917508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPONDYLITIS ASSOCIATION OF AMERICA PO BOX 5872 SHERMAN OAKS, CA 914135872	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SPONDYLITIS ASSOCIATION OF AMERICA 16360 ROSCOE BLVD SUITE 100 VAN NUYS, CA 91406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
SPONDYLITIS ASSOCIATION OF AMERICA 16360 ROSCOE BLVD SUITE 100 VAN NUYS, CA 91406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPONDYLITIS ASSOCIATION OF AMERICA 16360 ROSCOE BLVD SUITE 100 VAN NUYS, CA 91406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
SPORTING SO-CAL SOCCER ACADEMY 409 W LOMITA AVE APT 114 GLENDALE, CA 912043034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SQUARE & CIRCLE CLUB PO BOX 640137 SAN FRANCISCO, CA 941640137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI PANCHAMUKHA HANUMAN TEMPLE AND 3555 LOMITA BLVD STE A TORRANCE, CA 905055013	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SRI SIDDHI VINAYAKA TEMPLE SANTA CL 24308 ASTOR RACING CT VALENCIA, CA 91354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SRI SIDDHI VINAYAKA TEMPLE SANTA CL 24308 ASTOR RACING CT VALENCIA, CA 91354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	713
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
ST ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE HIGH SCHOOL 3266 NUTMEG STREET SAN DIEGO, CA 92104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,303
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,963
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,625
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,056
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	326
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	61
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,525
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	702
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,601
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	99
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	931
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ST BALDRICKS FOUNDATION INC 1333 S MAYFLOWER AVE STE 400 MONROVIA, CA 910165268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST BARNABAS SENIOR CENTER OF LOS AN 675 S CARONDELET ST LOS ANGELES, CA 90057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BARNABAS SENIOR CENTER OF LOS AN 675 S CARONDELET ST LOS ANGELES, CA 90057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST BRENDAN SCHOOL 940 LAGUNA HONDA BLVD SAN FRANCISCO, CA 94127	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CATHERINE OF SIENA SCHOOL 1300 BAYSWATER AVENUE BURLINGAME, CA 94010	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST CECILIA SCHOOL 660 VICENTE STREET SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
ST DOMINIC ELEMENTARY SCHOOL ST DOMINIC SCHOOL BENICIA, CA 94510	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FINN BARR CATHOLIC SCHOOL 419 HEARST AVENUE SAN FRANCISCO, CA 941121350	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	765
ST FRANCIS HIGH SCHOOL 1885 MIRAMONTE AVE MOUNTAIN VIEW, CA 94040	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST FRANCIS HIGH SCHOOL 200 FOOTHILL BLVD LA CANADA, CA 910113700	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS HIGH SCHOOL 5900 ELVAS AVENUE SACRAMENTO, CA 95819	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
ST FRANCIS HIGH SCHOOL 200 FOOTHILL BLVD LA CANADA, CA 910113700	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST GABRIEL ELEMENTARY SCHOOL 2550 FORTY FIRST AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELENA PUBLIC SCHOOLS FOUNDATION PO BOX 305 SAINT HELENA, CA 945740305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 941161165	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,250
ST IGNATIUS COLLEGE PREPARATORY 2001 37TH AVENUE SAN FRANCISCO, CA 94116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS SCHOOL 6025 MONTE VISTA STREET LOS ANGELES, CA 90042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST IGNATIUS SCHOOL 6025 MONTE VISTA STREET LOS ANGELES, CA 90042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST ISABELLA SCHOOL1 TRINITY WAY SAN RAFAEL, CA 949033341	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ISIDORE SCHOOL 435 LA GONDA WAY DANVILLE, CA 94526	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
ST JAMES ELEMENTARY SCHOOL 321 FAIR OAKS STREET SAN FRANCISCO, CA 94110	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST JAMES THE LESS CHURCH 4651 DUNSMORE AVE LA CRESCENTA, CA 912141812	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN BOSCO HIGH SCHOOL 13640 S BELLFLOWER BLVD BELLFLOWER, CA 90706	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,628
ST JOSEPH HERITAGE HEALTHCARE 1515 E ORANGEWOOD AVE ANAHEIM, CA 928056824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ST JOSEPHS FAMILY CENTER 7950 CHURCH ST STE A GILROY, CA 950204401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE HOSPITAL INC 101 E VALENCIA MESA DR FULLERTON, CA 928353809	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
ST JUDE HOSPITAL INC 101 E VALENCIA MESA DR FULLERTON, CA 928353809	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ST JUDE HOSPITAL INC 101 E VALENCIA MESA DR FULLERTON, CA 928353809	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE MEMORIAL FOUNDATION UNITED 1440 N HARBOR BLVD STE 200 FULLERTON, CA 92835	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST MARGARET OF SCOTLAND EPISCOPAL S 31641 LA NOVIA AVE SAN JUAN CAPISTRANO, CA 926752752	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	625
ST MARY'S COLLEGE HIGH SCHOOL 1294 ALBINA AVENUE BERKELEY, CA 94706	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,125
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	731
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	833
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS COLLEGE OF CALIFORNIA 1928 SAINT MARYS RD PMB 4300 MORAGA, CA 945754300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST MARYS DINING ROOM 545 W SONORA ST STOCKTON, CA 952033329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ST MARY'S HIGH SCHOOLPO BOX 7247 STOCKTON, CA 952670247	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOLPO BOX 7247 STOCKTON, CA 952670247	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MATTHEWS PARISH SCHOOL 1031 BIENVENEDA AVE PACIFIC PLSDS, CA 90272	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST MEL SCHOOL20874 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MEL SCHOOL20874 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MONICA SCHOOL5950 GEARY BLVD SAN FRANCISCO, CA 94121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST PASCHAL BAYLON SCHOOL 154 E JANSS ROAD THOUSAND OAKS, CA 913603323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK CATHOLIC SCHOOL 3820 PIO PICO CARLSBAD, CA 92008	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
ST PATRICK SCHOOL907 SEVENTH ST RODEO, CA 94572	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST PATRICK SCHOOL120 KING STREET LARKSPUR, CA 94939	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK SCHOOL120 KING STREET LARKSPUR, CA 94939	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	425
ST PAUL THE APOSTLE SCHOOL 1536 SELBY AVENUE LOS ANGELES, CA 900245714	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ST PHILIP NERI SCHOOL1335 HIGH ST ALAMEDA, CA 94501	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PHILIP THE APOSTLE SCHOOL 1363 CORDOVA STREET PASADENA, CA 91106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	160
ST PHILIP THE APOSTLE SCHOOL 1363 CORDOVA STREET PASADENA, CA 91106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
ST RAPHAEL ELEMENTARY SCHOOL 924 W 70TH STREET LOS ANGELES, CA 900445221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAPHAEL ELEMENTARY SCHOOL 924 W 70TH STREET LOS ANGELES, CA 900445221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	120
ST RAPHAEL ELEMENTARY SCHOOL 924 W 70TH STREET LOS ANGELES, CA 900445221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST RAPHAEL SCHOOL 1100 FIFTH AVENUE SAN RAFAEL, CA 94901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS THE APOSTLE ELEMENTARY SC 3801 BALBOA STREET SAN FRANCISCO, CA 94121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
ST THOMAS THE APOSTLE ELEMENTARY SC 3801 BALBOA STREET SAN FRANCISCO, CA 94121	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
ST VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK ST PETALUMA, CA 949522140	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL SOCIETY820 B ST SAN RAFAEL, CA 949013003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ST VINCENT DE PAUL VILLAGE INC 3350 E ST SAN DIEGO, CA 921023332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ST VINCENT DE PAUL VILLAGE INC 3350 E ST SAN DIEGO, CA 921023332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL VILLAGE INC 3350 E ST SAN DIEGO, CA 921023332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ST VINCENT DE PAUL VILLAGE INC 3350 E STREET SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ST VINCENT DE PAUL VILLAGE INC 3350 E ST SAN DIEGO, CA 921023332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT ELEMENTARY SCHOOL UNION HOWARD STREETS PETALUMA, CA 94952	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
ST VINCENT ELEMENTARY SCHOOL UNION HOWARD STREETS PETALUMA, CA 94952	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	80
ST VINCENT SENIOR CITIZEN NUTRITION 2303 MIRAMAR STREET LOS ANGELES, CA 900571901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT SENIOR CITIZEN NUTRITION 2303 MIRAMAR STREET LOS ANGELES, CA 900571901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
ST VINCENT SENIOR CITIZEN NUTRITION 2303 MIRAMAR STREET LOS ANGELES, CA 900571901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ST ALOYSIUS CHURCH 125 EAST PLEASANT TULARE, CA 93274	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ELIZABETH PARISH SCHOOL 1840 LAKE AVENUE ALTADENA, CA 91001	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH NOTRE DAME HIGH SCH 1011 CHESTNUT STREET ALAMEDA, CA 94501	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ST PATRICK'S EPISCOPAL CHURCH AND ONE CHURCH ROAD THOUSAND OAKS, CA 91362	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAGE RIGHT PRODUCTIONS INC 8377 TAMPICO COURT FAIR OAKS, CA 95662	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
STAND FOR FAMILIES FREE OF VIOLENCE 1410 DANZIG PLAZA CONCORD, CA 945207979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
STAND FOR FAMILIES FREE OF VIOLENCE 1410 DANZIG PLAZA CONCORD, CA 94520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANFORD SETTLEMENT INC 450 WEST EL CAMINO AVENUE SACRAMENTO, CA 958332299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
STANFORD SETTLEMENT INC 450 WEST EL CAMINO AVENUE SACRAMENTO, CA 958332299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
STANFORD YOUTH SOLUTIONS 8912 VOLUNTEER LANE SACRAMENTO, CA 958263221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANFORD YOUTH SOLUTIONS 8912 VOLUNTEER LANE SACRAMENTO, CA 958263221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
STARLIGHT CHILDRENS FOUNDATION 2049 CENTURY PARK EAST SUITE 4320 LOS ANGELES, CA 90067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STARTOUT 1 EMBARCADERO CENTER SUITE 3250 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STARVISTA610 ELM STREET SUITE 212 SAN CARLOS, CA 94070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
STARVISTA610 ELM STREET SUITE 212 SAN CARLOS, CA 94070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
STEM ADVANTAGE117 22ND STREET HUNTINGTON BEACH, CA 92648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPING STONE OF SAN DIEGO 3767 CENTRAL AVE SAN DIEGO, CA 92105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
STEPPING STONES RIDING PROGRAM 2539 YOUNG AVE THOUSAND OAKS, CA 913601845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	211
STEPPING STONES RIDING PROGRAM 2539 YOUNG AVE THOUSAND OAKS, CA 913601845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	211
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPING STONES RIDING PROGRAM 2539 YOUNG AVE THOUSAND OAKS, CA 913601845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
STERN GROVE FESTIVAL ASSOCIATION 832 FOLSOM STREET SUITE 1000 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STERN GROVE FESTIVAL ASSOCIATION 832 FOLSOM STREET SUITE 1000 SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STERNE SCHOOL838 KEARNY ST SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
STEVENS HOPE FOR CHILDREN INC 1014 W FOOTHILL BLVD STE B UPLAND, CA 917863779	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STEVENSON RANCH ELEMENTARY PTO 25820 CARROLL LN STEVENSON RNH, CA 913811100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOCKTON SYMPHONY ASSOCIATION INC 4629 QUAIL LAKES DRIVE STOCKTON, CA 95207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
STONE VALLEY MIDDLE 3001 MIRANDA AVE ALAMO, CA 945071646	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	315
STONEWALL FUND INCORPORATED 6615 SNAKE ROAD OAKLAND, CA 94611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOP TOXIC HOUSING IN PASADENA INC 155 S EL MOLINO AVE STE 104 PASADENA, CA 911012563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STOP TOXIC HOUSING IN PASADENA INC 155 S EL MOLINO AVE STE 104 PASADENA, CA 911012563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
STRAIT UP FOUNDATION 4490 CORNISHON AVENUE LA CANADA, CA 910113243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETLIGHTS PRODUCTION ASSISTANT P 662 N VAN NESS AVE SUITE 105 LOS ANGELES, CA 90004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
STS PETER & PAUL SCHOOL 660 FILBERT STREET SAN FRANCISCO, CA 94133	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	321
STS PETER & PAUL SCHOOL 660 FILBERT STREET SAN FRANCISCO, CA 94133	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUART HALL FOR BOYS 2222 BROADWAY SAN FRANCISCO, CA 94115	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
STUDENT HEALTH SVCS SUPPORT FUND 333 SOUTH BEAUDRY AVENUE 29TH FL LOS ANGELES, CA 900175106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STUDENT HEALTH SVCS SUPPORT FUND 333 SOUTH BEAUDRY AVENUE 29TH FL LOS ANGELES, CA 900175106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENTS RUN AMERICA 5252 CREBS AVENUE TARZANA, CA 91356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUDARA FREEDOM FUND 1901 E 4TH ST 100 SANTA ANA, CA 92705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMERFIELD WALDORF SCHOOL AND FARM 655 WILLOWSIDE RD SANTA ROSA, CA 95401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,432
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDANCE ASSOCIATION FOR COUNTRY WE 2261 MARKET STREET PMB 225 SAN FRANCISCO, CA 94114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,400
SUNFLOWER HILLPO BOX 11436 PLEASANTON, CA 945881436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUNNY BRAE AVENUE ELEMENTARY 20620 ARMINTA ST WINNETKA, CA 913062109	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSAR MAYA INC1457 JEFFERSON ST SAN FRANCISCO, CA 94123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	511
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VLG, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUPER JOEY FOUNDATION CORPORATION 5776-D LINDERO CANYON RD 159 WESTLAKE VILLAGE, CA 913624088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
SUPPORT THE ENLISTED PROJECT INC PO BOX 26747 SAN DIEGO, CA 92196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SURFRIDER FOUNDATION PO BOX 73550 SAN CLEMENTE, CA 92673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SURGICAL EYE EXPEDITIONS INTERNATIO 175 CREMONA DRIVE SUITE 100 GOLETA, CA 931173484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	57
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	330
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	663
SUSAN G KOMEN BREAST CANCER FOUNDAT 4699 MURPHY CANYON RD SUITE 102B SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 2817 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 2817 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1266 RIVERSIDE, CA 92502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,117
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2817 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 7177 BROCKTON AVE STE 108 RIVERSIDE, CA 925062632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1469 PACIFIC AVE SAN FRANCISCO, CA 94109	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	120
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 5901 W CENTURY BLVD SUITE 800 LOS ANGELES, CA 90045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAINABLE CONSERVATION 98 BATTERY STREET SUITE 302 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SUSTAINABLE CONSERVATION 98 BATTERY STREET SUITE 302 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SUTTER MIDDLE SCHOOL PARENT TEACHER 3150 I ST SACRAMENTO, CA 958164422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUVIDHA INTERNATIONAL FOUNDATION 599 BROKEN TOP CT FOLSOM, CA 95630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUZANNE SCHOOL COMMUNITY CLUB 525 SUZANNE RD WALNUT, CA 917891938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SV HOME350 W JULIAN ST BLDG 5 SAN JOSE, CA 951102305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWORDS TO PLOWSHARES VETERANS RIGHT 401 VAN NESS AVE SUITE 313 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SWORDS TO PLOWSHARES VETERANS RIGHT 401 VAN NESS AVE SUITE 313 SAN FRANCISCO, CA 94102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
T H E FOUNDATION FOR LAS VIRGENES S 4111 N LAS VIRGENES RD CALABASAS, CA 91302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T H I N K TOGETHER 2101 EAST FOURTH STREET BLDG B SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
T H I N K TOGETHER 2101 EAST FOURTH STREET BLDG B SANTA ANA, CA 92705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TABERNACLE CHRISTIAN SCHOOL 4380 CONCORD BLVD CONCORD, CA 945211155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TABERNACLE CHRISTIAN SCHOOL 4380 CONCORD BLVD CONCORD, CA 945211155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TABERNACLE CHRISTIAN SCHOOL 4380 CONCORD BLVD CONCORD, CA 945211155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,341
TAHOE PROSPERITY CENTER 942 KEKIN STREET SOUTH LAKE TAHOE, CA 96150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAILHOOK EDUCATIONAL FOUNDATION INC 9696 BUSINESSPARK AVE SAN DIEGO, CA 921311643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TALK ABOUT CURING AUTISM 2222 MARTIN ST 140 IRVINE, CA 92612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	188
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	63
TALLER SAN JOSE HOPE BUILDERS 801 N BROADWAY SANTA ANA, CA 92701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	63
TAM HIGH FOUNDATION 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAM HIGH FOUNDATION 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TAM HIGH FOUNDATION 700 MILLER AVE MILL VALLEY, CA 949412926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
TAYLOR LYNN FOUNDATION PO BOX 6333 SAN RAFAEL, CA 94903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 606 SOUTH OLIVE STREET 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TEACH FOR AMERICA INC 606 SOUTH OLIVE STREET 300 LOS ANGELES, CA 90014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TEAM FOR EDUCATIONAL ACTIVITIES IN 1525 WHITE BIRCH TERRACE 225 FREMONT, CA 94536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM FOR EDUCATIONAL ACTIVITIES IN 1525 WHITE BIRCH TERRACE 225 FREMONT, CA 94536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
TEAM FOR EDUCATIONAL ACTIVITIES IN 1525 WHITE BIRCH TERRACE 225 FREMONT, CA 94536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
TEAM PRIME TIME INC 3740 OVERLAND AVE STE F LOS ANGELES, CA 900346378	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	303
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	957
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	452
TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 LOS ANGELES, CA 90045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEDDY BEAR CANCER FOUNDATION 3892 STATE STREET SUITE 220 SANTA BARBARA, CA 93105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TEEN CANCER AMERICA INC 11835 W OLYMPIC BLVD STE 265E LOS ANGELES, CA 900645009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
TEEN CHALLENGE OF SOUTHERN CALIFORN PO BOX 1064 VENTURA, CA 93002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CHALLENGE OF SOUTHERN CALIFORN PO BOX 1064 VENTURA, CA 93002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TELACU EDUCATION FOUNTATION 5400 EAST OLYMPIC BOULEVARD THIRD FLOOR LOS ANGELES, CA 90022	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
TELUGU ASSOCIATION OF SOUTHERN CALI 76 PLUM FEATHER IRVINE, CA 926203100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,790
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TELUGU ASSOCIATION OF TRIVALLEY 13216 TORRIDON CT MOORPARK, CA 93021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMECULA PREPARATORY SCHOOL 35777 ABELIA ST WINCHESTER, CA 925968450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TEMECULA PREPARATORY SCHOOL 35777 ABELIA ST WINCHESTER, CA 925968450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TEMPLE EMANUEL OF BEVERLY HILLS 8844 BURTON WAY BEVERLY HILLS, CA 902111724	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE ETZ CHAIM 1080 EAST JANSS ROAD THOUSAND OAKS, CA 913605119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	36
TEMPLE SOLEL OF NORTHERN SAN DIEGO 3575 MANCHESTER AVE CARDIFF, CA 920071520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
TEMPLE SOLEL OF NORTHERN SAN DIEGO 3575 MANCHESTER AVE CARDIFF, CA 920071520	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENDERLOIN NEIGHBORHOOD DEVELOPMENT 201 EDDY ST SAN FRANCISCO, CA 941022715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
THAT MAN MAY SEE INC 1426 FILLMORE STREET SAN FRANCISCO, CA 941154164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
THE A21 CAMPAIGN INC 2781 W MACARTHUR BLVD STE B 605 SANTA ANA, CA 92704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE ALAMEDA COUNTY COMMUNITY FOOD B 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ANIMAL PROTECTORATES PO BOX 1645 BURBANK, CA 91507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE ARC OF SAN DIEGO 3030 MARKET ST SAN DIEGO, CA 92102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE ARMENIAN EYECARE PROJECT PO BOX 5630 NEWPORT BEACH, CA 926625630	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ATHENIAN SCHOOL 2100 MOUNT DIABLO SCENIC BLVD DANVILLE, CA 945062002	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE BAY SCHOOL OF SAN FRANCISCO 35 KEYES AVE SAN FRANCISCO, CA 941291736	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,600
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
THE BOARD OF TRUSTEES OF THE LELAND 326 GALVEZ ST STANFORD, CA 94305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF TRUSTEES OF THE LELAND 434 GALVEZ ST STANFORD, CA 943056003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE BOOK CLUB OF CALIFORNIA 312 SUTTER ST STE 500 SAN FRANCISCO, CA 941084320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
THE BOYS & GIRLS CLUB OF BURBANK AN 2244 N BUENA VISTA ST BURBANK, CA 915043308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOYS & GIRLS CLUB OF BURBANK AN 2244 N BUENA VISTA ST BURBANK, CA 915043308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
THE BUTTERFLY FUNDPO BOX 1327 PENN VALLEY, CA 95946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	67
THE BUTTERFLY FUNDPO BOX 1327 PENN VALLEY, CA 95946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CALIFORNIA DESERT LAND CONSERVA PO BOX 1544 JOSHUA TREE, CA 92252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
THE CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,590
THE CALIFORNIA WILDLIFE CENTER PO BOX 2022 MALIBU, CA 90265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CAREY SCHOOL 1 CAREY SCHOOL LANE SAN MATEO, CA 94403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE CHRYSALIS CENTER 522 S MAIN STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
THE CLEAR FUND 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEAR FUND 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,590
THE CLEAR FUND 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE CLEAR FUND 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEAR FUND 1714 FRANKLIN STREET 100335 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
THE CLEARITY FOUNDATION 434 W CEDAR ST STE 300 SAN DIEGO, CA 92101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE CORAL REEF ALLIANCE 1330 BROADWAY SUITE 600 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CORAL REEF ALLIANCE 1330 BROADWAY SUITE 600 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
THE CORAL REEF ALLIANCE 1330 BROADWAY SUITE 600 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
THE CREEK250 SOUTH PROSPECT ORANGE, CA 92869	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CREEK250 SOUTH PROSPECT ORANGE, CA 92869	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	614
THE CREEK250 SOUTH PROSPECT ORANGE, CA 92869	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	123
THE CROWDEN MUSIC CENTER 1475 ROSE ST BERKELEY, CA 94702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,455
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CROWDEN MUSIC CENTER 1475 ROSE STREET BERKELEY, CA 94709	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	376
THE CROWDEN MUSIC CENTER 1475 ROSE ST BERKELEY, CA 94702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
THE CRUCIBLE1260 7TH ST OAKLAND, CA 946072150	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD STE 101 LAGUNA HILLS, CA 926535509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DAVID SHELDRICK WILDLIFE TRUST 25283 CABOT RD SUITE 101 LAGUNA HILLS, CA 92653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
THE DOWN SYNDROME CONNECTION OF THE 101 J TOWN AND COUNTRY DR DANVILLE, CA 945263942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE DOWN SYNDROME CONNECTION OF THE 101 J TOWN AND COUNTRY DR DANVILLE, CA 945263942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EXPLORATORIUM PIER 17 SUITE 100 SAN FRANCISCO, CA 94111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE FAMILIAL HYPERCHOLESTEROLEMIA F 959 E WALNUT ST STE 220 PASADENA, CA 911065363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE FISTULA FOUNDATION 1922 THE ALAMEDA STE 302 SAN JOSE, CA 951261430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	737
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR SANTA BARBARA CI 721 CLIFF DRIVE SANTA BARBARA, CA 931092312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
THE FRIENDSHIP FOUNDATION 2108 VAIL AVENUE REDONDO BEACH, CA 902780000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE GIRLFRIEND FACTOR 77734 COUNTRY CLUB DR STE E PALM DESERT, CA 922110454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOOD TIDINGS FOUNDATION 1469 ROLLINS ROAD BURLINGAME, CA 94010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE GUARDSMEN 1016 LINCOLN BLVD 205 SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE GUARDSMEN 1016 LINCOLN BLVD 205 SAN FRANCISCO, CA 94129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HARKER SCHOOL 500 SARATOGA AVENUE SAN JOSE, CA 95129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
THE HARKER SCHOOL 500 SARATOGA AVENUE SAN JOSE, CA 95129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,775
THE HARKER SCHOOL 500 SARATOGA AVENUE SAN JOSE, CA 95129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,817
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INDEPENDENT SHAKESPEARE CO INC 3191 CASITAS AVENUE SUITE 130 LOS ANGELES, CA 90039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE J F KAPNEK CHARITABLE TRUST 936 DEWING AVE E3 LAFAYETTE, CA 945494277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE JUSTICE AND DIVERSITY CENTER OF 301 BATTERY ST FL 3 SAN FRANCISCO, CA 941113237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JUSTICE AND DIVERSITY CENTER OF 301 BATTERY ST FL 3 SAN FRANCISCO, CA 941113237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE LAGUNA PLAYHOUSE 606 LAGUNA CANYON ROAD LAGUNA BEACH CA 92651 LAGUNA BEACH, CA 92651	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE LEARNING CENTERS AT FAIRPLEX 1101 W MCKINLEY AVE POMONA, CA 91768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LOS ANGELES DODGERS FOUNDATION 1000 VIN SCULLY AVENUE LOS ANGELES, CA 900121112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE LOS ANGELES DODGERS FOUNDATION 1000 VIN SCULLY AVENUE LOS ANGELES, CA 900121112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE LOS ANGELES VALLEY COLLEGE FOUN 5800 FULTON AVE VAN NUYS, CA 914014062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MILKEN INSTITUTE 1250 4TH STREET SANTA MONICA, CA 904011304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE NATIONAL CENTER FOR SCIENCE EDU 1904 FRANKLIN ST STE 600 OAKLAND, CA 946122922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE NEIGHBORHOOD HOUSE ASSN 5660 COPLEY DRIVE SAN DIEGO, CA 921117902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW CHILDRENS MUSEUM 200 W ISLAND AVE SAN DIEGO, CA 921016850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE PAINTED TURTLE 1300 4TH ST STE 300 SANTA MONICA, CA 904011369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE PEOPLE CONCERN 2116 ARLINGTON AVE SUITE 100 LOS ANGELES, CA 90018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PLANETARY SOCIETY 60 SOUTH LOS ROBLES AVENUE PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE PLANETARY SOCIETY 60 SOUTH LOS ROBLES AVENUE PASADENA, CA 91101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
THE POSSE FOUNDATION INC 515 S FIGUEROA ST SUITE 300 LOS ANGELES, CA 90020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 515 S FIGUEROA ST SUITE 300 LOS ANGELES, CA 90020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
THE RAVI & SHASHI BELLARE ARTS FOUN 14865 SUMMIT TRAIL ROAD CHINO HILLS, CA 91709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE RAVI & SHASHI BELLARE ARTS FOUN 14865 SUMMIT TRAIL ROAD CHINO HILLS, CA 91709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 902306313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE REASON FOUNDATION 5737 MESMER AVENUE LOS ANGELES, CA 902306313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
THE ROB BENZON FOUNDATION 4075 PARK BLVD STE 102-112 SAN DIEGO, CA 92013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROMAN CATHOLIC BISHOP OF SAN JO 12816 S EL MONTE AVE LOS ALTOS HILLS, CA 94022	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 1491 CONTRA COSTA SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
THE SALVATION ARMY 180 E OCEAN BLVD SUITE 500 LONG BEACH, CA 90802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1491 CONTRA COSTA SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
THE SALVATION ARMY 180 E OCEAN BLVD LONG BEACH, CA 908024709	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 30840 HAWTHORNE BLVD RANCHO PALO VERDES, CA 90275	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY625 I STREET MODESTO, CA 95353	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
THE SALVATION ARMY625 I STREET MODESTO, CA 95353	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
THE SALVATION ARMY 180 E OCEAN BLVD SUITE 500 LONG BEACH, CA 90802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1491 CONTRA COSTA SEASIDE, CA 93955	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD SUITE 200 SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD SUITE 200 SAN DIEGO, CA 92106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAN FRANCISCO HOUSING ACCELERAT 369 PINE ST SAN FRANCISCO, CA 94104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
THE SAN FRANCISCO PARTICULAR COUNCI 1175 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE SAN FRANCISCO PARTICULAR COUNCI 1175 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANTA BARBARA BIRD SANCTUARY PO BOX 454 SUMMERLAND, CA 93067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SCGA FOUNDATION 3740 CAHUENGA BLVD STUDIO CITY, CA 91604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE SEQUOYAH EDUCATIONAL CENTER 535 S PASADENA AVE PASADENA, CA 911053001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEQUOYAH EDUCATIONAL CENTER 535 S PASADENA AVE PASADENA, CA 911053001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
THE SEQUOYAH EDUCATIONAL CENTER 535 S PASADENA AVE PASADENA, CA 911053001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
THE SHAKESPEARE CENTER OF LOS ANGEL 1238 WEST 1ST STREET LOS ANGELES, CA 90026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SIMI VALLEY MUSIC BOOSTERS PO BOX 1013 SIMI VALLEY, CA 930621013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
THE SIMI VALLEY MUSIC BOOSTERS PO BOX 1013 SIMI VALLEY, CA 930621013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THE SISTER STELLA FOUNDATION FOR ST PO BOX 492515 LOS ANGELES, CA 900498515	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TAYLOR FAMILY FOUNDATION 5555 ARROYO RD LIVERMORE, CA 945509825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE TECH INTERACTIVE 201 SOUTH MARKET STREET SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE TECH MUSEUM OF INNOVATION 201 SOUTH MARKET STREET SAN JOSE, CA 95113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TEEN PROJECT INC 8140 SUNLAND BOULEVARD SUN VALLEY, CA 91352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE THACHER SCHOOL 5025 THACHER RD OJAI, CA 930239001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,250
THE THACHER SCHOOL 5025 THACHER RD OJAI, CA 930239001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
THE TLC FOUNDATION FOR BODY FOCUSED 716 SOQUEL AVE STE A SANTA CRUZ, CA 95062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,161
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,230
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	613
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	398
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	970
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	708
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,455
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	324
THE TREVOR PROJECT INC 8704 SANTA MONICA BLVD 200 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE U C DAVIS FOUNDATION 202 COUSTEAU PL STE 185 DAVIS, CA 95618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 900246506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,600
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 900246506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,975
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,328
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,860
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1000 LOS ANGELES, CA 90024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
THE UNIVERSITY FOUNDATION CALIFORNI 400 WEST FIRST STREET CHICO, CA 95929	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
THE UNIVERSITY FOUNDATION CALIFORNI 400 WEST FIRST STREET CHICO, CA 95929	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY FOUNDATION CALIFORNI 400 WEST FIRST STREET CHICO, CA 95929	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	69
THE UNIVERSITY FOUNDATION CALIFORNI 400 WEST FIRST STREET CHICO, CA 95929	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	13
THE URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE ST SAN FRANCISCO, CA 941172017	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VALLEY ECONOMIC ALLIANCE 5121 VAN NUYS BLVD SUITE 200 SHERMAN OAKS, CA 914031497	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE VILLAGE ENRICHMENT PROGRAM 1107 FAIR OAKS AVE 806 SOUTH PASADENA, CA 910303311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE VINCENT PRICE ART MUSEUM FOUNDA 1301 AVENIDA CESAR CHAVEZ MONT MONTEREY PARK, CA 917540000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE WESLEY SCHOOL 4832 TUJUNGA AVENUE NORTH HOLLYWOOD, CA 916014520	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WEST MARIN FUNDPO BOX 1496 PT REYES STA, CA 949561496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 927062727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE WORKFORCE INVESTMENT BOARD OF T 1200 W 7TH ST 6TH FLOOR LOS ANGELES, CA 900172349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WORKFORCE INVESTMENT BOARD OF T 1200 W 7TH ST 6TH FLOOR LOS ANGELES, CA 900172349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE ZAWADISHA FUNDPO BOX 1517 TRUCKEE, CA 961601517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THEATRE & ARTS FOUNDATION OF SAN DI 2910 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEODORE PAYNE FOUNDATION FOR WILD 10459 TUXFORD STREET SUN VALLEY, CA 91352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THEODORE PAYNE FOUNDATION FOR WILD 10459 TUXFORD STREET SUN VALLEY, CA 91352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
THERE WITH CARE OF THE BAY AREA 2682 MIDDLEFIELD ROAD SUITE H REDWOOD CITY, CA 94063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THERE WITH CARE OF THE BAY AREA 2682 MIDDLEFIELD ROAD SUITE H REDWOOD CITY, CA 94063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THERE WITH CARE OF THE BAY AREA 3475 EDISON WAY STE H MENLO PARK, CA 940251821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THERE WITH CARE OF THE BAY AREA 2682 MIDDLEFIELD RD STE H REDWOOD CITY, CA 940633467	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIRST PROJECT 5478 WILSHIRE BLVD STE 400 LOS ANGELES, CA 900364247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	151
THORNTON JUNIOR HIGH 4357 THORNTON AVE FREMONT, CA 94536	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	55
THOUSAND OAKS ALLIANCE FOR THE ARTS 2100 THOUSAND OAKS BLVD THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS ALLIANCE FOR THE ARTS 2100 THOUSAND OAKS BLVD THOUSAND OAKS, CA 91362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVE DE LOS ARBOLES STE 249 THOUSAND OAKS, CA 913620000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS GIRLS SOFTBALL ASSOCI 2060-D AVENIDA DE LOS ARBOLES STE 2 THOUSAND OAKS, CA 913621376	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THOUSAND OAKS HIGH 2323 N MOORPARK ROAD THOUSAND OAKS, CA 91360	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
THOUSAND OAKS HIGH SCHOOL BAND BOOS 2323 N MOORPARK RD THOUSAND OAKS, CA 913603101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND OAKS HIGH SCHOOL BAND BOOS 2323 N MOORPARK RD THOUSAND OAKS, CA 913603101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THRIVING PINK3220 GROSBEAK CT DAVIS, CA 956167510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	465
TIBA FOUNDATION 344 20TH STREET D9 OAKLAND, CA 94612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIBA FOUNDATION 344 20TH STREET D9 OAKLAND, CA 94612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TICKET TO DREAM FOUNDATION 1400 ROCKY RIDGE STE 280 ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TICKET TO DREAM FOUNDATION 1400 ROCKY RIDGE STE 280 ROSEVILLE, CA 95661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDES CENTERPO BOX 2270 SAN FRANCISCO, CA 94126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
TIDES CENTERPO BOX 2270 SAN FRANCISCO, CA 94126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TIDES FOUNDATIONPO BOX 29903 SAN FRANCISCO, CA 941290903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER WOODS FOUNDATION INC 121 INNOVATION DR SUITE 150 IRVINE, CA 92617	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TIKVAH-ETTA & LAZEAR ISRAEL CENTER 13034 SATICOY STREER NORTH HOLLYWOOD, CA 91605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TIME FOR CHANGE FOUNDATION PO BOX 25040 SAN BERNARDINO, CA 92406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIPPING POINT COMMUNITY 220 MONTGOMERY STREET SUITE 850 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TITAN FOOTBALL BOOSTER CLUB PO BOX 391 POWAY, CA 920740391	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TLCS INC650 HOWE AVE BDG 400A SACRAMENTO, CA 95825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TMC DEVELOPMENT WORKING SOLUTIONS 930 MONTGOMERY STREET SUITE 400 SAN FRANCISCO, CA 94133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
TOASTMASTERS INTERNATIONAL 411 NORTH ONTARIO STREET BURBANK, CA 91505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TOLUCA LAKE ELEMENTARY 4840 CAHUENGA BLVD NORTH HOLLYWOOD, CA 91601	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TONY LARUSSAS ANIMAL RESCUE FOUNDAT 2890 MITCHELL DRIVE WALNUT CREEK, CA 945981635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
TOP FLIGHT PARENT CLUB 5127 MOWRY AVE FREMONT, CA 945381055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TORRANCE EDUCATION FOUNDATION 20695 S WESTERN AVE STE 136/141 TORRANCE, CA 905011847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOUCH OF KINDNESSPO BOX 481270 LOS ANGELS, CA 90048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD SUITE 401 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TOWER CANCER RESEARCH FOUNDATION 8767 WILSHIRE BLVD SUITE 401 BEVERLY HILLS, CA 90211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWN SCHOOL FOR BOYS 2750 JACKSON ST SAN FRANCISCO, CA 941151144	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
TRANSCENDENCE THEATER COMPANY 19201 SONOMA HIGHWAY 214 SONOMA, CA 954760000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
TRANSFORMCA436 14TH ST STE 600 OAKLAND, CA 946122727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITION HOUSE 425 E COTA STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRANSITIONS - MENTAL HEALTH ASSOCIA PO BOX 15408 SAN LUIS OBISPO, CA 93406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRANSLIFELINE 101 BROADWAY SUITE 311 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSLIFELINE 101 BROADWAY SUITE 311 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
TRANSLIFELINE 101 BROADWAY SUITE 311 OAKLAND, CA 94607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TREASURE ISLAND MUSEUM ASSOCIATION 1501 MARIPOSA ST STE 318 SAN FRANCISCO, CA 941072367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREEPEOPLE INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREEPEOPLE INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREEPEOPLE INC 12601 MULHOLLAND DR BEVERLY HILLS, CA 90210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY CENTER WALNUT CREEK 1924 TRINITY AVE WALNUT CREEK, CA 945964037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TRINITY CHRISTIAN HIGH SCHOOL 680 BELDEN ST MONTEREY, CA 93940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
TRINITY UNITED PRESBYTERIAN CHURCH 2304 ANTONIO AVE CAMARILLO, CA 93010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIUMPH FOUNDATION 17186 HICKORY RIDGE CT CANYON CNTRY, CA 91387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVE LIVERMORE, CA 94550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVE LIVERMORE, CA 94550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-VALLEY HAVEN FOR WOMEN 3663 PACIFIC AVE LIVERMORE, CA 94550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TROY GIRLS BASKETBALL BOOSTER CLUB 1519 E CHAPMAN AVE NUM 190 FULLERTON, CA 928314013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	495
TRUCKEE DONNER LAND TRUST PO BOX 8816 TRUCKEE, CA 961628816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,325
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS SUITE 300 - GAAR / 2929 WALNUT STREET PHILADELPHIA, CA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUTHOUTPO BOX 276414 SACRAMENTO, CA 95827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TURN 2 U INC44 TEHAMA ST SAN FRANCISCO, CA 941053110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT SCHOOL 8780 NATIONAL BLVD CULVER CITY, CA 902322348	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
TURNING POINT SCHOOL 8780 NATIONAL BLVD CULVER CITY, CA 902322348	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
TURTLEBACK ELEMENTARY 15855 TURTLEBACK RD SAN DIEGO, CA 92127	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUSTIN AREA COUNCIL FOR THE FINE AR PO BOX 145 TUSTIN, CA 927810145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TWIN LAKES FOOD BANK 327 MONTROSE DRIVE FOLSOM, CA 95630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
TWIN LAKES FOOD BANK 327 MONTROSE DRIVE FOLSOM, CA 95630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN LAKES FOOD BANK 327 MONTROSE DRIVE FOLSOM, CA 95630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
U C RIVERSIDE FOUNDATION 900 UNIVERSITY AVE UV 201 RIVERSIDE, CA 92521	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
U C RIVERSIDE FOUNDATION 900 UNIVERSITY AVE UV 201 RIVERSIDE, CA 92521	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U C SAN DIEGO FOUNDATION 9500 GILMAN DR 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
U C SAN DIEGO FOUNDATION HEALTH SCIENCES DEVELOPMENT - 200 W ARBOR DR 8982 SAN DIEGO, CA 921038982	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U C SAN DIEGO FOUNDATION 9500 GILMAN DR 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
U C SAN DIEGO FOUNDATION 9500 GILMAN DR 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
U C SAN DIEGO FOUNDATION HEALTH SCIENCES DEVELOPMENT - 200 W ARBOR DR 8982 SAN DIEGO, CA 921038982	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
U C SAN DIEGO FOUNDATION 9500 GILMAN DR STE 0940 LA JOLLA, CA 920930940	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
USCATHOLIC CONFERENCE-ST MARY CH 350 STINSON AVENUE VACAVILLE, CA 95688	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
UC SANTA BARBARA FOUNDATION UNIVERSITY OF CA SANTA BARBARA - DEVELOPMENT OFFICE SANTA BARBARA, CA 931060001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERDOG ANIMAL RESCUE 3152 PLYMOUTH RD LAFAYETTE, CA 945493236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITARIAN UNIVERSALIST ASSOCIATION 3331 OLD CONEJO RD NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,358
UNITARIAN UNIVERSALIST ASSOCIATION 3331 OLD CONEJO RD NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITARIAN UNIVERSALIST ASSOCIATION 3331 OLD CONEJO RD NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
UNITARIAN UNIVERSALIST ASSOCIATION 3331 OLD CONEJO RD NEWBURY PARK, CA 91320	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	268
UNITARIAN UNIVERSALIST FELLOWSHIP O 3331 OLD CONEJO ROAD NEWBURY PARK, CA 913202115	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,915
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED ANIMAL NATIONS PO BOX 188890 SACRAMENTO, CA 95818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF THE INLAND 70017 HIGHWAY 111 SUITE 5 RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
UNITED CEREBRAL PALSY OF THE INLAND 70017 HIGHWAY 111 SUITE 5 RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNITED CEREBRAL PALSY OF THE INLAND 70017 HIGHWAY 111 SUITE 5 RANCHO MIRAGE, CA 92270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVENUE WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVENUE WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED CEREBRAL PALSY SPASTIC CHILD 6430 INDEPENDENCE AVENUE WOODLAND HILLS, CA 91367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 200 PINE AVENUE SUITE 240 LONG BEACH, CA 90802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES ADAPTIVE RECREATION C PO BOX 2897 BIG BEAR LAKE, CA 923152897	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED STATES CONFERENCE OF CATHOLI 20870 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 20870 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CONFERENCE OF CATHOLI 20870 VENTURA BLVD WOODLAND HILLS, CA 91364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
UNITED STATES HEALTHFUL FOOD COUNCI C/O WEWORK1111 BROADWAY 3RD FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HEALTHFUL FOOD COUNCI C/O WEWORK1111 BROADWAY 3RD FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED STATES HEALTHFUL FOOD COUNCI C/O WEWORK1111 BROADWAY 3RD FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES HEALTHFUL FOOD COUNCI C/O WEWORK1111 BROADWAY 3RD FLOOR OAKLAND, CA 94607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 900172742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED STATES VETERANS INITIATIVE 800 W 6TH ST STE 1505 LOS ANGELES, CA 900172742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED THROUGH READING 1455 FRAZEE RD STE 500 SAN DIEGO, CA 921084350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	752
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	627
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	408
UNITED WAY CALIFORNIA CAPITAL REGIO 10389 OLD PLACERVILLE RD SACRAMENTO, CA 958272506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	229
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FRESNO AND MADERA COUNTI 4949 E KINGS CANYON ROAD FRESNO, CA 937273812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY FRESNO AND MADERA COUNTI 4949 EAST KINGS CANYON ROAD FRESNO, CA 93727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNITED WAY FRESNO AND MADERA COUNTI 4949 EAST KINGS CANYON ROAD FRESNO, CA 93727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FRESNO AND MADERA COUNTI 4949 EAST KINGS CANYON ROAD FRESNO, CA 93727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,043
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	338
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,368
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	855
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	482
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
UNITED WAY INC 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	479
UNITED WAY OF KERN COUNTY INC 5405 STOCKDALE HIGHWAY SUITE 200 BAKERSFIELD, CA 93309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF KERN COUNTY INC 5405 STOCKDALE HIGHWAY SUITE 200 BAKERSFIELD, CA 93309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
UNITED WAY OF KERN COUNTY INC 5405 STOCKDALE HIGHWAY SUITE 200 BAKERSFIELD, CA 93309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
UNITED WAY OF KERN COUNTY INC 5405 STOCKDALE HIGHWAY SUITE 200 BAKERSFIELD, CA 93309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MONTEREY COUNTY 60 GARDEN COURT SUITE 350 MONTEREY, CA 93940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR BUILDING B REDDING, CA 96003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR BUILDING B REDDING, CA 96003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHERN CALIFORNIA 2280 BENTON DR BUILDING B REDDING, CA 96003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,738
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,846
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	732
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	391
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN LUIS OBISPO COUNT PO BOX 14309 SAN LUIS OBISPO, CA 934064309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	760
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	510
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SANTA BARBARA COUNTY 320 E GUTIERREZ ST SANTA BARBARA, CA 93101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
UNITED WAY OF SANTA CRUZ COUNTY PO BOX 1458 CAPITOLA, CA 950103933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,511
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,657
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	306
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,968
UNITED WAY OF THE BAY AREA 550 KEARNY ST STE 1000 SAN FRANCISCO, CA 94108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	929
UNITED WAY OF THE INLAND VALLEYS 1835 CHICAGO AVE STE B RIVERSIDE, CA 92507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE INLAND VALLEYS 1835 CHICAGO AVE STE B RIVERSIDE, CA 92507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	357
UNITED WAY OF THE INLAND VALLEYS 1835 CHICAGO AVE STE B RIVERSIDE, CA 92507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY STE 160 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY STE 160 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY STE 160 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF THE WINE COUNTRY 975 CORPORATE CENTER PARKWAY STE 160 SANTA ROSA, CA 95404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,937
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,557
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,082
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VENTURA COUNTY INC 702 COUNTY SQUARE DRIVE STE 100 VENTURA, CA 93003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	541
UNITE-LA INC350 S BIXEL STREET LOS ANGELES, CA 90017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNITY SHOPPE INC1209 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY SHOPPE INC1209 STATE STREET SANTA BARBARA, CA 93101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY CORPORATION AT MONTEREY 100 CAMPUS CTR BLDG BLD97 SEASIDE, CA 939558000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY CORPORATION AT MONTEREY 100 CAMPUS CTR BLDG BLD97 SEASIDE, CA 939558000	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY ENTERPRISES CORPORATION 5500 UNIVERSITY PKWY SAN BERNARDINO, CA 924072318	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F 2150 KITTREDGE STREET SUITE 300 BERKELEY, CA 94704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50,000
UNIVERSITY OF CALIFORNIA BERKELEY F 2150 KITTREDGE STREET SUITE 300 BERKELEY, CA 94704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75,000
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVE SUITE 400 BERKELEY, CA 947041070	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA IRVINE FOU 100 THEORY SUITE 250 IRVINE, CA 92617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,379
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF CALIFORNIA SAN FRANCI LOCKBOX 45339 SAN FRANCISCO, CA 941450339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNIVERSITY OF CALIFORNIA SANTA BARB ATTN VANESSA ALVAREZ OFFICE OF DEVELOPMENT UC SANTA BARBARA SANTA BARBARA, CA 931061136	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF REDLANDS PO BOX 3080 REDLANDS, CA 92373	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF REDLANDS P O BOX 3080 ATTN ADVANCEMENT SERVICES REDLANDS, CA 92373	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF REDLANDS PO BOX 3080 REDLANDS, CA 92373	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF REDLANDS PO BOX 3080 REDLANDS, CA 92373	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 921102492	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST LMR 118 SAN FRANCISCO, CA 941171080	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SAN FRANCISCO 2130 FULTON ST LMR 118 SAN FRANCISCO, CA 941171080	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
UNIVERSITY OF SCIENCES AND TECHNOLO 5255 STEVENS CREEK BLVD SUITE 121 SANTA CLARA, CA 95051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF SCIENCES AND TECHNOLO 5255 STEVENS CREEK BLVD SANTA CLARA, CA 95051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,620
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,100
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,800
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,025
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF SOUTHERN CALIFORNIA 650 CHILDS WAY RGL 210 LOS ANGELES, CA 90089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S HILL STREET SUITE H-340 LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN CALIFORNIA 1150 S OLIVE STREET 25TH FLOOR LOS ANGELES, CA 90015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVE STOCKTON, CA 95211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNLIKELY HEROES INCPO BOX 6143 N HOLLYWOOD, CA 916036143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNSTOPPABLE FOUNDATION 4324 PROMENADE WAY UNIT 315 MARINA DEL REY, CA 902926289	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UP VALLEY FAMILY CENTERS OF NAPA CO 1440 SPRING STREET SAINT HELENA, CA 94574	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UPA PTSO2315 CANOAS GARDEN AVE SAN JOSE, CA 951252005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPTOWN FAITH COMMUNITY SERVICE CENT 3725 30TH STREET SAN DIEGO, CA 921041905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UPWARD BOUND HOUSE 1104 WASHINGTON AVE SANTA MONICA, CA 904034119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
URBAN CORPS OF SAN DIEGO 3127 JEFFERSON STREET SAN DIEGO, CA 92110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF SAN DIEGO COUNTY 4305 UNIVERSITY AVENUE SUITE 360 SAN DIEGO, CA 92105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
URBAN YOUTH COLLABORATIVE PO BOX 124708 SAN DIEGO, CA 921124708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
URBAN YOUTH COLLABORATIVE PO BOX 124708 SAN DIEGO, CA 921124708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USS MIDWAY MUSEUM 910 N HARBOR DR SAN DIEGO, CA 921015811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
UYOYOPEACE ORG 1923 HUNTINGTON DR UNIT D DUARTE, CA 910102659	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VALENCIA INSTRUMENTAL PARENTS INC 500 N BRADFORD PLACENTIA, CA 928704844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHILDRENS HEALTHCARE FOUNDAT 9300 VALLEY CHILDRENS PL MADERA, CA 936368761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VALLEY CHILDRENS HEALTHCARE FOUNDAT 9300 VALLEY CHILDRENS PL MADERA, CA 936368761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDRENS PLACE MADERA, CA 936368762	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHILDRENS HOSPITAL 9300 VALLEY CHILDRENS PL MADERA, CA 93636	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
VALLEY COMMUNITY KOLLEL 5552 RESEDA BLVD TARZANA, CA 91356	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,140
VALLEY CRIME STOPPERS 275 DESERT FALLS DR EAST PALM DESERT, CA 92211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY FRIENDSHIP CIRCLE 3816 LAUREL CANYON BLVD STUDIO CITY, CA 916043721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
VALLEY FRIENDSHIP CIRCLE 3816 LAUREL CANYON BLVD STUDIO CITY, CA 916043721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,139
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
VALLEY HUMANE SOCIETY INC 3670 NEVADA STREET PLEASANTON, CA 94566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
VALLEY REGIONAL TRAINING CENTER INC 2604 E GRANADA AVE FRESNO, CA 93720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY REGIONAL TRAINING CENTER INC 2604 E GRANADA AVE FRESNO, CA 93720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VALLEY VIEW EDCATION FOUNDATION 4900 MARYLAND AVE LA CRESCENTA, CA 912141245	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VALLEY VIEW MIDDLE 3347 TAPO STREET SIMI VALLEY, CA 93063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY VIEW SCHOOL PARENTS CLUB 3416 MAYWOOD DR RICHMOND, CA 948032022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	535
VEGAN OUTREACH INCPO BOX 1916 DAVIS, CA 95617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	302
VEGAN OUTREACH INCPO BOX 1916 DAVIS, CA 95617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	157
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VEGAN OUTREACH INCPO BOX 1916 DAVIS, CA 95617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	434
VEGAN OUTREACH INCPO BOX 1916 DAVIS, CA 95617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
VEGAN OUTREACH INCPO BOX 1916 DAVIS, CA 95617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENADO MIDDLE4 DEERFIELD AVE IRVINE, CA 926043048	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
VENICE ARTS13445 BEACH AVENUE VENICE, CA 90292	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VENTURA COLLEGE FOUNDATION 4667 TELEGRAPH ROAD VENTURA, CA 93003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY CHARITY GOLF TOURNAM 695 ROCHESTER CT VENTURA, CA 930043768	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
VENTURA COUNTY COMMUNITY DEVELOPMEN 2231 STURGIS ROAD SUITE A OXNARD, CA 93030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VENTURA COUNTY COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD SUITE A CAMARILLO, CA 93012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURA COUNTY MEDICAL RESOURCE FOU 199 FIGUEROA STREET 2ND FLOOR VENTURA, CA 93001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
VERBUM DEI HIGH SCHOOL 11100 S CENTRAL AVENUE LOS ANGELES, CA 90059	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
VERBUM DEI HIGH SCHOOL 11100 S CENTRAL AVENUE LOS ANGELES, CA 90059	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERBUM DEI HIGH SCHOOL 11100 S CENTRAL AVENUE LOS ANGELES, CA 90059	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
VERMONT-SLAUSON LDC INC 1130 WEST SLAUSON AVE LOS ANGELES, CA 900443714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VETERANS LEGAL INSTITUTE 2100 N BROADWAY SUITE 209 SANTA ANA, CA 92706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS YOGA PROJECTPO BOX 6472 ALAMEDA, CA 94501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VETERANS YOGA PROJECTPO BOX 6472 ALAMEDA, CA 94501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VICTORVILLE RIBBONS LITTLE LEAGUE PO BOX 2890 VICTORVILLE, CA 92393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIEWPOINT EDUCATIONAL FOUNDATION 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,350
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
VIEWPOINT SCHOOL 23620 MULHOLLAND HWY CALABASAS, CA 913022060	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
VILLAGE ENTERPRISE FUND INC 751 LAUREL ST PMB 222 SAN CARLOS, CA 94070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	986
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE HOPE PARTNERSHIP INC 700 S CLAREMONT ST STE 223 SAN MATEO, CA 94402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
VINE HOUSE INCPO BOX 1302 SALIDA, CA 95368	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
VINTAGE CHURCH OF LOS ANGELES 1015 CALIFORNIA AVE SANTA MONICA, CA 904034110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIOLA BLYTHE COMMUNITY SERVICE CENT PO BOX 362 NEWARK, CA 945600362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VISALIA EMERGENCY AID COUNCIL PO BOX 651 VISALIA, CA 93279	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
VISALIA RESCUE MISSIONPO BOX 109 VISALIA, CA 93279	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISION TO LEARN 11611 SAN VICENTE BLVD STE 500 LOS ANGELES, CA 900496505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
VISIONARY HOME BUILDERS OF CALIFORN 315 N SAN JOAQUIN ST STOCKTON, CA 952022025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
VISIONARY HOME BUILDERS OF CALIFORN 315 N SAN JOAQUIN ST STOCKTON, CA 952022025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE AND HOSPICE CARE OF 512 E GUTIERREZ ST SANTA BARBARA, CA 93103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VISITING NURSE AND HOSPICE CARE OF 509 E MONTECITO ST FLR 2 SANTA BARBARA, CA 93103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
VISTA ASSEMBLY OF GOD 290 NORTH MELROSE AVE VISTA, CA 92083	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISTA ASSEMBLY OF GOD 290 NORTH MELROSE AVE VISTA, CA 92083	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
VISTA ELEMENTARY2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
VISTA ELEMENTARY2175 WISTERIA ST SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISTA GRANDE CONTINUOUS PROGRESS AL 677 DIABLO RD DANVILLE, CA 945262801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
VISTA GRANDE ELEMENTARY 667 DIABLO RD DANVILLE, CA 945262801	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	325
VLAB160 W SANTA CLARA ST 900 SAN JOSE, CA 95113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VMC FOUNDATION2400 CLOVE DRIVE SAN JOSE, CA 95128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEER CENTER OF SONOMA COUNTY I 153 STONY CIR STE 100 SANTA ROSA, CA 954019516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
VOLUNTEERS OF AMERICA INC 3434 MARCONI AVE SACRAMENTO, CA 95821	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
VOLUNTEERS OF AMERICA INC 3434 MARCONI AVENUE SACRAMENTO, CA 958216242	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
VOLUNTEERS OF AMERICA INC 3530 CAMINO DEL RIO NORTH STE 300 SAN DIEGO, CA 921081746	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
WA SUNG CHARITY FUNDPO BOX 1561 OAKLAND, CA 946041561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAGON WHEEL ELEMENTARY 30912 BRIDLE PATH TRABUCO CANYON, CA 92679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
WAGS AND WALKS 8721 SANTA MONICA BLVD 344 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WAGS AND WALKS 8721 SANTA MONICA BLVD 344 WEST HOLLYWOOD, CA 90069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALK STRONG BAY AREA INC 230 WOODSIDE DR WOODSIDE, CA 940622374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,455
WALK STRONG BAY AREA INC 230 WOODSIDE DR WOODSIDE, CA 940622374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	980
WALK STRONG BAY AREA INC 230 WOODSIDE DR WOODSIDE, CA 940622374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALK STRONG BAY AREA INC 230 WOODSIDE DR WOODSIDE, CA 940622374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
WALK STRONG BAY AREA INC 230 WOODSIDE DR WOODSIDE, CA 940622374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
WALNUT CREEK EDUCATION FOUNDATION K PO BOX 186 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALNUT CREEK EDUCATION FOUNDATION K PO BOX 186 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WALNUT CREEK EDUCATION FOUNDATION K PO BOX 186 WALNUT CREEK, CA 94597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARRIOR FOUNDATION FREEDOM STATION 1223 1/2 28TH STREET SUITE A SAN DIEGO, CA 921022260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WATCHMEN ARTS ASSOCIATION 5564 INNER CIRCLE DR RIVERSIDE, CA 92506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WATCHMEN ARTS ASSOCIATION 5564 INNER CIRCLE DR RIVERSIDE, CA 92506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER BUFFALO CLUB INC PO BOX 35463 LOS ANGELES, CA 90035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WATER BUFFALO CLUB INC PO BOX 35463 LOS ANGELES, CA 90035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WATER UNDERGROUND 3080 ARLOTTE AVENUE LONG BEACH, CA 90808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAUGH INVESTS IN STUDENT EXCELLENCE 1851 HARTMAN LN PETALUMA, CA 949542535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WE SPARK INC13520 VENTURA BLVD SHERMAN OAKS, CA 914233802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WEAVE INCORPORATED1900 K STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEINGART CENTER ASSOCIATION 566 S SAN PEDRO STREET LOS ANGELES, CA 90013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WELLNESS WITHIN609 OAK ST ROSEVILLE, CA 956783245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WELLNESS WITHIN609 OAK ST ROSEVILLE, CA 956783245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLS BRING HOPE 16563 PARK LANE CIR LOS ANGELES, CA 900491184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WEST ANGELES COMMUNITY DEVELOPMENT 6028 CRENSHAW BLVD LOS ANGELES, CA 900433904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
WEST COVINA BRUINS YOUTH FOOTBALL PO BOX 1383 WEST COVINA, CA 917931383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST END YMCA5665 EDISON AVE CHINO, CA 91710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WEST GARDEN GROVE YOUTH BASEBALL PO BOX 5094 GARDEN GROVE, CA 928460094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WEST GARDEN GROVE YOUTH BASEBALL PO BOX 5094 GARDEN GROVE, CA 928460094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST GARDEN GROVE YOUTH BASEBALL PO BOX 5094 GARDEN GROVE, CA 928460094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
WEST HILLS ANIMAL HOSPITAL ANGEL FU 6402 PLATT AVENUE WEST HILLS, CA 91307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WEST HOLLYWOOD COMMUNITY HOUSING CO 7530 SANTA MONICA BLVD WEST HOLLYWOOD, CA 900466407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST PORTAL LUTHERAN SCHOOL 200 SLOAT BLVD SAN FRANCISCO, CA 941321621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WEST PORTAL LUTHERAN SCHOOL 200 SLOAT BLVD SAN FRANCISCO, CA 941321621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WEST SIDE FOOD BANK A NON-PROFIT CO 1710 22ND ST SANTA MONICA, CA 904043921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE FOOD BANK A NON-PROFIT CO 1710 22ND ST SANTA MONICA, CA 904043921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WEST VALLEY COMMUNITY SERVICES OF S 10104 VISTA DRIVE CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
WEST VALLEY COMMUNITY SERVICES OF S 10104 VISTA DRIVE CUPERTINO, CA 95014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER LUTHERAN ELEMENTARY SCH 7831 S SEPULVEDA BLVD LOS ANGELES, CA 900452916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
WESTERN CHRISTIAN SCHOOLS 3105 PADUA AVE CLAREMONT, CA 91711	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
WESTERN DIOCESE OF THE ARMENIAN CHU 3325 N GLENOAKS BLVD BURBANK, CA 915042011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NEIGHBORHOOD PROJECT 1617 BALBOA STREET SAN FRANCISCO, CA 94121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WESTFIELD VILLAGE ELEMENTARY 508 POPLAR ST WEST SACRAMENTO, CA 956912555	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
WESTLAKE HIGH 100 LAKEVIEW CANYON RD WESTLAKE VILLAGE, CA 913623802	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH 100 N LAKEVIEW CANYON BOULEVARD WESTLAKE VILLAGE, CA 91362	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	260
WESTLAKE HIGH 100 LAKEVIEW CANYON RD WESTLAKE VILLAGE, CA 913623802	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,150
WESTLAKE HIGH SCHOOL BOYS VOLLEYBAL 2333 VALLEYFIELD AVE THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH SCHOOL BOYS VOLLEYBAL 2333 VALLEYFIELD AVE THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
WESTLAKE HIGH SCHOOL BOYS VOLLEYBAL 2333 VALLEYFIELD AVE THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESTLAKE HIGH SCHOOL GIRLS LACROSSE 100 N LAKEVIEW CANYON ROAD WESTLAKE VILLAGE, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	995
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	315
WESTLAKE HIGH SCHOOL INSTRUMENTAL M 100 N LAKEVIEW CANYON RD WESTLAKE VLG, CA 913623802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	41
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER FREE CLINIC 2673 SAN MIGUEL AVENUE THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DRIVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WESTRIDGE SCHOOL FOR GIRLS 324 MADELINE DRIVE PASADENA, CA 91105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,531
WESTSIDE NEIGHBORHOOD SCHOOL 5401 BEETHOVEN STREET LOS ANGELES, CA 90066	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,827
WESTSIDE SHEPHERD RESCUE OF LOS ANG 3016 S HILL STREET LOS ANGELES, CA 90007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTWOOD INVOLVEMENT SUPPORTS EDUCA PO BOX 642360 LOS ANGELES, CA 900647170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
WHEELCHAIRDANCERS ORG 4584 CALLE DE VIDA SAN DIEGO, CA 92124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WHEELCHAIRDANCERS ORG 4584 CALLE DE VIDA SAN DIEGO, CA 92124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEELS FOR HUMANITY 9509 VASSAR AVE UNIT A CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
WHEELS FOR HUMANITY 9509 VASSAR AVE UNIT A CHATSWORTH, CA 91311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
WHITE HILL PARENTS CLUB 101 GLEN DR FAIRFAX, CA 94930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	61
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE MEMORIAL MEDICAL CENTER CHARI 1720 E CESAR E CHAVEZ AVE LOS ANGELES, CA 90033	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75,000
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,975
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
WHITE PONY EXPRESS 3380 VINCENT ROAD SUITE 107 PLEASANT HILL, CA 94523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
WHITTIER COLLEGE 13406 PHILADELPHIA ST WHITTIER, CA 906014446	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	179
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	199
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC 1 MONTGOMERY ST STE 1600 SAN FRANCISCO, CA 941045516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	419
WILDAID INC333 PINE ST STE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WILDAID INC333 PINE ST STE 300 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDCARE76 ALBERT PARK LANE SAN RAFAEL, CA 94901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WILDLIFE CONSERVATION NETWORK INC 209 MISSISSIPPI ST SAN FRANCISCO, CA 94107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
WILDLIFE HERITAGE FOUNDATION 563 SECOND STREET SUITE 120 LINCOLN, CA 956481888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDWOOD ELEMENTARY 620 W VELARDE DR THOUSAND OAKS, CA 913601331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	325
WILDWOOD ELEMENTARY 620 W VELARDE DR THOUSAND OAKS, CA 913601331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	510
WILDWOOD ELEMENTARY 620 W VELARDE DR THOUSAND OAKS, CA 913601331	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM HOLDEN WILDLIFE FOUNDATION POST OFFICE BOX 16637 BEVERLY HILLS, CA 902092637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILLIAM HOPKINS JUNIOR HIGH 600 DRISCOLL ROAD FREMONT, CA 94539	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
WILLIAM HOPKINS PARENT-FACULTY ASSO 600 DRISCOLL ROAD FREMONT, CA 945390000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW CREEK ACADEMY 630 NEVADA STREET SAUSALITO, CA 94965	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	255
WILLOWS WAGS AND WHISKERS 32158 CAMINO CAPISTRANO STE A152 SAN JUAN CAPISTRAN, CA 926753720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WIND YOUTH SERVICES815 S STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDWARD SCHOOL 11350 PALMS BLVD LOS ANGELES, CA 900662104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
WINGS OF RESCUE INCPO BOX 6045 LA QUINTA, CA 92248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
WINGS OF RESCUE INCPO BOX 6045 LA QUINTA, CA 92248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF RESCUE INCPO BOX 6045 LA QUINTA, CA 92248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WISEBURN EDUCATION FOUNDATION 5309 W 135TH ST HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WISEBURN EDUCATION FOUNDATION 5309 W 135TH ST HAWTHORNE, CA 90250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH HOPE THE AMBER CRAIG MEMORIAL PO BOX 550 PLACENTIA, CA 928710550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN HELPING WOMEN 2803 MCGAW AVENUE IRVINE, CA 92614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WOMEN OF SUBSTANCE & MEN OF HONOR I PO BOX 771 NEWBURY PARK, CA 913190771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMEN OF SUBSTANCE & MEN OF HONOR I PO BOX 771 NEWBURY PARK, CA 913190771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN WHO CODE INC PO BOX 460156 SAN FRANCISCO, CA 941460156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMENS CANCER RESOURCE CENTER 2908 ELLSWORTH ST BERKELEY, CA 94705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	122
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS DIVISION CHRISTIAN SERVICE G 940 WASHINGTON ST SAN FRANCISCO, CA 941081114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
WOMENS ECONOMIC VENTURES 333 S SALINAS ST SANTA BARBARA, CA 93103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
WOMENS EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS EMPOWERMENT 1590 NORTH A STREET SACRAMENTO, CA 95811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WOMENS FUND OF SANTA BARBARA 133 E DE LA GUERRA 15 ST SANTA BARBARA, CA 931010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
WOMENS SHELTER PROGRAM INC OF SAN L PO BOX 125 SAN LUIS OBISPO, CA 934060125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS SHELTER PROGRAM INC OF SAN L PO BOX 125 SAN LUIS OBISPO, CA 934060125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WOMENS SHELTER PROGRAM INC OF SAN L PO BOX 125 SAN LUIS OBISPO, CA 934060125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOMENS SHELTER PROGRAM INC OF SAN L PO BOX 125 SAN LUIS OBISPO, CA 934060125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS SHELTER PROGRAM INC OF SAN L PO BOX 125 SAN LUIS OBISPO, CA 934060125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOOD RANCH ELEMENTARY 455 CIRCLE KNOLL DR SIMI VALLEY, CA 93065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
WOODLEY YOUTH CRICKET ACADEMY 22005 TULSA ST CHATSWORTH, CA 91311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORK2FUTURE FOUNDATION 38 N ALMADEN UNIT 306 SAN JOSE, CA 951102724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65,000
WORK2FUTURE FOUNDATION 38 N ALMADEN UNIT 306 SAN JOSE, CA 951102724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WORKING WARDROBES FOR A NEW START 92 CORPORATE PARK SUITE C-413 SANTA ANA, CA 92606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION MINISTRIES 3966 CORONA AVE NORCO, CA 928601413	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	900
WOUNDED HEROES FUND KERN COUNTY CHA 3121 STANDARD ST BAKERSFIELD, CA 933086242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WOUNDED MARINE FUND INC 32572 CAMINITO ROSADO TEMECULA, CA 92592	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED MARINE FUND INC 32572 CAMINITO ROSADO TEMECULA, CA 92592	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIOR PROJECT INC 8880 RIO SAN DIEGO DR STE 900 SAN DIEGO, CA 92108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
XENOPHON THERAPEUTIC RIDING CENTER PO BOX 16 ORINDA, CA 945634108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAD EZRA VSHULAMIT 3470 WILSHIRE BLVD LOS ANGELES, CA 900102207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
YAD EZRA VSHULAMIT 3470 WILSHIRE BLVD LOS ANGELES, CA 900102207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
YEAR UP INC80 SUTTER STREET SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,500
YERBA BUENA ELEMENTARY 6098 REYES ADOBE RD AGOURA HILLS, CA 91301	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	798
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YES THE ROSS VALLEY SCHOOLS FOUNDAT PO BOX 2 SAN ANSELMO, CA 949790002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
YES THE ROSS VALLEY SCHOOLS FOUNDAT PO BOX 2 SAN ANSELMO, CA 949790002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,777
YESHIVA UNIVERSITY OF LOS ANGELES B 9760 W PICO BLVD LOS ANGELES, CA 900354720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF SAN DIEGO COUNTY 8355 CLIFFRIDGE AVENUE LA JOLLA, CA 92037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 8355 CLIFFRIDGE AVENUE LA JOLLA, CA 92037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO, CA 92123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
YOLO COUNTY SOCIETY FOR THE PREVENT PO BOX 510 DAVIS, CA 95616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
YOSEMITE FOUNDATION 101 MONTGOMERY STREET SUITE 1700 SAN FRANCISCO, CA 94104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG & HEALTHY 136 W PEORIA STREET PASADENA, CA 91103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
YOUNG ACTORS THEATRE 9628 CAMPO ROAD SUITE J SPRING VALLEY, CA 91977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YOUNG ACTORS THEATRE 9628 CAMPO ROAD SUITE J SPRING VALLEY, CA 91977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,013
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YOUNG DREAMER NETWORK PO BOX 390726 MOUNTAIN VIEW, CA 94039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG LIONS JAZZ CONSERVATORY 4454 FELTON ST SAN DIEGO, CA 921164514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG LIONS JAZZ CONSERVATORY 4454 FELTON ST SAN DIEGO, CA 921164514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 360 18TH AVE SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 31105 THOUSAND OAKS BLVD WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 941114624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 CALIFORNIA STREET SUITE 650 SAN FRANCISCO, CA 941114624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 625 S NEW HAMPSHIRE AVE LOS ANGELES, CA 900051342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 31105 THOUSAND OAKS BLVD WESTLAKE VILLAGE, CA 91362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUNG MENS CHRISTIAN ASSOCIATION OF 360 18TH AVE SAN FRANCISCO, CA 94121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 27341 TRABUCO CIRCLE MISSION VIEJO, CA 92692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
YOUNG MENS CHRISTIAN ASSOCIATION OF 1633 E FOURTH STREET SUITE 184 SANTA ANA, CA 92701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	272
YOUNG MENS CHRISTIAN ASSOCIATION OF 4031 NORTH MOORPARK ROAD THOUSAND OAKS, CA 91360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2330 BROADWAY OAKLAND, CA 94612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 1633 E FOURTH STREET SUITE 184 SANTA ANA, CA 92701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	356
YOUNG MENS CHRISTIAN ASSOCIATION OF 321 E MAGNOLIA BLVD BURBANK, CA 91502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 401 SOUTH HOPE STREET LOS ANGELES, CA 90071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 240 S EUCLID ST ANAHEIM, CA 92802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 1633 E FOURTH STREET SUITE 184 SANTA ANA, CA 92701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG STORYTELLERS FOUNDATION 923 E 3RD ST STE 307 LOS ANGELES, CA 900131847	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS CHRISTIAN ASSOCIATION PO BOX 3506 SANTA ROSA, CA 954023506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG WOMENS CHRISTIAN ASSOCIATION P O BOX 3506 SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 1020 S OLIVE ST 7TH FL LOS ANGELES, CA 900151602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
YOUNG WOMENS CHRISTIAN ASSOCIATION P O BOX 3506 SANTA ROSA, CA 95402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
YOUTH UNLIMITED GOSPEL OUTREACH 340 W 26TH STREET SUITE K NATIONAL CITY, CA 91950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH WITH A MISSION SPRINGS OF LIV 15850 RICHARDSON SPRINGS RD CHICO, CA 95973	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
YU MING CHARTER SCHOOL 1086 ALCATRAZ AVE OAKLAND, CA 946081265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
YU-AI KAI-JAPANESE AMERICAN COMMUNI 588 N 4TH ST SAN JOSE, CA 95112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YUBA SUTTER ECONOMIC DEVELOPMENT CO 950 THARP RD STE 1303 YUBA CITY, CA 959938351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YUBA SUTTER ECONOMIC DEVELOPMENT CO 950 THARP RD STE 1303 YUBA CITY, CA 959938351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
YUCAIPA VALLEY ANIMAL PLACEMENT SOC PO BOX 199 YUCAIPA, CA 923990199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YUCAIPA VALLEY ANIMAL PLACEMENT SOC PO BOX 199 YUCAIPA, CA 923990199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,800
YWCA OF SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YWCA OF SAN DIEGO COUNTY 1012 C STREET SAN DIEGO, CA 92101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA OF SAN FRANCISCO & MARIN 375 S THIRD ST SAN JOSE, CA 95112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YWCA OF SAN GABRIEL VALLEY 943 N GRAND AVE COVINA, CA 91724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ZAYTUNA COLLEGE2401 LE CONTE AVE BERKELEY, CA 947091209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZION LUTHERAN SCHOOL 495 9TH AVENUE SAN FRANCISCO, CA 941182912	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,072
ZOE INTERNATIONALPO BOX 221510 SANTA CLARITA, CA 913221510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ZOE INTERNATIONALPO BOX 221510 SANTA CLARITA, CA 913221510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOE INTERNATIONALPO BOX 221510 SANTA CLARITA, CA 913221510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ZOE INTERNATIONALPO BOX 221510 SANTA CLARITA, CA 913221510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
ZOOLOGICAL SOCIETY OF SAN DIEGO PO BOX 120551 SAN DIEGO, CA 921120551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY CONNECTION COLORADO INC 801 YOSEMITE ST DENVER, CO 802306087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ADVOCATES FOR CHILDREN 10855 EAST BETHANY DRIVE SUITE 200 AURORA, CO 80014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,417
ADVOCATES FOR CHILDREN 10855 EAST BETHANY DRIVE SUITE 200 AURORA, CO 80014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	583
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN CONSERVATION CENTRE US 637-B S BROADWAY 122 BOULDER, CO 803055926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AIR FORCE ACADEMY ATHLETIC CORPORAT PO BOX 89 USAF ACADEMY, CO 808400089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALL CLEAR FOUNDATION 1040 S GAYLORD ST STE 4 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	521
ALLIANCE FOR CHOICE IN EDUCATION 1201 E COLFAX AVE STE 302 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
ALS THERAPY DEVELOPMENT FOUNDATION PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	976
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 455 NORTH SHERMAN ST STE 500 DENVER, CO 802034405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 10065 E HARVARD AVE STE 400 DENVER, CO 80231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 1777 S HARRISON ST SUITE 500 DENVER, CO 802103930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 444 SHERMAN ST DENVER, CO 802034430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 444 SHERMAN ST DENVER, CO 802034430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
AMERICAN NATIONAL RED CROSS 444 SHERMAN ST DENVER, CO 802034430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 444 SHERMAN ST DENVER, CO 802034430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 444 SHERMAN ST DENVER, CO 802034430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN SOLAR ENERGY SOCIETY INC 2525 ARAPAHOE AVE STE E4-253 BOULDER, CO 80302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 10855 DOVER STREET SUITE 500 WESTMINSTER, CO 80021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,325
ANDERSON RANCH ARTS FOUNDATION PO BOX 5598 SNOWMASS VILLAGE, CO 816155598	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
APPLETON ELEMENTARY SCHOOL 2358 H ROAD GRAND JUNCTION, CO 815059677	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARAPAHOE RESCUE PATROL INC 5852 S MALAYA CT CENTENNIAL, CO 800153305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
ARIEL CLINICAL SERVICES 2938 NORTH AVE STE G GRAND JUNCTION CO, CO 81504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARTHRITIS FOUNDATION INC 2280 SOUTH ALBION STREET DENVER, CO 80222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPEN SANTA FE BALLET 0245 SAGE WAY ASPEN, CO 816112516	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
ASPEN SCIENCE CENTERPO BOX 4669 ASPEN, CO 816124669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASPEN VALLEY SKI-SNOWBOARD CLUB INC 300 AVSC DR ASPEN, CO 816113521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTENTION INC 1440 PINE STREET SUITE B BOULDER, CO 80302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AUGIES QUEST TO CURE ALS INC PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AUGIES QUEST TO CURE ALS INC PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGIES QUEST TO CURE ALS INC PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUGIES QUEST TO CURE ALS INC PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUGIES QUEST TO CURE ALS INC PO BOX 9886 DENVER, CO 80209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA MINISTRIESPO BOX 62600 COLORADO SPRINGS, CO 80962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	248
BICYCLE COLORADO 1525 MARKET ST STE 100 DENVER, CO 802021661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BICYCLE COLORADO 1525 MARKET ST STE 100 DENVER, CO 802021661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BONES CANINE RESCUE SERVICE 32614 COUNTY ROAD 23 WINDSOR, CO 805503210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BLUE MOUNTAIN ELEMENTARY PO BOX 2598 LONGMONT, CO 80502	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
BOULDER COMMUNITY HOUSING CORPORATI PO BOX 471 BOULDER, CO 80306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULDER JEWISH COMMUNITY CENTER 6007 OREG AV BOULDER, CO 80303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
BOULDER JEWISH COMMUNITY CENTER 6007 OREG AV BOULDER, CO 80303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOULDER JEWISH COMMUNITY CENTER 6007 OREG AV BOULDER, CO 80303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,872
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVE YOUNG HEARTS 18816 W 84TH PL ARVADA, CO 800077221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	196
BRAVE YOUNG HEARTS 18816 W 84TH PL ARVADA, CO 800077221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BRAVO COLORADO AT VAIL-BEAVER CREEK 2271 N FRONTAGE RD W STE C VAIL, CO 816573920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE HOUSE 5345 ARAPAHOE AVENUE UNIT 5 BOULDER, CO 803038150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BRIDGE HOUSE 5345 ARAPAHOE AVENUE UNIT 5 BOULDER, CO 803038150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BROTHERS REDEVELOPMENT INC 2250 EATON STREET GARDEN LEVEL SUITE B DENVER, CO 802141276	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURNING THROUGH PAGES INCORPORATED 8 E 1ST AVE DENVER, CO 802033981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CAN DO MULTIPLE SCLEROSIS PO BOX 5860 AVON, CO 81620	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CANCER LEAGUE OF COLORADO INC PO BOX 5373 ENGLEWOOD, CO 801555373	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAP FOR KIDS2090 W LITTLETON BLVD LITTLETON, CO 80120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CAPITAL SISTERS INTERNATIONAL INC 601 16TH ST SUITE C 310 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
CAPITAL SISTERS INTERNATIONAL INC 601 16TH ST SUITE C 310 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL SISTERS INTERNATIONAL INC 601 16TH ST SUITE C 310 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL SISTERS INTERNATIONAL INC 601 16TH ST SUITE C 310 GOLDEN, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CARE AND SHARE INC 2605 PREAMBLE POINT COLORADO SPGS, CO 80915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA DE SANTA MARIA INCPO BOX 64 SAN LUIS, CO 811520064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CASA DE SANTA MARIA INCPO BOX 64 SAN LUIS, CO 811520064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CASTLE ROCK SENIOR CENTER INCORPORA 2323 N WOODLANDS BLVD CASTLE ROCK, CO 80104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF CENTRAL COLOR 228 N CASCADE AVE STE 139 COLORADO SPGS, CO 809031322	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	320
CATHOLIC COMMUNITY OF THE BEATITUDE 2924W43 AVE DENVER, CO 80211	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
CENTER FOR TEACHING INTERNATIONAL R 1031 33RD STREET 174 DENVER, CO 80205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL HIGH SCHOOL 550 WARRIOR WAY GRAND JUNCTION, CO 815046098	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
CHILDRENS ADVOCACY AND FAMILY RESOU PO BOX 3554 ENGLEWOOD, CO 801553554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPECHEST INC 300 GENERAL PALMER DRIVE STE 4 PALMER LAKE, CO 80133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOSPITAL COLORADO FOUNDAT 13123 E 16TH AVE BOX 045 AURORA, CO 80045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,850
CHILDRENS HOSPITAL COLORADO FOUNDAT 13123 E 16TH AVE BOX 045 AURORA, CO 80045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL COLORADO FOUNDAT 13123 E 16TH AVE BOX 045 AURORA, CO 80045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,325
CHILDRENS HOSPITAL COLORADO FOUNDAT 13123 E 16TH AVE BOX 045 AURORA, CO 80045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 789 SHERMAN ST SUITE 400 DENVER, CO 80203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
COLORADO ACADEMY3800 S PIERCE ST DENVER, CO 80235	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
COLORADO AGRICULTURAL LEADERSHIP FO PO BOX 581 CASTLE ROCK, CO 801040581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO ANIMAL RESCUE EXPRESS 5276 S HANOVER WAY ENGLEWOOD, CO 801116240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COLORADO CANYONS ASSOCIATION 543 MAIN ST 4 GRAND JUNCTION, CO 81501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COLORADO COALITION FOR THE HOMELESS 2111 CHAMPA ST DENVER, CO 802052529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,002
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
COLORADO COLLEGE THPO BOX 1117 COLORADO SPRINGS, CO 80901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
COLORADO COMMUNITY SHELTER PROVIDER 88 INVERNESS CIRCLE EAST ENGLEWOOD, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO CPR ASSOCIATION 4380 S SYRACUSE ST STE 300 DENVER, CO 802372625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
COLORADO ENTERPRISE FUND INC 1888 SHERMAN ST SUITE 530 DENVER, CO 802031163	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
COLORADO ENVIRONMENTAL FILM FESTIVA PO BOX 491 GOLDEN, CO 80402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO FRIENDSHIP 1067 S HOVER ST STE E 116 LONGMONT, CO 805017903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
COLORADO MESA UNIVERSITY FOUNDATION 1450 N 12TH ST GRAND JCT, CO 815017686	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLORADO MUSIC FESTIVAL 200 E BASELINE ROAD LAFAYETTE, CO 80026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,845
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO OPEN LANDS 1546 COLE BLVD 200 LAKEWOOD, CO 80401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COLORADO PLATEAU MOUNTAIN-BIKE TRAI PO BOX 4602 GRAND JCT, CO 815024602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
COLORADO SEMINARY ATTN GIFT PROCESSING - PO BOX 910585 DENVER, CO 802910585	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO SEMINARY ATTN GIFT PROCESSING - PO BOX 910585 DENVER, CO 802910585	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COLORADO SEMINARY ATTN GIFT PROCESSING - PO BOX 910585 DENVER, CO 802910585	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COLORADO SPORTS HALL OF FAME 1701 MILE HIGH STADIUM CIR STE 500 DENVER, CO 802041777	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO STATE UNIVERSITY FOUNDATIO PO BOX 1870 FORT COLLINS, CO 805221870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
COLORADO STATE UNIVERSITY FOUNDATIO PO BOX 1870 FORT COLLINS, CO 805221870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO UPLIFT 400 WEST 48TH AVENUE SUITE 250 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
COLORADO VILLAGE COLLABORATIVE 1373 GRANT ST DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COLORADO VILLAGE COLLABORATIVE 1373 GRANT ST DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO WOMENS EMPLOYMENT AND EDUC 1175 OSAGE ST SUITE 300 DENVER, CO 802043444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COLORADO WOMENS EMPLOYMENT AND EDUC 1175 OSAGE ST SUITE 300 DENVER, CO 802043444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLORADO WOMENS EMPLOYMENT AND EDUC 1175 OSAGE ST SUITE 300 DENVER, CO 802043444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORADO YOUNG LEADERS 3435 SOUTH INCA STREET SUITE C ENGLEWOOD, CO 80110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COLORADO YOUTH FOR A CHANGE 2490 WEST 26TH AVENUE 110A DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
COMMUNITY FIRST FOUNDATION 5855 WADSWORTH BYPASS UNIT A ARVADA, CO 80003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,350
COMMUNITY FOOD SHARE INC 650 S TAYLOR AVE LOUISVILLE, CO 80027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY RADIO FOR NORTHERN COLORA 1901 56TH AVE STE 200 GREELEY, CO 80634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,435
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	977
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	19,252
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	640
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	644
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	356
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,602
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	573
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,896
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
COMPASSION INTERNATIONAL INCORPORAT 12290 VOYAGER PKWY COLORADO SPGS, CO 80921	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,962
CONSERVATION LANDS FOUNDATION 835 E 2ND AVE SUITE 314 DURANGO, CO 81301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVATION LANDS FOUNDATION 835 E 2ND AVE SUITE 314 DURANGO, CO 81301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
CONSERVATION LANDS FOUNDATION 835 E 2ND AVE SUITE 314 DURANGO, CO 81301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
CRAIG HOSPITAL FOUNDATION 3425 S CLARKSON ST ENGLEWOOD, CO 801132811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,045
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CENTERPO BOX 631302 LITTLETON, CO 80163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	770
CRYSTAL RIVER ELEMENTARY SCHOOL 160 SNOWMASS DRIVE CARBONDALE, CO 81623	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	686
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CUPID CHARITIES 3457 RINGSBY CT UNIT 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUPID CHARITIES 3457 RINGSBY COURT SUITE 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CUPID CHARITIES 3457 RINGSBY CT UNIT 205 DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CYSTIC FIBROSIS FOUNDATION 400 S COLORADO BLVD STE 840 DENVER, CO 802461240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
DAVIS PHINNEY FOUNDATION 357 S MCCASLIN BLVD STE 105 LOUISVILLE, CO 80027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIS PHINNEY FOUNDATION 357 S MCCASLIN BLVD STE 105 LOUISVILLE, CO 80027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DAY AT A TIME INC 3355 S WADSWORTH BLVD UNIT H125 LAKEWOOD, CO 802275162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DENVER ACTIVE 20-30 CHILDRENS FOUND PO BOX 202684 DENVER, CO 80220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER ART MUSEUM FOUNDATION 100 W 14TH AVENUE PKWY DENVER, CO 802042713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
DENVER BOTANIC GARDENS ENDOWMENT IN 909 YORK ST DENVER, CO 802063751	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
DENVER BOTANIC GARDENS ENDOWMENT IN 909 YORK ST DENVER, CO 802063751	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER CIVIC VENTURES INC 1515 ARAPAHOE ST TOWER 3 NO 100 DENVER, CO 802023150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
DENVER DUMB FRIENDS LEAGUE 2080 S QUEBEC ST DENVER, CO 802313204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
DENVER FILM SOCIETY 1510 YORK ST 3RD FLOOR DENVER, CO 802061425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER HOMELESS VOICE PO BOX 1931 DENVER, CO 80201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DENVER HOMELESS VOICE PO BOX 1931 DENVER, CO 80201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DENVER KIDS INC 1860 LINCOLN ST 9TH FLOOR DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER LANGUAGE SCHOOL 2949 CALIFORNIA STREET DENVER, CO 80205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN STREET 10TH FLOOR DENVER, CO 80203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER, CO 80217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DENVER URBAN SCHOLARS 3532 FRANKLIN STREET SUITE T DENVER, CO 802053961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENVER ZOOLOGICAL FOUNDATION INC 2300 STEELE ST DENVER, CO 802055715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
DESTA7852 S ELATI ST LITTLETON, CO 801208079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DEVELOPMENTAL DISABILITIES RESOURCE 11177 W 8TH AVE STE 300 LAKEWOOD, CO 802155520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVELOPMENTAL DISABILITIES RESOURCE 11177 W 8TH AVE STE 300 LAKEWOOD, CO 802155520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DIAMOND BASEBALL OF BOULDER INC 3301 ARAPAHOE AVE 302 BOULDER, CO 80303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DIVE PIRATES FOUNDATION PO BOX 1564 WELLINGTON, CO 80549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIVE PIRATES FOUNDATION PO BOX 1564 WELLINGTON, CO 80549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
DIVE PIRATES FOUNDATION PO BOX 1564 WELLINGTON, CO 80549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
DIVE PIRATES FOUNDATION PO BOX 1564 WELLINGTON, CO 80549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS COUNTY COMMUNITY FOUNDATION PO BOX 84 CASTLE ROCK, CO 80104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOUGLAS COUNTY COMMUNITY FOUNDATION PO BOX 84 CASTLE ROCK, CO 80104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DOUGLAS COUNTY COMMUNITY FOUNDATION PO BOX 84 CASTLE ROCK, CO 80104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS COUNTY EDUCATIONAL FOUNDATI 620 WILCOX ST CASTLE ROCK, CO 801041739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DOUGLAS COUNTY LAND CONSERVANCY PO BOX 462 CASTLE ROCK, CO 80104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,590
DOUGLAS COUNTY LAND CONSERVANCY PO BOX 462 CASTLE ROCK, CO 80104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	551
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS COUNTY LIBRARIES FOUNDATION 100 S WILCOX ST CASTLE ROCK, CO 80104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EAGLE RIVER WATERSHED COUNCIL INC PO BOX 5740 EAGLE, CO 81631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
EAGLE RIVER YOUTH COALITION INC PO BOX 4613 EDWARDS, CO 816324613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLECREST HIGH SCHOOL 5100 SOUTH PICADILLY STREET CENTENNIAL, CO 80015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
EARLY COLLEGE HIGH SCHOOL 2115 AFTON WAY COLORADO SPRINGS, CO 80909	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS COLORADO 393 S HARLAN ST LAKEWOOD, CO 80226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS COLORADO 393 S HARLAN ST LAKEWOOD, CO 80226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EASTER SEALS COLORADO 393 S HARLAN ST LAKEWOOD, CO 80226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELEVATE USA 5310 WARD ROAD SUITE G-05 ARVADA, CO 80002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGENCY FAMILY ASSISTANCE ASSOCIA 1575 YARMOUTH AVE BOULDER, CO 80304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ENGINEERS WITHOUT BORDERS USA INC 1031 33RD STREET STE 210 DENVER, CO 80205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	193
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ENGLISH LANGUAGE INSTITUTE IN CHINA 1629 BLUE SPRUCE DR FORT COLLINS, CO 805242013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD PLAZA BLVD STE 404 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD PLAZA BLVD STE 404 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD PLAZA BLVD STE 404 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EPILEPSY FOUNDATION OF COLORADO 5889 GREENWOOD PLAZA BLVD STE 404 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,640
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERGREEN CHORALE INCPO BOX 2103 EVERGREEN, CO 804372103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EVERGREEN HIGH SCHOOL EDUCATIONFOUN PO BOX 2861 EVERGREEN, CO 804372861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EVERY LIFE INC 3440 YOUNGFIELD ST 211 WHEAT RIDGE, CO 800335245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERY LIFE INC 3440 YOUNGFIELD ST 211 WHEAT RIDGE, CO 800335245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EXPAND BEYOND INC 2233 IMPERIAL LANE SUPERIOR, CO 80027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FAMILY HOMESTEADPO BOX 40186 DENVER, CO 802040186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FIRST NATIONS DEVELOPMENT INSTITUTE 2432 MAIN ST FL 2 LONGMONT, CO 80501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET LONGMONT, CO 80501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
FOCUS ON THE FAMILY 8605 EXPLORER DR COLORADO SPGS, CO 809201049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FOOD BANK OF THE ROCKIES 10700 E 45TH AVE DENVER, CO 80239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THOUGHT DENVER P O BOX 11813 DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FREEDOM SERVICE DOGS INC 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GABBY KRAUSE FOUNDATION 7200 S ALTON WAY B130 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GABBY KRAUSE FOUNDATION 7200 S ALTON WAY B130 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GABBY KRAUSE FOUNDATION 7200 S ALTON WAY B130 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE STE 720 DENVER, CO 80210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF COLORADO 3801 E FLORIDA AVE STE 720 DENVER, CO 80210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRLS INCORPORATED OF METRO DENVER 1499 JULIAN ST DENVER, CO 802041641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL DOWN SYNDROME FOUNDATION 3239 E 2ND AVE DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF DENVER 6850 FEDERAL BLVD DENVER, CO 802212628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GREEN CORPS INC 1543 WAZEE ST STE 300 DENVER, CO 802021465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREENHOUSE SCHOLARS 1820 FOLSOM ST BOULDER, CO 80302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUYS WHO GIVE2575 ANDREW DR SUPERIOR, CO 800278299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
H E L P INTERNATIONAL 1041 S COUNTY RD 3 JOHNSTOWN, CO 80534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 339 WOODLAND PARK, CO 80863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 339 WOODLAND PARK, CO 80863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 339 WOODLAND PARK, CO 80863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 339 WOODLAND PARK, CO 80863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 339 WOODLAND PARK, CO 80863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY OF METRO DENVE 3245 ELIOT ST DENVER, CO 802113287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY OF METRO DENVE 3245 ELIOT ST DENVER, CO 802113287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY VAIL VALLEY IN PO BOX 4149 AVON, CO 816204149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HARMONY FOUNDATION INC 1600 FISH HATCHERY ROAD ESTES PARK, CO 805179227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARVEST OF HOPE PANTRY 2960 VALMONT ROAD BOULDER, CO 80301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING WATERS INTERNATIONAL INC 15000 W 6TH AVE STE 404 GOLDEN, CO 804015047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEART & HAND CENTER 2736 WELTON STREET SUITE 204 DENVER, CO 802052914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEARTS & HORSES INC163 N CR 29 LOVELAND, CO 80537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS & HORSES INC163 N CR 29 LOVELAND, CO 80537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HEARTS & HORSES INC163 N CR 29 LOVELAND, CO 80537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HEARTS & HORSES INC163 N CR 29 LOVELAND, CO 80537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS & HORSES INC163 N CR 29 LOVELAND, CO 80537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HIGH MOUNTAIN INSTITUTE INC 531 COUNTY RD 5A LEADVILLE, CO 80461	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
HIGH MOUNTAIN INSTITUTE INC 531 COUNTY RD 5A LEADVILLE, CO 80461	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR ANIMALS CLEAR CREEK RESCUE P O BOX 63 GEORGETOWN, CO 80444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOPE FOR ANIMALS CLEAR CREEK RESCUE P O BOX 63 GEORGETOWN, CO 80444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOPE FOR ANIMALS CLEAR CREEK RESCUE P O BOX 63 GEORGETOWN, CO 80444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWEST 3090 NORTH 12TH STREET UNIT B GRAND JUNCTION, CO 81506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOPEWEST 3090 NORTH 12TH STREET UNIT B GRAND JUNCTION, CO 81506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF THE SOUTH PLATTE 2129 W CHENANGO AVE UNIT A LITTLETON, CO 801201050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDYGIVE235 S NEVADA AVE COLORADO SPGS, CO 809031906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INSTITUTE FOR SHIPBOARD EDUCATION 2243 CENTRE AVENUE SUITE 300 FORT COLLINS, CO 80526	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
INSTITUTE FOR SHIPBOARD EDUCATION 2243 CENTRE AVENUE SUITE 300 FORT COLLINS, CO 80526	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH ALLIANCE OF COLORADO 1373 N GRANT ST DENVER, CO 802032307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
INTERNATIONAL SCHOOL OF DENVER INC 7701 EAST FIRST PLACE UNIT C DENVER, CO 80230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
JAZZ AT ASPEN-SNOWMASS 110 E HALLAM ST STE 104 ASPEN, CO 816111461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 2727 BRYANT STREET SUITE 380 DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 2727 BRYANT STREET SUITE 380 DENVER, CO 80211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JEWISH FAMILY SERVICE OF COLORADO I 3201 SOUTH TAMARAC DRIVE DENVER, CO 802314394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF COLORADO I 3201 SOUTH TAMARAC DRIVE DENVER, CO 802314394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
JEWISH FAMILY SERVICE OF COLORADO I 3201 SOUTH TAMARAC DRIVE DENVER, CO 802314394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
JONATHANS JOURNEY 8425 S WILDCAT ST HIGHLANDS RANCH, CO 801262019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
JUDIS HOUSE1741 GAYLORD ST DENVER, CO 80206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDIS HOUSE1741 GAYLORD ST DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
JUDIS HOUSE1741 GAYLORD ST DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT ROCKY MOUNTAIN 1445 MARKET ST STE 200 DENVER, CO 802021728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAWASAKI KIDS FOUNDATION 1298 MAIN ST UNIT A 4221 WINDSOR, CO 805507906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 801134916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	72
KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 801134916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 801134916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	240
KENT DENVER SCHOOL 4000 E QUINCY AVENUE ENGLEWOOD, CO 801134916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	48
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LARIMER HUMANE SOCIETY 3501 E 71ST STREET LOVELAND, CO 80538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFECHANGE INTERNATIONAL 6657 W OTTAWA AVE STE A11 LITTLETON, CO 801284500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LION GLOBAL FOUNDATION 4350 S MONACO STREET 5TH FLOOR DENVER, CO 80237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
LITERACY COALITION OF COLORADO PO BOX 140726 EDGEWATER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITERACY COALITION OF COLORADO PO BOX 140726 EDGEWATER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY COALITION OF COLORADO PO BOX 140726 EDGEWATER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITERACY COALITION OF COLORADO PO BOX 140726 EDGEWATER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLETON HIGH SCHOOL 199 EAST LITTLETON BLVD LITTLETON, CO 80121	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLETON PUBLIC SCHOOLS PARENT TEA 4300 W PONDS CIRCLE LITTLETON, CO 80123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOGAN SCHOOL FOR CREATIVE LEARNING 1005 YOSEMITE ST DENVER, CO 802306003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LOWELL WHITEMAN SCHOOL 42605 COUNTY ROAD 36 STEAMBOAT SPRINGS, CO 80487	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWELL WHITEMAN SCHOOL 42605 COUNTY ROAD 36 STEAMBOAT SPRINGS, CO 80487	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
LUBICK FOUNDATION 2221 BALDWIN ST FORT COLLINS, CO 805287104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
LUPUS FOUNDATION OF COLORADO INC 7853 E ARAPAHOE CT 3100 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF COLORADO INC 7853 E ARAPAHOE CT 3100 CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	754
LUVIN ARMS3470 COUNTY ROAD 7 ERIE, CO 80516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LUVIN ARMS3470 COUNTY ROAD 7 ERIE, CO 80516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAJOR LEAGUE BASEBALL PLAYERS ALUMN 1631 MESA AVENUE COLORADO SPRINGS, CO 80906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF COLORADO 7951 E MAPLEWOOD AVE STE 126 GREENWOOD VILLAGE, CO 80111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MERCY & SHARINGPO BOX 1823 CARBONDALE, CO 81623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING INC 1600 BROADWAY STE 2000 DENVER, CO 80202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
MERCY HOUSING SOUTHWEST 1600 BROADWAY SUITE 2000 DENVER, CO 80202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MERCYS GATEPO BOX 26416 COLORADO SPRING, CO 80936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESA COUNTY LAND CONSERVANCY INC 1006 MAIN ST GRAND JCT, CO 815013541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METRO CARING1100 E 18TH AVE DENVER, CO 80218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
METROPOLITAN DENVER HOMELESS INITIA 711 PARK AVE W STE 320 DENVER, CO 802052893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN DENVER HOMELESS INITIA 711 PARK AVE W STE 320 DENVER, CO 802052893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
METROPOLITAN DENVER HOMELESS INITIA 711 PARK AVE W STE 320 DENVER, CO 802052893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
METROPOLITAN DENVER HOMELESS INITIA 711 PARK AVE W STE 320 DENVER, CO 802052893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN DENVER HOMELESS INITIA 711 PARK AVE W STE 320 DENVER, CO 802052893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MI CASA RESOURCE CENTER 345 S GROVE STREET DENVER, CO 80219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MI CASA RESOURCE CENTER 345 S GROVE STREET DENVER, CO 80219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE HIGH MINISTRIES 913 WYANDOT ST DENVER, CO 802043801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MILE HIGH SQUASHPO BOX 40160 DENVER, CO 80204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	586
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE HIGH UNITED WAY INC 711 PARK AVENUE WEST DENVER, CO 80205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
MISFITS DOG RESCUE217 GARDEN DR PENROSE, CO 81240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	145
MISFITS DOG RESCUE217 GARDEN DR PENROSE, CO 81240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	209
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISFITS DOG RESCUE217 GARDEN DR PENROSE, CO 81240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
MORGAN ADAMS FOUNDATION 5303 E EVANS AVE STE 200 DENVER, CO 802225237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MORGAN ADAMS FOUNDATION 5303 E EVANS AVE STE 200 DENVER, CO 802225237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS ANIMAL FOUNDATION 720 S COLORADO BLVD STE 174A DENVER, CO 80246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MORRIS ANIMAL FOUNDATION 720 S COLORADO BLVD STE 174A DENVER, CO 80246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MOUNTAIN SHADOWS MONTESSORI SCHOOL 4154 63RD ST BOULDER, CO 803013137	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAINCHILD INC 17011 LINCOLN AVENUE 425 PARKER, CO 80134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MPOWERED345 S GROVE STREET DENVER, CO 80219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MUSEO DE LAS AMERICAS 861 SANTA FE DR DENVER, CO 802044344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR WOMEN AND INFOR 1909 26TH ST 2ND FLOOR BOULDER, CO 80302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL CENTER FOR WOMEN AND INFOR 1909 26TH ST 2ND FLOOR BOULDER, CO 80302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PANCREATIC CANCER FOUNDATI PO BOX 1848 LONGMONT, CO 80502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SKI PATROL SYSTEM INC 133 S VAN GORDON ST STE 100 LAKEWOOD, CO 802281706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL SKI PATROL SYSTEM INC 133 S VAN GORDON ST STE 100 LAKEWOOD, CO 802281706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NO MORE LOCKED DOORS MINISTRIES 1625 XANTHIA ST DENVER, CO 802202219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NORTH BOULDER LITTLE LEAGUE PO BOX 1827 BOULDER, CO 80306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ELEMENTARY SCHOOL 6598 NORTH STATE HIGHWAY 83 PARKER, CO 80134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
NOW I LAY ME DOWN TO SLEEP 7853 E ARAPAHOE COURT SUITE 2150 CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NOW I LAY ME DOWN TO SLEEP 7853 E ARAPAHOE COURT SUITE 2150 CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOW I LAY ME DOWN TO SLEEP 7853 E ARAPAHOE COURT SUITE 2150 CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NURSE FAMILY PARTNERSHIP 1900 GRANT ST STE 400 DENVER, CO 802034304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
NURSE FAMILY PARTNERSHIP 1900 GRANT ST STE 400 DENVER, CO 802034304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NURSE FAMILY PARTNERSHIP 1900 GRANT ST STE 400 DENVER, CO 802034304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ODA FOUNDATION 1441 LITTLE RAVEN DRIVE DENVER, CO 80202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAWS AND PEOPLE1101 HARRISON ST DENVER, CO 80206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKES PEAK COMMUNTIY COLLEGE FOUNDA 5675 S ACADEMY BLVD COLORADO SPGS, CO 809065422	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	269
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKES PEAK UNITED WAY 518 N NEVADA AVE COLORADO SPRINGS, CO 80903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PLAY2EDUCATE987 AGATE CT FRUITA, CO 815213224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
POLICE FOUNDATION OF COLORADO SPRIN 10 LAKE CIR COLORADO SPGS, CO 809064201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE FOUNDATION OF COLORADO SPRIN 10 LAKE CIR COLORADO SPGS, CO 809064201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PRAIRIE CROSSING ELEMENTARY SCHOOL 620 WILCOX ST CASTLE ROCK, CO 80104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
PRAIRIE CROSSING ELEMENTARY SCHOOL 620 WILCOX ST CASTLE ROCK, CO 80104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT ANGEL HEART 4950 WASHINGTON ST DENVER, CO 80216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PROJECT HEAL - HELP TO EAT ACCEPT & PO BOX 140520 DENVER, CO 80214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HEAL - HELP TO EAT ACCEPT & PO BOX 140520 DENVER, CO 80214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROSPECT RIDGE ACADEMY 2555 PREBLE CREEK PKWY BROOMFIELD, CO 800238096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,520
PSC PARTNERS SEEKING A CURE 6900 E BELLEVIEW AVE STE 202 GREENWOOD VILLAGE, CO 80111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA COLORADO CONGRESS 1700 E LOUISIANA AVE DENVER, CO 80210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC BROADCASTING OF COLORADO INC 7409 S ALTON CT CENTENNIAL, CO 80112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
QUILTS FOR KIDS891 12TH ST BOULDER, CO 803027520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RAFT - COLORADO 3827 N STEELE ST STE C DENVER, CO 802053603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACHOUT CRESTVIEW 1897 SUMAC AVE BOULDER, CO 803040815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REDLINE2350 ARAPAHOE ST DENVER, CO 802052613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,700
REENTRY INITIATIVE 10515 MOORING RD LONGMONT, CO 805047737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPITE CARE INC6203 S LEMAY AVE FORT COLLINS, CO 805259436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,375
ROARING FORK CONSERVANCY PO BOX 3349 BASALT, CO 816213349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ROCKY MOUNTAIN ADVENTIST HEALTHCARE 2525 SOUTH DOWNING STREET MASON HALL 2ND FLOOR DENVER, CO 80210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN CHILDRENS HEALTH FOU 5394 MARSHALL ST STE 400 ARVADA, CO 800023947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	182
ROCKY MOUNTAIN FELINE RESCUE INC 2390 S DELAWARE ST DENVER, CO 802234321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ROCKY MOUNTAIN FELINE RESCUE INC 2390 S DELAWARE ST DENVER, CO 802234321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN FELINE RESCUE INC 2390 S DELAWARE ST DENVER, CO 802234321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROCKY MOUNTAIN FELINE RESCUE INC 2390 S DELAWARE ST DENVER, CO 802234321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	246
ROCKY MOUNTAIN FELINE RESCUE INC 2390 S DELAWARE ST DENVER, CO 802234321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN MULTIPLE SCLEROSIS C 8845 WAGNER ST WESTMINSTER, CO 800313553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN PLANNED PARENTHOOD I 7155 E 38TH AVE DENVER, CO 802071630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
ROCKY MOUNTAIN REPERTOREY THEATRE PO BOX 1682 GRAND LAKE, CO 804471682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAFEHOUSE DENVER INC 1649 DOWNING ST DENVER, CO 802181528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAVE THE STORKS 4050 LEE VANCE VIEW STE 300 COLORADO SPRINGS, CO 80918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCENIC ELEMENTARY SCHOOL 451 WEST SCENIC DR GRAND JUNCTION, CO 81507	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
SCOTTISH RITE FOUNDATION 1370 GRANT ST DENVER, CO 802032352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SENIOR SUPPORT SERVICES 846 E 18TH AVE DENVER, CO 802181025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR SUPPORT SERVICES 846 E 18TH AVE DENVER, CO 802181025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SEPTEMBER SCHOOL96 ARAPAHOE AVE BOULDER, CO 80302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
SEPTEMBER SCHOOL96 ARAPAHOE AVE BOULDER, CO 80302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMALL CHAMPIONS INCPO BOX 4691 VAIL, CO 816584691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
SMOKY HILL HIGH SCHOOL 16100 EAST SMOKY HILL ROAD AURORA, CO 80015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	490
SMOKY HILL HIGH SCHOOL 16100 EAST SMOKY HILL ROAD AURORA, CO 80015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SO ALL MAY EAT INC 2023 EAST COLFAX AVE DENVER, CO 80206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SOCIAL VENTURE PARTNERS BOULDER COU 3701 ARAPAHOE AVENUE C117 BOULDER, CO 80303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOCIAL VENTURE PARTNERS BOULDER COU 3701 ARAPAHOE AVENUE C117 BOULDER, CO 80303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOS OUTREACHPO BOX 2020 AVON, CO 816202020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE ROAD STE C CENTENNIAL, CO 80112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ST ANNES EPISCOPAL SCHOOL INC 2701 S YORK STREET DENVER, CO 80210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS CENTER2323 CURTIS ST DENVER, CO 802052627	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50,000
ST FRANCIS CENTER2323 CURTIS ST DENVER, CO 802052627	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	685
ST FRANCIS CENTER2323 CURTIS ST DENVER, CO 802052627	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS HOSPITAL AND MEDICAL CENTE PO BOX 1628 GRAND JCT, CO 815021628	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
STARFISH ONE BY ONE 1031 33RD STREET SUITE 176 DENVER, CO 80205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STEAMBOAT TRAINING ADAPTIVE RECREAT PO BOX 770208 STEAMBOAT SPR, CO 804770208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEVES CLUB NATIONAL PROGRAM PO BOX 18082 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUICIDE PREVENTION COALITION OF EAG PO BOX 5913 EAGLE, CO 81631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUICIDE PREVENTION COALITION OF EAG PO BOX 5913 EAGLE, CO 81631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 50 S STEELE STREET STE 100 DENVER, CO 80209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
SUSTAIN MUSIC AND NATURE INC 819 WAGONWHEEL DR FORT COLLINS, CO 80526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SWALLOW HILL MUSIC ASSOCIATION 71 E YALE AVE DENVER, CO 802105736	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNYSON CENTER FOR CHILDREN AT COL 2950 TENNYSON ST DENVER, CO 802123029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE ACCESS FUNDPO BOX 17010 BOULDER, CO 80308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE ACCESS FUNDPO BOX 17010 BOULDER, CO 80308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADOPTION EXCHANGE 14232 E EVANS AVE AURORA, CO 80014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE BLUE BENCHPO BOX 18951 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	578
THE BLUE BENCHPO BOX 18951 DENVER, CO 80218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLORADO MUSEUM OF NATURAL HIST 2001 COLORADO BLVD DENVER, CO 802055732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,500
THE DELORES PROJECTPO BOX 1406 DENVER, CO 802011406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE FREEBSD FOUNDATION 2222 14TH ST BOULDER, CO 80302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GROWHAUS4751 YORK ST DENVER, CO 802162234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE GROWHAUS4751 YORK ST DENVER, CO 802162234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE GROWHAUS4751 YORK ST DENVER, CO 802162234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1370 PENNSYLVANIA STREET DENVER, CO 80203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE STAR CENTER FOUNDATION 5420 S QUEBEC ST SUITE 103 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
THE STAR CENTER FOUNDATION 5420 S QUEBEC ST SUITE 103 GREENWOOD VILLAGE, CO 80111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILD ANIMAL SANCTUARY A COLORAD 1946 WCR 53 KEENESBURG, CO 806430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
THE WILD ANIMAL SANCTUARY A COLORAD 1946 COUNTY ROAD 53 KEENESBURG, CO 806434209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TOASTMASTERS INTERNATIONAL 9127 S JAMAICA ST 400 ENGLEWOOD, CO 801125946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOASTMASTERS INTERNATIONAL 9127 S JAMAICA ST 400 ENGLEWOOD, CO 801125946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
TOASTMASTERS INTERNATIONAL 9127 S JAMAICA ST 400 ENGLEWOOD, CO 801125946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
TROUT UNLIMITED 1536 WYNKOOP ST SUITE 320 DENVER, CO 80202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED 1536 WYNKOOP ST SUITE 320 DENVER, CO 80202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TROUT UNLIMITED 1536 WYNKOOP ST SUITE 320 DENVER, CO 80202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TURNER MIDDLE SCHOOL PTO 950 MASSACHUSETTS AVE BERTHOUD, CO 805131200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US CATHOLIC CONFERENCE- MOST PREC 3959 E ILIFF AVE DENVER, CO 80210	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,200
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,250
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF COLORADO FOUNDATION 1800 N GRANT ST STE 725 DENVER, CO 802031114	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF COLORADO FOUNDATION 10901 W 120TH AVE 200 BROOMFIELD, CO 80021	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTHERN COLORADO FOU UNC CAMPUS BOX 20 GREELEY, CO 80639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UPLIFT INTERNATIONALEPO BOX 2195 WHEAT RIDGE, CO 800342195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PEAK DENVER 2100 STOUT STREET DENVER, CO 802052827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
URBAN PEAK DENVER 2100 STOUT STREET DENVER, CO 802052827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
USAFA ENDOWMENT INC 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAFA ENDOWMENT INC 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,100
USAFA ENDOWMENT INC 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
USAFA ENDOWMENT INC 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USAFA ENDOWMENT INC 3116 ACADEMY DRIVE USAF ACADEMY, CO 80840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	13
VAIL HEALTH SERVICES FOUNDATION PO BOX 40000 VAIL, CO 816587520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VETERANS EXPEDITIONSPO BOX 476 SALIDA, CO 812010476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
VOLUNTEERS FOR OUTDOOR COLORADO INC 600 S MARION PARKWAY DENVER, CO 802092597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WARREN VILLAGE INC 1323 GILPIN STREET DENVER, CO 802182552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDONTWASTE INC5971 BROADWAY DENVER, CO 80216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
WELLSPRING COMMUNITY 826 PARK STREET 200 CASTLE ROCK, CO 80109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WESTERN SLOPE CENTER FOR CHILDREN PO BOX 3978 GRAND JUNCTION, CO 81502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM GUY FORBECK RESEARCH FOUNDA 398 CABALLO DRIVE CARBONDALE, CO 81623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WISHBONE FOUNDATIONPO BOX 2553 LITTLETON, CO 80161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WOMEN PARTNERING 961 EAST COLORADO AVE COLORADO SPGS, CO 809033718	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WOMENS BEAN PROJECT 3201 CURTIS STREET DENVER, CO 80205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS BEAN PROJECT 3201 CURTIS STREET DENVER, CO 80205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
WOMENS FOUNDATION OF COLORADO INC 1901 E ASBURY DENVER, CO 80208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
YMCA OF THE ROCKIES 2515 TUNNEL RD ESTES PARK, CO 805119500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2800 DAGNY WAY LAFAYETTE, CO 800268011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 2800 DAGNY WAY LAFAYETTE, CO 800268011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 2800 DAGNY WAY LAFAYETTE, CO 800268011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA BOULDER COUNTY2222 14TH ST BOULDER, CO 803024842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ABC IN DARIEN INCPO BOX 3204 DARIEN, CT 068208204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILIS INC50 GLENVILLE ST GREENWICH, CT 068314140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILIS INC50 GLENVILLE ST GREENWICH, CT 068314140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ABILIS INC50 GLENVILLE ST GREENWICH, CT 068314140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AFTER SCHOOL ARTS PROGRAM INC PO BOX 15 WASHINGTON DEPOT, CT 067940015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID FOR ORPHANS RELIEF FOUNDATION I 1952 WHITNEY AVE 3RD FLOOR HAMDEN, CT 065171209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AIDS CONNECTICUT INC 110 BARTHOLOMEW AVE SUITE 3050 HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALLY GS EVERYDAY ANGELS FOUNDATION 375 WINDING RDG SOUTHINGTON, CT 064892180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS ANGELS INC 342 GREENS FARMS RD WESTPORT, CT 068806332	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,300
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI FUND ASSOCIATION OF YALE UNI 157 CHURCH ST NEW HAVEN, CT 065102100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ALUMNI FUND ASSOCIATION OF YALE UNI PO BOX 2038 NEW HAVEN, CT 065212038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,427
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI FUND ASSOCIATION OF YALE UNI 157 CHURCH ST NEW HAVEN, CT 065102100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ALWAYS HOME INC119 HIGH STREET MYSTIC, CT 06355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 200 EXECUTIVE BLVD SUITE 4B SOUTHINGTON, CT 06489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	416
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
AMERICAN CANCER SOCIETY INC 38 RICHARDS AVE NORWALK, CT 068542318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
AMERICAN CANCER SOCIETY INC 38 RICHARDS AVE NORWALK, CT 068542318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 38 RICHARDS AVE NORWALK, CT 068542318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN CANCER SOCIETY INC 825 BROOK ST - I-91 TECH CENTER ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 5 BROOKSIDE DRIVE WALLINGFORD, CT 064921822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 45 ASH ST EAST HARTFORD, CT 061083294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 45 ASH ST EAST HARTFORD, CT 061083294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 45 ASH ST EAST HARTFORD, CT 061083294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SECONDARY SCHOOLS FOR INTE PO BOX 969 SUFFIELD, CT 060780969	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN SECONDARY SCHOOLS FOR INTE PO BOX 969 SUFFIELD, CT 060780969	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	162
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	189
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC 80 HARVARD ST HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICARES FOUNDATION INC 88 HAMILTON AVE STAMFORD, CT 069023111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
AMITY TEEN CENTER INCPO BOX 3671 WOODBRIDGE, CT 06525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMYS ANGELS CORPORATION 90 HOPMEADOW STREET SIMSBURY, CT 060899698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW SHAW MEMORIAL TRUST PO BOX 2315 DARIEN, CT 068200315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANDREW SHAW MEMORIAL TRUST PO BOX 2315 DARIEN, CT 068200315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ANIMAL HAVEN INC89 MILL RD NORTH HAVEN, CT 064733447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNS PLACE INC80 SAW MILL ROAD DANBURY, CT 068105103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
APPLIED BEHAVIORAL REHABILITATION I 655 PARK AVENUE BRIDGEPORT, CT 066044634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ARI OF CONNECTICUT INC 174 RICHMOND HILL AVE STAMFORD, CT 069025629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 35 COLD SPRING RD 412 ROCKY HILL, CT 06067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
ASSOCIATION OF THE UNITED STATES AR 1385 TROUT BROOK DR WEST HARTFORD, CT 061172650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AT HOME IN DARIEN INC AT HOME IN DARIEN DARIEN, CT 06820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AT HOME IN DARIEN INC AT HOME IN DARIEN DARIEN, CT 06820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE LYNCH HALL216 HARTFORD, CT 061172764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE LYNCH HALL216 HARTFORD, CT 061172764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE LYNCH HALL216 HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AURORA WOMEN AND GIRLS FOUNDATION I 1678 ASYLUM AVE LYNCH HALL216 HARTFORD, CT 061172764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SERVICES & RESOURCES CONNECT 101 NORTH PLAINS INDUSTRIAL RD WALLINGFORD, CT 06492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTOIMMUNE REGISTRY INC 125 WEST LANE GUILFORD, CT 064370286	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AVIELLE FOUNDATION INCPO BOX 686 NEWTOWN, CT 06470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AVIELLE FOUNDATION INCPO BOX 686 NEWTOWN, CT 06470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 060012716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
AVON OLD FARMS SCHOOL 500 OLD FARMS ROAD AVON, CT 060012716	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BACK TO SCHOOL SHOP INC 1127 HIGH RIDGE ROAD 232 STAMFORD, CT 069052521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTLETT ARBORETUM ASSOCIATION INC 151 BROOKDALE ROAD STAMFORD, CT 06903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BARTLETT ARBORETUM ASSOCIATION INC 151 BROOKDALE ROAD STAMFORD, CT 06903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BETH-EL CENTER INC 90 NEW HAVEN AVE MILFORD, CT 064604827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH-EL CENTER INC 90 NEW HAVEN AVE MILFORD, CT 064604827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
BI CULTURAL DAY SCHOOL 2186 HIGH RIDGE ROAD STAMFORD, CT 06903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,100
BILLINGS FORGE COMMUNITY WORKS INC 227 LAWRENCE STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT OF GREATER WESTBROOK INC 150 EAST MAIN STREET UNIT 2 CLINTON, CT 064132133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
BIRTHRIGHT OF GREATER WESTBROOK INC 150 EAST MAIN STREET UNIT 2 CLINTON, CT 064132133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIRTHRIGHT OF GREATER WESTBROOK INC 150 EAST MAIN STREET UNIT 2 CLINTON, CT 064132133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOSSOM HILL FOUNDATION INC PO BOX 143 NEW CANAAN, CT 06840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 60 DARLIN STREET EAST HARTFORD, CT 06108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 068306327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF GREENWICH INC 4 HORSENECK LN GREENWICH, CT 068306327	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF STAMFORD INC 347 STILLWATER AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF HARTFORD IN 170 SIGOURNEY ST HARTFORD, CT 061051908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRANFORD COMPASSION CLUB PO BOX 768 BRANFORD, CT 06405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRIAN DAGLE FOUNDATION INC 461 MAIN ST NIANTIC, CT 06357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE HOUSE INC880 FAIRFIELD AVE BRIDGEPORT, CT 066051114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BRIDGE HOUSE INC880 FAIRFIELD AVE BRIDGEPORT, CT 066051114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIDGE HOUSE INC880 FAIRFIELD AVE BRIDGEPORT, CT 066051114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT ST BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIDGEPORT HOSPITAL FOUNDATION INC 267 GRANT ST BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BRIDGEPORT NEIGHBORHOOD TRUST INC 570 STATE STREET BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BRIDGEPORT RESCUE MISSION INC PO BOX 9057 BRIDGEPORT, CT 066019057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT ROMAN CATHOLIC DIOCESAN 760 TAHMORE DRIVE FAIRFIELD, CT 06825	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BRIDGEPORT THEATRE COMPANY 115 BUNGALOW AVE FAIRFIELD, CT 068245747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRIDGEPORT THEATRE COMPANY 115 BUNGALOW AVE FAIRFIELD, CT 068245747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGEPORT THEATRE COMPANY 115 BUNGALOW AVE FAIRFIELD, CT 068245747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRUCE MUSEUM INC1 MUSEUM DRIVE GREENWICH, CT 06830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,500
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,500
BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 068305618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	11,000
BUILDING ONE COMMUNITY CORP 75 SELLECK ST STAMFORD, CT 069027207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDON INC 1111 SUMMER STREET SUITE 602A STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CAMP COURANT INCORPORATED 285 BROAD STREET HARTFORD, CT 06115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,500
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK NEW MILFORD, CT 067761739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CANTERBURY SCHOOL INCORPORATED 101 ASPETUCK AVE NEW MILFORD, CT 067762825	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CANTON LAND CONSERVATION TRUST INC PO BOX 41 CANTON CENTER, CT 060200041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL CLASSICS INCPO BOX 370096 WEST HARTFORD, CT 061370096	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL WORKFORCE PARTNERS INC ONE UNION PLACE HARTFORD, CT 06103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
CAPITAL WORKFORCE PARTNERS INC ONE UNION PLACE HARTFORD, CT 06103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
CARDINAL SHEHAN CENTER INC 1494 MAIN ST BRIDGEPORT, CT 066043621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CAREER RESOURCES INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 066046014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY ST NORWALK, CT 068504016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY ST NORWALK, CT 068504016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY ST NORWALK, CT 068504016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY ST NORWALK, CT 068504016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
CATHOLIC CHARITIES & FAMILY SERVICE 331 MAIN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	114
CATHOLIC CHARITIES & FAMILY SERVICE 331 MAIN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF NORWI 331 MAIN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES DIOCESE OF NORWI 331 MAIN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CATHOLIC CHARITIES INC ARCHDIOCESE 839-841 ASYLUM AVE HARTFORD, CT 061052801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES INC ARCHDIOCESE 839-841 ASYLUM AVE HARTFORD, CT 061052801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CATHOLIC CHARITIES INC ARCHDIOCESE 839-841 ASYLUM AVE HARTFORD, CT 061052801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITIES INC ARCHDIOCESE 839-841 ASYLUM AVE HARTFORD, CT 061052801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CATHOLIC CHARITIES OF FAIRFIELD 238 JEWETT AVE BRIDGEPORT, CT 06606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CCMC CORPORATION 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CCSU FOUNDATION INCPO BOX 612 NEW BRITAIN, CT 060500612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCSU FOUNDATION INCPO BOX 612 NEW BRITAIN, CT 060500612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
CENTER FOR CHILDRENS ADVOCACY INC 65 ELIZABETH ST HARTFORD, CT 061052259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTER FOR HOSPICE CARE SOUTHEAST C 227 DUNHAM STREET NORWICH, CT 06360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
CENTER OF HOPE HAITI INC PO BOX 1150 MIDDLEBURY, CT 06762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARTER OAK TEMPLE RESTORATION ASSO 21 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHARTER OAK TEMPLE RESTORATION ASSO 21 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHESHIRE WILDCATS INCPO BOX 1308 CHESHIRE, CT 064105308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD GUIDANCE CENTER OF SOUTHERN C 103 WEST BROAD STREET STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CHILDRENS COMMUNITY SCHOOL INC PO BOX 1746 WATERBURY, CT 06721	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS COMMUNITY SCHOOL INC PO BOX 1746 WATERBURY, CT 06721	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS COMMUNITY SCHOOL INC PO BOX 1746 WATERBURY, CT 06721	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
CHILDRENS DAY SCHOOL INC 8 RIVERSIDE AVENUE RIVERSIDE, CT 06878	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS LEARNING CENTERS OF FAIRF 64 PALMERS HILL ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS LEARNING CENTERS OF FAIRF 64 PALMERS HILL ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS MUSEUM INC 70 GRACEY ROAD CANTON, CT 060192113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD, CT 064923818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CHOATE ROSEMARY HALL FOUNDATION INC 333 CHRISTIAN ST WALLINGFORD, CT 064923818	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOATE ROSEMARY HALL FOUNDATION INC 333 CHRISTIAN ST WALLINGFORD, CT 064923818	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CLINTON SAILING CLUB INCPO BOX 22 CLINTON, CT 06413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
COAST GUARD FOUNDATION INC 394 TAUGWONK ROAD STONINGTON, CT 063781807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COAST GUARD FOUNDATION INC 394 TAUGWONK ROAD STONINGTON, CT 063781807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COAST GUARD FOUNDATION INC 394 TAUGWONK ROAD STONINGTON, CT 063781807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COGINCHAUG FOOTBALL CLUB PO BOX 244 DURHAM, CT 06422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COGINCHAUG FOOTBALL CLUB PO BOX 244 DURHAM, CT 06422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
COLUMBUS HOUSE 586 ELLA T GRASSO BLVD NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY CULINARY SCHOOL OF NORTHW 40 MAIN STREET NEW MILFORD, CT 067762844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY ECONOMIC DEVELOPMENT FUND 965 EAST MAIN ST MERIDEN, CT 06450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
COMMUNITY ECONOMIC DEVELOPMENT FUND 965 EAST MAIN ST MERIDEN, CT 06450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR GREATER NE 70 AUDUBON STREET NEW HAVEN, CT 06510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION FOR GREATER NE 70 AUDUBON STREET NEW HAVEN, CT 06510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY FOUNDATION OF EASTERN CON PO BOX 769 NEW LONDON, CT 063200769	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOUP KITCHEN INC 84 BROADWAY NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMPASS YOUTH COLLABORATIVE INC 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CONNECTICUT ASSOCIATION FOR THE PER 247 COLLEGE STREET NEW HAVEN, CT 06510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT ASSOCIATION FOR THE PER 247 COLLEGE ST NEW HAVEN, CT 065102405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CONNECTICUT ASSOCIATION FOR THE PER 247 COLLEGE STREET NEW HAVEN, CT 06510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CONNECTICUT BALLET INC 20 ACOSTA ST STAMFORD, CT 069024643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT BRAIN TUMOR ALLIANCEINC PO BOX 370514 WEST HARTFORD, CT 06137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHALLENGE INC 250 PEQUOT AVE SOUTHPORT, CT 068901387	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT CHILDRENS MEDICAL CENTE 282 WASHINGTON ST HARTFORD, CT 061063322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT CHINESE CULTURE ASSOCIA 2 BURNT HILL RD FARMINGTON, CT 060322039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT COALITION AGAINST DOMES 655 WINDING BROOK DRIVE SUITE 4050 GLASTONBURY, CT 06033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CONNECTICUT COALITION TO END HOMELE 257 LAWRENCE STREET HARTFORD, CT 061061710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	378
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	555
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 063204125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	126
CONNECTICUT COUNCIL FOR PHILANTHROP 75 CHARTER OAK AVE SUITE 1-205 HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,500
CONNECTICUT FARMLAND TRUST INC 77 BUCKINGHAM ST HARTFORD, CT 061061756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,937
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT FOOD BANK INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT FOREST AND PARK ASSOCIA 16 MERIDEN ROAD ROCKFALL, CT 06481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	141
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 061111527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT INSTITUTE FOR THE BLIND 120 HOLCOMB STREET HARTFORD, CT 061121529	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT INSTITUTE FOR THE BLIND 120 HOLCOMB STREET HARTFORD, CT 061121529	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
CONNECTICUT INSTITUTE FOR THE BLIND 120 HOLCOMB ST HARTFORD, CT 061121529	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT ODYSSEY OF THE MIND INC PO BOX 53 BROOKFIELD, CT 068040053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
CONNECTICUT PUBLIC BROADCASTING INC 1049 ASYLUM AVE HARTFORD, CT 061052432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT PUERTO RICAN FORUM INC 95 PARK STREET 2ND FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
CONNECTICUT PUERTO RICAN FORUM INC 95 PARK STREET 2ND FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONNECTICUT RADIO INFORMATION SYSTE 315 WINDSOR AVE WINDSOR, CT 060954557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CONNECTICUT SCIENCE CENTER INC 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CONNECTICUT TRUST FOR HISTORIC PRES 940 WHITNEY AVE HAMDEN, CT 065174002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	778
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT TRUST FOR HISTORIC PRES 940 WHITNEY AVE HAMDEN, CT 065174002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT WOMENS EDUCATIONAL AND 75 CHARTER OAK AVENUE SUITE 1-300 HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT WOMENS HALL OF FAME INC 320 FITCH ST SCHWARTZ HALL B3 SCSU NEW HAVEN, CT 065151306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTICUT WOMENS HALL OF FAME INC 320 FITCH ST SCHWARTZ HALL B3 SCSU NEW HAVEN, CT 065151306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONNECTICUT WOMENS HALL OF FAME INC 320 FITCH ST SCHWARTZ HALL B3 SCSU NEW HAVEN, CT 065151306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONNECTICUT ZOOLOGICAL SOCIETY INC 1875 NOBLE AVENUE BRIDGEPORT, CT 06610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENT OF THE SACRED HEART 1177 KING ST GREENWICH, CT 068312935	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,350
CONVENT OF THE SACRED HEART 1177 KING ST GREENWICH, CT 068312935	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,500
CORE TRAINING ACADEMY INC PO BOX 869 ORANGE, CT 06477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELIA DE LANGE SYNDROME FOUNDATI 302 W MAIN ST STE 100 AVON, CT 060013681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
COVENANT SOUP KITCHEN INC 220 VALLEY STREET WILLIMANTIC, CT 06226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CROHNS & COLITIS FOUNDATION INC PO BOX 303 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSBY FUND FOR HAITIAN EDUCATION I 19 BINNEY RD OLD LYME, CT 063711401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
CROSBY FUND FOR HAITIAN EDUCATION I 19 BINNEY RD OLD LYME, CT 063711401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CULTURAL ALLIANCE OF FAIRFIELD COUN GATE LODGE AT MATHEWS PARK 301 WEST AVE NORWALK, CT 06850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURTAIN CALL INC1349 NEWFIELD AVE STAMFORD, CT 069051414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 101 CENTERPOINT DRIVE SUITE 107 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,200
CYSTIC FIBROSIS FOUNDATION 101 CENTERPOINT DRIVE SUITE 107 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 101 CENTERPOINT DRIVE SUITE 107 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DANBURY MUSIC CENTRE INC 256 MAIN ST DANBURY, CT 06810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DARIEN COMMUNITY YOUNG MENS CHRISTI 2420 POST RD DARIEN, CT 06820	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARIEN COMMUNITY YOUNG MENS CHRISTI 2420 POST RD DARIEN, CT 06820	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
DARIEN COMMUNITY YOUNG MENS CHRISTI 2420 POST RD DARIEN, CT 06820	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DARIEN LIBRARY INC1441 POST RD DARIEN, CT 068205419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVID LAWTON MEMORIAL FUND 162 SAWMILL HILL RD DANIELSON, CT 062394010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DIOCESE OF NORWICH OUTREACH TO HAIT 815 BOSWELL AVENUE NORWICH, CT 06360	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	550
DOMESTIC VIOLENCE CRISIS CENTER 1111 SUMMER STREET SUITE 203 STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC VIOLENCE CRISIS CENTER 1111 SUMMER STREET SUITE 203 STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
DOMESTIC VIOLENCE CRISIS CENTER 1111 SUMMER STREET SUITE 203 STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
DOMESTIC VIOLENCE CRISIS CENTER 1111 SUMMER STREET SUITE 203 STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC VIOLENCE CRISIS CENTER 1111 SUMMER STREET SUITE 203 STAMFORD, CT 06905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
DOMUS KIDS INC 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,975
DOMUS KIDS INC 83 LOCKWOOD AVENUE STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF CONNEC 60 PETER CT NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
DOWN SYNDROME ASSOCIATION OF CONNEC 60 PETER CT NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DUCKS UNLIMITED INC 160 KENWOOD ESTATES GRISWOLD, CT 06351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CATHOLIC HIGH SCHOOL 115 NEW STATE ROAD MANCHESTER, CT 06042	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
EAST NORWALK BLUE INC 7 EDGEWATER PL NORWALK, CT 068552309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EASTERN CONNECTICUT HOUSING OPPORTU 165 STATE STREET SUITE 405 NEW LONDON, CT 06320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EDUCATION MATTERS AFRICA FOUNDATION PO BOX 966 NORTH HAVEN, CT 06473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	188
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL RESOURCES FOR CHILDREN 174 SOUTH RD SUITE 200 ENFIELD, CT 06082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ELI WHITNEY SCHOOL1010 ENFIELD ST ENFIELD, CT 06082	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ELIZABETH PARK CONSERVANCY INC 1561 ASYLUM AVE WEST HARTFORD, CT 061172804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
END ALLERGIES TOGETHER INC PO BOX 786 FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
END ALLERGIES TOGETHER INC PO BOX 786 FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ENFIELD COMMUNITY CAT PROJECT INC 14 PERRY LN ENFIELD, CT 060824119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENFIELD COMMUNITY CAT PROJECT INC 14 PERRY LN ENFIELD, CT 060824119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
ENFIELD COMMUNITY CAT PROJECT INC 14 PERRY LN ENFIELD, CT 060824119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
ENFIELD COMMUNITY CAT PROJECT INC 14 PERRY LN ENFIELD, CT 060824119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENFIELD COMMUNITY CAT PROJECT INC 14 PERRY LN ENFIELD, CT 060824119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
ENFIELD FOOD SHELF INC 96 ALDEN AVE ENFIELD, CT 060822865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ENFIELD LOAVES & FISHES INC 28 PROSPECT STREET ENFIELD, CT 060830544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUGENE ONEILL MEMORIAL THEATER CENT 305 GREAT NECK ROAD WATERFORD, CT 06385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
EXCHANGE CLUB OF NEW CANAAN FOUNDAT PO BOX 1163 NEW CANAAN, CT 068401163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EXPERIENCE CAMPSPO BOX 5121 WESTPORT, CT 06881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPERIENCE CAMPSPO BOX 5121 WESTPORT, CT 06881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
FAIRFIELD COLLEGE PREPARATORY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	101
FAIRFIELD COUNTRY DAY SCHOOL CORPOR 2970 BRONSON RD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVE NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78,000
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
FAIRFIELD COUNTYS COMMUNITY FOUNDAT 40 RICHARDS AVENUE NORWALK, CT 068542320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	21,472
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
FAIRFIELD UNIVERSITY 1073 N BENSON ROAD FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVENUE FLOOR 4 NORWALK, CT 06850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVENUE FLOOR 4 NORWALK, CT 06850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVENUE FLOOR 4 NORWALK, CT 06850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY & CHILDRENS AGENCY INC 9 MOTT AVENUE FLOOR 4 NORWALK, CT 06850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
FAMILY CENTERS INCPO BOX 7550 GREENWICH, CT 06830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY RE ENTRY INC 75 WASHINGTON AVENUE BRIDGEPORT, CT 06604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RE ENTRY INC 75 WASHINGTON AVENUE BRIDGEPORT, CT 06604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FELLOWSHIP PLACE INC 441 ELM STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
FELLOWSHIP PLACE INC 441 ELM STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERGUSON LIBRARY 1 PUBLIC LIBRARY PLAZA STAMFORD, CT 069040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FERGUSON LIBRARY 1 PUBLIC LIBRARY PLAZA STAMFORD, CT 069040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FIDELCO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIDELCO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
FINANCIAL EXECUTIVES NETWORKING GRO 32 GRAYS FARM RD WESTON, CT 068833003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FIRST CANDLE INC 49 LOCUST AVE STE 104 NEW CANAAN, CT 068404764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISH OF SHERMAN CONNECTICUT INC PO BOX 311 SHERMAN, CT 067840311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF LOWER FAIRFIELD COUNTY 461 GLENBROOK ROAD STAMFORD, CT 06906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	831
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	142
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	492
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,423
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
FOOTE SCHOOL50 LOOMIS PLACE NEW HAVEN, CT 065112223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATIONS IN EDUCATION INC 238 JEWETT AVE BRIDGEPORT, CT 066062845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOUNDERS HALL FOUNDATION INC 193 DANBURY RD RIDGEFIELD, CT 068773213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FRANKLIN ACADEMY INCORPORATED 140 RIVER RD EAST HADDAM, CT 064231403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF AMBLER FARM INC PO BOX 7442 WILTON, CT 068977442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FRIENDS OF AMBLER FARM INC PO BOX 7442 WILTON, CT 068977442	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF ANIMALS INC 777 POST RD STE 205 DARIEN, CT 068204721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ASHA NIKETAN INC PO BOX 182 NEW FAIRFIELD, CT 068120182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF SIMSBURY CREW INC PO BOX 273 SIMSBURY, CT 060700273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
FRIENDS OF SIMSBURY CREW INC PO BOX 273 SIMSBURY, CT 060700273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SIMSBURY CREW INC PO BOX 273 SIMSBURY, CT 060700273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
FRIENDS OF SIMSBURY CREW INC PO BOX 273 SIMSBURY, CT 060700273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32
FRIENDS OF THE LUCY ROBBINS WELLES 95 CEDAR STREET NEWINGTON, CT 061112603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NORWALK RIVER VALLEY PO BOX 174 GEORGETOWN, CT 06829	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
FRIENDSHIP CIRCLE OF CONNECTICUT 1074 HOPE STREET SUITE 201 STAMFORD, CT 06907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GETABOUT INCPO BOX 224 NEW CANAAN, CT 068400224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GHS ORCHESTRA ASSOCIATION 13 IVANHOE LANE GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON ST HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENVILLE MAVERICKS INC 5 FAIRVIEW TERRACE GREENWICH, CT 06831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GLOBAL LYME ALLIANCE INC 1290 EAST MAIN STREET 3RD FLOOR STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOSHEN COMMUNITY CARE AND HOSPICE I PO BOX 202 GOSHEN, CT 067560202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GOSHEN LAND TRUSTPO BOX 51 GOSHEN, CT 067560051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GRACE ACADEMY INC277 MAIN STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANBY AMBULANCE ASSOCIATION INCORP 1 PEGVILLE ROAD GRANBY, CT 060350617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
GREATER HARTFORD ARTS COUNCIL INCOR 100 PEARL STREET HARTFORD, CT 061231436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GREENS FARMS ACADEMY INC PO BOX 998 GREEN FARMS, CT 068380998	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,500
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
GREENWICH ACADEMY INC 200 N MAPLE AVENUE GREENWICH, CT 068304739	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
GREENWICH ADULT DAY CARE INC 125 RIVER ROAD EXTENSION COS COB, CT 06807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH ADULT DAY CARE INC 125 RIVER ROAD EXTENSION COS COB, CT 06807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GREENWICH HIGH SCHOOL 10 HILLSIDE ROAD GREENWICH, CT 068304835	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
GREENWICH HOSPITAL 5 PERRYRIDGE RD GREENWICH, CT 068304608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWICH TREE CONSERVANCY INC PO BOX 4215 GREENWICH, CT 068310404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
GUNNERY INCORPORATED 99 GREEN HILL RD WASHINGTON, CT 067931200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1933 HARTFORD, CT 06144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 780 WINDSOR ST PO BOX 1933 HARTFORD, CT 06144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1933 HARTFORD, CT 06144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY OF COASTAL FAI 1542 BARNUM AVE BRIDGEPORT, CT 066103238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF COASTAL FAI 1542 BARNUM AVE BRIDGEPORT, CT 066103238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
HABITAT FOR HUMANITY OF COASTAL FAI 1542 BARNUM AVE BRIDGEPORT, CT 066103238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HACKERS FOR HOPE INCPO BOX 545 NEW CANAAN, CT 06840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITI MARYCARE INC PO BOX 185305 HAMDEN, CT 06518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
HAITI MARYCARE INC PO BOX 185305 HAMDEN, CT 06518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARC INC900 ASYLUM AVENUE HARTFORD, CT 061051985	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRIET BEECHER STOWE CENTER INC 77 FOREST STREET HARTFORD, CT 061053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
HARTFORD BAGS OF LOVE37 KELLY RD SOUTH WINDSOR, CT 06074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HARTFORD FOUNDATION FOR PUBLIC GIVI 10 COLUMBUS BLVD 8TH FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	62
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
HARTFORD GAY AND LESBIAN HEALTH PO BOX 2094 HARTFORD, CT 06145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
HARTFORD HOSPITAL 80 SEYMOUR STEET PO BOX 5037 HARTFORD, CT 061025037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD KNIGHTS CORP 175 MAIN ST 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HARTFORD ROMAN CATHOLIC DIOCESAN CO 134 FARMINGTON AVE HARTFORD, CT 061053723	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
HARVEST TIME ASSEMBLY OF GOD 1338 KING ST GREENWICH, CT 068312908	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWKWING INC306 CAVAN LN GLASTONBURY, CT 060332405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HAZARDVILLE MEMORIAL SCHOOL PTO 68 N MAPLE ST ENFIELD, CT 060823904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HEDCO INC15 LEWIS STREET HARTFORD, CT 06103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHER EDGE INC35 REDDEN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HILL-STEAD MUSEUM35 MOUNTAIN RD FARMINGTON, CT 060322372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLE IN THE WALL GANG FUND INC 565 ASHFORD CENTER RD ASHFORD, CT 06278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DR NEW HAVEN, CT 065116107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
HOLY FAMILY MONASTERY RETREAT 303 TUNXIS ROAD WEST HARTFORD, CT 061073119	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,400
HONOR BOUND FOUNDATION INC 209 WEST AVENUE DARIEN, CT 06820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOP A LONG HOLLOW RABBIT RESCUE AND 1 WOODSIDE AVE NORWALK, CT 068551418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOP A LONG HOLLOW RABBIT RESCUE AND 1 WOODSIDE AVE NORWALK, CT 068551418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOPKINS SCHOOL INCORPORATED 986 FOREST RD NEW HAVEN, CT 065152501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE BUSHNELL MEMORIAL HALL CORPO 166 CAPITOL AVE HARTFORD, CT 061061621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HOSPITAL FOR SPECIAL CARE FOUNDATIO 2150 CORBIN AVE NEW BRITAIN, CT 06053	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
HOTCHKISS SCHOOL 11 INTERLAKEN RD LAKEVILLE, CT 060392141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSATONIC COMMUNITY COLLEGE FOUNDA 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 066044704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
HOUSATONIC COMMUNITY COLLEGE FOUNDA 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 066044704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
HOUSATONIC COMMUNITY COLLEGE FOUNDA 900 LAFAYETTE BOULEVARD BRIDGEPORT, CT 066044704	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMRAN KAHN CANCER APPEAL INC 4 FOREST PARK DR STE 1 FARMINGTON, CT 06032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
IMRAN KAHN CANCER APPEAL INC 4 FOREST PARK DR STE 1 FARMINGTON, CT 06032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,200
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
INSPIRICA INC141 FRANKLIN ST STAMFORD, CT 06901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JDRF INTERNATIONAL 200 CONNECTICUT AVENUE SUITE 4E NORWALK, CT 06854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 20 BATTERSON PARK ROAD 3RD FL FARMINGTON, CT 06032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 200 CONNECTICUT AVENUE SUITE 4E NORWALK, CT 06854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
JDRF INTERNATIONAL 200 CONNECTICUT AVENUE SUITE 4E NORWALK, CT 06854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 CONNECTICUT AVENUE SUITE 4E NORWALK, CT 06854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
JEWISH FEDERATION OF GREATER HARTFO 333 BLOOMFIELD AVE STE C HARTFORD, CT 061171500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JEWISH FEDERATION OF GREATER HARTFO 333 BLOOMFIELD AVE STE C HARTFORD, CT 061171500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN AND FREDERICA JOHNSON MEMORIAL 287 JAGGER LN HEBRON, CT 062481139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
JOHN AND FREDERICA JOHNSON MEMORIAL 287 JAGGER LN HEBRON, CT 062481139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
JOHN AND FREDERICA JOHNSON MEMORIAL 287 JAGGER LN HEBRON, CT 062481139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN AND FREDERICA JOHNSON MEMORIAL 287 JAGGER LN HEBRON, CT 062481139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JORDAN PORCO FOUNDATION 225 ASYLUM STREET HARTFORD, CT 061031516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JORDAN PORCO FOUNDATION 225 ASYLUM STREET HARTFORD, CT 061031516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSHUA HOUSE FUND INCPO BOX 1792 DARIEN, CT 068201792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JOSHUAS TRACT CONSERVATION & HISTOR PO BOX 4 MANSFIELD CENTER, CT 06250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOSHUAS TRACT CONSERVATION & HISTOR PO BOX 4 MANSFIELD CENTER, CT 06250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY HOME INCORPORATED 255 MAIN STREET 2ND FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
JUNIOR ACHIEVEMENT OF GREATER FAIRF 835 MAIN STREET BRIDGEPORT, CT 06604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVE HARTFORD, CT 061053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVE HARTFORD, CT 061053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW 70 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT USA 835 MAIN STREET BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF GREENWICH CONN INC 231 E PUTNAM AVE GREENWICH, CT 068304808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF GREENWICH CONN INC 231 E PUTNAM AVE GREENWICH, CT 068304808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
KENT SCHOOLPO BOX 2006 KENT, CT 067570640	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
KENT SCHOOL CORPORATION 1 MACEDONIA RD PO BOX 2006 KENT, CT 067571304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENWAYS CAUSE53 NOD RD WINDSOR, CT 060953249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KIDS IN CRISIS INC1 SALEM STREET COS COB, CT 068072624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
KIDSPLAY CHILDRENS MUSEUM INC 61 MAIN STREET TORRINGTON, CT 06790	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
KING SCHOOL INCORPORATED 1450 NEWFIELD AVE STAMFORD, CT 069051501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
KLINGBERG COMPREHENSIVE PROGRAM SER 370 LINWOOD ST NEW BRITAIN, CT 060521949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNIGHTS OF COLUMBUS CHARITIES INC ONE COLUMBUS PLZ PO BOX 1966 NEW HAVEN, CT 065091966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
KNOX INC75 LAUREL STREET HARTFORD, CT 061061345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LAND TRUST OF DARIEN INC PO BOX 1074 DARIEN, CT 068201074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAND TRUST OF DARIEN INC PO BOX 1074 DARIEN, CT 068201074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
LAND TRUST OF DARIEN INC PO BOX 1074 DARIEN, CT 068201074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
LAND TRUST OF DARIEN INC PO BOX 1074 DARIEN, CT 068201074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREL HOUSE INC 1616 WASHINGTON BLVD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LAUREL HOUSE INC 1616 WASHINGTON BLVD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP EDUCATION AND ATHLETICS 31 JEFFERSON ST NEW HAVEN, CT 065114947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP EDUCATION AND ATHLETICS 31 JEFFERSON ST NEW HAVEN, CT 065114947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
LIBERATION PROGRAMS INC 129 GLOVER AVENUE NORWALK, CT 06850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LIBERATION PROGRAMS INC 129 GLOVER AVENUE NORWALK, CT 06850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY VOLUNTEERS OF GREATER HART 30 ARBOR STREET SUITE 101 SOUTH HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
LITTLE BRITCHES THERAPEUTIC RIDING PO BOX 120 WOODBURY, CT 06798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LITTLE GUILD OF ST FRANCIS FOR THE 285 SHARON-GOSHEN TPK WEST CORNWALL, CT 06796	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 605 STRATFORD, CT 066157684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 12 CUDLIPP STREET ROWAYTON, CT 06853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LIVEWELL ALLIANCE INC 1261 S MAIN ST PLANTSVILLE, CT 064791750	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVEWELL ALLIANCE INC 1261 S MAIN ST PLANTSVILLE, CT 064791750	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12
LIVFREE INC10 BUTTERCUP LN SHELTON, CT 064845722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
LOAVES & FISHES HOSPITALITY HOUSE I PO BOX 2065 NEW MILFORD, CT 06776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES HOSPITALITY HOUSE I 40 MAIN STREET NEW MILFORD, CT 067762844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOCAL INITIATIVES SUPPORT CORPORATI 75 CHARTER OAK AVENUE SUITE 2-250 HARTFORD, CT 061061430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 060953028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LOOMIS INSTITUTE 4 BATCHELDER ROAD WINDSOR, CT 06095	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MADISON ABC PROGRAM INCORPORATED PO BOX 371 MADISON, CT 064430371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALTA HOUSE OF CARE INC 19 WOODLAND STREET SUITE 21 HARTFORD, CT 06105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MARCHING BEARS INC 304 MAIN AVENUE UNIT 211 NORWALK, CT 068516167	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
MARCHING BEARS INC 304 MAIN AVENUE UNIT 211 NORWALK, CT 068516167	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCHING BEARS INC 304 MAIN AVENUE UNIT 211 NORWALK, CT 068516167	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
MARCHING BEARS INC 304 MAIN AVENUE UNIT 211 NORWALK, CT 068516167	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	470
MARK TWAIN LIBRARY ASSN INC PO BOX 1009 REDDING, CT 06875	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARK TWAIN LIBRARY ASSN INC PO BOX 1009 REDDING, CT 06875	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MASTERS MANNA INC PO BOX 4032 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MASTERS MANNA INC PO BOX 4032 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTERS MANNA INC PO BOX 4032 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MASTERS MANNA INC PO BOX 4032 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MASTERS MANNA INC PO BOX 4032 428 SOUTH CHERRY ST WALLINGFORD, CT 06492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCLEAN FOUNDATION INC 75 GREAT POND ROAD SIMSBURY, CT 060709912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MEALS-ON-WHEELS INC OF GREENWICH CO 40 CATHLOW DRIVE NEW YORK CITY, CT 06878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MEALS-ON-WHEELS INC OF GREENWICH CO 40 CATHLOW DRIVE NEW YORK CITY, CT 06878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING & SHELTER CORP 221 MAIN STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MERCY HOUSING & SHELTER CORP 221 MAIN STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MIDDLESEX UNITED WAY INC 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX UNITED WAY INC 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MIDDLESEX UNITED WAY INC 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MIDDLESEX UNITED WAY INC 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX UNITED WAY INC 100 RIVERVIEW CENTER SUITE 230 MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MIKEY CZECH FOUNDATION INC 927 SILVERMINE ROAD NEW CANAAN, CT 06840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MILFORD HISTORICAL SOCIETY TRUST UA 34 HIGH ST MILFORD, CT 064604732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL RIVER WETLAND COMMITTEE INC PO BOX 38 FAIRFIELD, CT 06824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 060322232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 060322232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISS PORTERS SCHOOL INC 60 MAIN ST FARMINGTON, CT 060322232	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
MITCHELL COLLEGE437 PEQUOT AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MOVE TO MATTER500 BIC DR STE 107 MILFORD, CT 064611776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVE TO MATTER500 BIC DR STE 107 MILFORD, CT 064611776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MY SISTERS PLACE INC 221 MAIN STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
MY SISTERS PLACE INC 221 MAIN STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYSTIC CONGREGATIONAL CHURCH INC 43 E MAIN ST MYSTIC, CT 063552831	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MYSTIC SEAPORT MUSEUM INC 75 GREENMANVILLE AVENUE MYSTIC, CT 063550990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NAMI OF CONNECTICUT INCORPORATED 1030 NEW BRITAIN AVENUE WEST HARTFORD, CT 06110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CONFERENCE FOR COMMUNITY & 820A PROSPECT HILL ROAD STE A WINDSOR, CT 060951782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL ORGANIZATION FOR RARE DISO 55 KENOSIA AVE DANBURY, CT 068107326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEAR & FAR AID ASSOCIATION INC PO BOX 717 SOUTHPORT, CT 068900717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBOR TO NEIGHBOR INC 248 E PUTNAM AVE GREENWICH, CT 068304801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	314
NEIGHBORHOOD HOUSING SERVICES OF NE 333 SHERMAN AVE NEW HAVEN, CT 065113107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NETWORK AGAINST DOMESTIC ABUSE INC 139 HAZARD AVENUE BUILDING 3 ENFIELD, CT 06082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON STREET NEW BRITAIN, CT 060521412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NEW CANAAN COMMUNITY FOUNDATION INC 111 CHERRY ST NEW CANAAN, CT 068405537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW CANAAN COUNTRY SCHOOL INC 635 FROGTOWN RD NEW CANAAN, CT 068400997	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CANAAN COUNTRY SCHOOL INC 635 FROGTOWN RD NEW CANAAN, CT 068400997	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
NEW CANAAN COUNTRY SCHOOL INC PO BOX 997 NEW CANAAN, CT 068400997	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NEW CANAAN LAND CONSERVATION TRUST PO BOX 425 NEW CANAAN, CT 068400425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAVEN HOMEOWNERSHIP CENTER INC 333 SHERMAN AVE NEW HAVEN, CT 065113107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
NEW HAVEN INTERNATIONAL FESTIVAL OF 195 CHURCH ST 12TH FLOOR NEW HAVEN, CT 065102009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NEW HAVEN SYMPHONY ORCHESTRA INC 4 HAMILTON STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAVEN SYMPHONY ORCHESTRA INC 4 HAMILTON STREET NEW HAVEN, CT 06511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NEW REACH INC153 EAST ST NEW HAVEN, CT 065115916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW REACH INC153 EAST ST NEW HAVEN, CT 065115916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	767
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWINGTON VOLUNTEER AMBULANCE CORPS PO BOX 310061 NEWINGTON, CT 061310061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEWTOWN SCHOLARSHIP ASSOCIATION INC PO BOX 302 NEWTOWN, CT 064700302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEWTOWN SCHOLARSHIP ASSOCIATION INC PO BOX 302 NEWTOWN, CT 064700302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTOWN SCHOLARSHIP ASSOCIATION INC PO BOX 302 NEWTOWN, CT 064700302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NIANCTIC ROTARY FOUNDATION INC PO BOX 339 NIANTIC, CT 06357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NIGHT FALL INC45 CHURCH ST HARTFORD, CT 061031202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK LIBRARY INCPO BOX 605 NORFOLK, CT 060580605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NOROTON HEIGHTS DEPOT INC 25 HEIGHTS RD DARIEN, CT 068200381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NOROTON HEIGHTS DEPOT INC PO BOX 2381 DARIEN, CT 068200381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CATHOLIC HIGH SCHOOL 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NORTHWEST CATHOLIC HIGH SCHOOL 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	57
NORTHWEST CATHOLIC HIGH SCHOOL FOUN 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CATHOLIC HIGH SCHOOL FOUN 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
NORTHWEST CATHOLIC HIGH SCHOOL FOUN 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
NORTHWEST CATHOLIC HIGH SCHOOL FOUN 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CONNECTICUT ASSOCIATION F 68 MAIN ST TORRINGTON, CT 067905303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORWALK COMMUNITY COLLEGE FOUNDATIO 188 RICHARDS AVENUE E311 NORWALK, CT 06854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORWALK GRASSROOTS TENNIS & EDUCATI 11 INGALLS AVE NORWALK, CT 068544605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWALK HIGH SCHOOL 23 CALVIN MURPHY STREET NORWALK, CT 06851	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NORWALK HOSPITAL FOUNDATION INC 34 MAPLE ST NORWALK, CT 06856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORWALK LAND TR INCPO BOX 34 NORWALK, CT 068530034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWALK PRESERVATION TR INC 23 MORGAN AVE NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORWALK RIVER WATERSHED ASSOCIATION PO BOX 7114 WILTON, CT 06897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NOTRE DAME CATHOLIC HIGH SCHOOL 220 JEFFERSON ST FAIRFIELD, CT 068251062	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME HIGH SCHOOL ONE NOTRE DAME WAY WEST HAVEN, CT 06516	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
NOURISH BRIDGEPORT INC PO BOX 1859 BRIDGEPORT, CT 06601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NUTMEG BIG BROTHERS-BIG SISTERS INC 30 LAUREL STREET 3RD FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST TORRINGTON, CT 067905303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OLD GREENWICH-RIVERSIDE COMMUNITY C 90 HARDING RD 2ND FLOOR OLD GREENWICH, CT 068701518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OUR COMPANIONS DOMESTIC ANIMAL SANC 34 SANRICO DRIVE MANCHESTER, CT 06042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PIECE OF THE PIE INC 20-28 SARGEANT STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
PALACE THEATER GROUP INC 100 EAST MAIN STREET WATERBURY, CT 06702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARKWAY SCHOOL 141 LOWER CROSS RD GREENWICH, CT 06831	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWAY SCHOOL 141 LOWER CROSS RD GREENWICH, CT 06831	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PATHWAYS FUTURES INC 175 MILBANK AVENUE GREENWICH, CT 06830	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PERSON TO PERSON INC 1864 POST ROAD DARIEN, CT 068205802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PET PALS NORTHEASTPO BOX 64 PLAINFIELD, CT 063740064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET PALS NORTHEASTPO BOX 64 PLAINFIELD, CT 063740064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
PET PALS NORTHEASTPO BOX 64 PLAINFIELD, CT 063740064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
PETIT FAMILY FOUNDATIONPO BOX 310 PLAINVILLE, CT 06062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE POINT SCHOOL INC89 BARNES RD STONINGTON, CT 063782200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	304
PINE POINT SCHOOL INC89 BARNES RD STONINGTON, CT 063782200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	335
PINK CHAIR PROJECT INC 1125 S BRITAIN RD SOUTHBURY, CT 064881150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PLANNED PARENTHOOD OF SOUTHERN NEW 345 WHITNEY AVE NEW HAVEN, CT 06511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PLAYHOUSE THEATRE GROUP INC 244 PARK ROAD WEST HARTFORD, CT 06119	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE OF STRATFORD 900 LONGBROOK AVE STRATFORD, CT 066145007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
POLISH AMERICAN FOUNDATION OF CONNE 4 CORPORATE DRIVE STE 488 SHELTON, CT 06484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
POLISH AMERICAN FOUNDATION OF CONNE 4 CORPORATE DRIVE STE 488 SHELTON, CT 06484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POMFRET SCHOOLPO BOX 128 POMFRET, CT 062580128	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
POP WARNER LITTLE SCHOLARS INC 16 LORELEI COURT SOUTHBURY, CT 06488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
POP WARNER LITTLE SCHOLARS INC 16 LORELEI COURT SOUTHBURY, CT 06488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT PURPLE INCPO BOX 884 SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
PROTECTORS OF ANIMALS INC 144 MAIN ST UNIT O EAST HARTFORD, CT 061183239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROTECTORS OF ANIMALS INC 144 MAIN ST UNIT O EAST HARTFORD, CT 061183239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
PROTECTORS OF ANIMALS INC 144 MAIN ST UNIT O EAST HARTFORD, CT 061183239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
PRUDENCE CRANDALL CENTER INC 594 BURRITT STREET NEW BRITAIN, CT 06053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSA CONNECTICUT INC 33 RIVERSVILLE RD GREENWICH, CT 068313627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PTSA CONNECTICUT INC 141 LOWER CROSS RD GREENWICH, CT 06831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
PTSA CONNECTICUT INC 33 RIVERSVILLE RD GREENWICH, CT 068313627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSA CONNECTICUT INC 33 RIVERSVILLE RD GREENWICH, CT 068313627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PTSA CONNECTICUT INC 33 RIVERSVILLE RD GREENWICH, CT 068313627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PUBLIC LIBRARY OF NEW LONDON 63 HUNTINGTON STREET NEW LONDON, CT 063206110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUTNAM-INDIAN FIELD SCHOOL INC 101 INDIAN FIELD RD GREENWICH, CT 068307245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,096
QUILTS THAT CARE INCPO BOX 166 WATERTOWN, CT 067953002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 065181905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
RAY OF LIGHT FARM INC232 TOWN ST EAST HADDAM, CT 064231459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REAL ART WAYS INC56 ARBOR ST HARTFORD, CT 061061222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
REAL ART WAYS INC56 ARBOR ST HARTFORD, CT 061061222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
RED LEASH RESCUE INC 172 DANNELL DR STAMFORD, CT 069052715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY STREET MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY STREET MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY STREET MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFLEX SYMPATHETIC DYSTROPHY SYNDRO 99 CHERRY STREET MILFORD, CT 06460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
REGIONAL HOSPICE AND HOME CARE OF W 30 MILESTONE RD DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL HOSPICE AND HOME CARE OF W 30 MILESTONE RD DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL YOUTH ADULT SOCIAL ACTION 2470 FAIRFIELD AVE BRIDGEPORT, CT 066052647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RENBROOK SCHOOL INCORPORATED 2865 ALBANY AVENUE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
RENBROOK SCHOOL INCORPORATED 2865 ALBANY AVENUE WEST HARTFORD, CT 06117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETT SYNDROME RESEARCH TRUST INC 67 UNDER CLIFF ROAD TRUMBULL, CT 06611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RETT SYNDROME RESEARCH TRUST INC 67 UNDER CLIFF ROAD TRUMBULL, CT 06611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
RIDGEFIELD ACADEMY INC 223 WEST MOUNTAIN ROAD RIDGEFIELD, CT 06877	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEFIELD LIBRARY ASSOCIATION INC 472 MAIN ST RIDGEFIELD, CT 068774504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,587
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
RMHC CTMA860 HOWARD AVENUE NEW HAVEN, CT 06519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RMHC CTMA860 HOWARD AVE NEW HAVEN, CT 065191106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RMHC CTMA860 HOWARD AVENUE NEW HAVEN, CT 06519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RON FOLEY PANCREATIC CANCER FOUNDAT 1000 FARMINGTON AVE SUITE 108A WEST HARTFORD, CT 06107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUMSEY HALL SCHOOL INCORPORATED 201 ROMFORD RD WASHINGTON DEPOT, CT 067941300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RYAN T LEE MEMORIAL FOUNDATION INC 103 PETER PARLEY ROW BERLIN, CT 060373102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RYANS REBELSPO BOX 110149 TRUMBULL, CT 066110149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART ACADEMY ENDOWMENT FUND 265 BENHAM ST HAMDEN, CT 065142801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SACRED HEART SCHOOL 50 SACRED HEART DRIVE GROTON, CT 06340	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 068251000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 068251023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
SAFE FUTURES INC16 JAY STREET NEW LONDON, CT 06320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SAINT DAMIEN OF MOLOKAI PARISH CORP 379 BROAD ST WINDSOR, CT 060953004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT DAMIEN OF MOLOKAI PARISH CORP 379 BROAD ST WINDSOR, CT 060953004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SAINT DAMIEN OF MOLOKAI PARISH CORP 379 BROAD ST WINDSOR, CT 060953004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SALISBURY SCHOOL251 CANAAN ROAD SALISBURY, CT 060681602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALISBURY SCHOOL INC 251 CANAAN RD - DEVELOPMENT OFFICE SALISBURY, CT 06068	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SALISBURY SCHOOL INC 251 CANAAN RD - DEVELOPMENT OFFICE SALISBURY, CT 06068	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
SALISBURY VISITING NURSE ASSOCIATIO 30 A SALMON KILL ROAD SALISBURY, CT 060681902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY NATIONAL CORP 217 WASHINGTON STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,025
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 064703489	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	776
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,383
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,013
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	967
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,530
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,462
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	309
SAVE THE CHILDREN FEDERATION INC 501 KINGS HIGHWAY EAST STE 400 FAIRFIELD, CT 068254867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,795
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAWA KENYA CORP 44 ORANGE STREET 714 NEW HAVEN, CT 06510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SCHOLARSHIP AMERICA INC PO BOX 3559 STAMFORD, CT 069050559	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
SEABURY ACADEMY OF MUSIC AND THE AR 60 EAST AVE NORWALK, CT 068514909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEYMOUR PINK INC 100 WALNUT STREET SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SEYMOUR PINK INC 100 WALNUT STREET SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
SEYMOUR PINK INC 100 WALNUT STREET SEYMOUR, CT 06483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEYMOUR PINK INC 100 WALNUT STREET SEYMOUR, CT 06483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
SEYMOUR PINK INC 100 WALNUT STREET SEYMOUR, CT 06483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPPARK 1ST FL NORWALK, CT 068510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
SHATTERPROOF A NONPROFIT CORP 101 MERRITT 7 CORPORATE PARK 1ST FL NORWALK, CT 06851	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
SOCIAL ENTERPRISES TRUST INC 1429 PARK STREET SUITE 114 HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF THE CIN IN THE STATE OF 64 BAYBERRY LANE WESTPORT, CT 06880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
SOCIETY OF THE CIN IN THE STATE OF 64 BAYBERRY LANE WESTPORT, CT 06880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SOFIA SEES HOPE INCPO BOX 705 LEDYARD, CT 063390705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLDIER STRONG INC 1127 HIGH RIDGE ROAD NO 124 STAMFORD, CT 069051203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SOLOMON SCHECHTER DAY SCHOOL OF GRE 26 BUENA VISTA ROAD WEST HARTFORD, CT 06107	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SOUND WATERS INC1281 COVE ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND WATERS INC1281 COVE ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SOUND WATERS INC1281 COVE ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
SOUND WATERS INC1281 COVE ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND WATERS INC1281 COVE ROAD STAMFORD, CT 06902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTH CONGREGATIONAL CHURCH 90 MAIN ST NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTH CONGREGATIONAL CHURCH 90 MAIN ST NEW BRITAIN, CT 06051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH KENT SCHOOL 40 BULLS BRIDGE ROAD SOUTH KENT, CT 06785	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
SOUTH PARK INN INC75 MAIN ST HARTFORD, CT 061061806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SOUTH PARK INN INC75 MAIN ST HARTFORD, CT 061061806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SCHOOL PARENT TEACHER COUNCIL 8 FARM RD NEW CANAAN, CT 068406608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
SOUTHEASTERN CONNECTICUT CULTURAL C PO BOX 95 NEW LONDON, CT 063200095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTHEASTERN CONNECTICUT CULTURAL C PO BOX 95 NEW LONDON, CT 063200095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN CONNECTICUT CAMERATA 60 EAST AVE NORWALK, CT 068514909	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
SOUTHERN CONNECTICUT STATE UNIVERSI 501 CRESCENT STREET NEW HAVEN, CT 065151330	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
SOUTHERN CONNECTICUT STATE UNIVERSI 501 CRESCENT ST NEW HAVEN, CT 065151330	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	147
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL FORCES CHARITABLE TRUST PO BOX 53 ESSEX, CT 06426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE ST STE 1 HAMDEN, CT 06517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE ST STE 1 HAMDEN, CT 06517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17
SPECIAL OLYMPICS CONNECTICUT INC 2666 STATE ST STE 1 HAMDEN, CT 06517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	23
SPECIAL OLYMPICS CONNECTICUT INC P O BOX 4000 HAMDEN, CT 065140010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SPECTRUM IN MOTION DANCE THEATER EN 233 PEARL ST 22 HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPORTS AND MEDICAL SCIENCES ACADEMY 280 HUYSHOPE AVENUE HARTFORD, CT 06106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	82
SPORTS AND MEDICAL SCIENCES ACADEMY 280 HUYSHOPE AVENUE HARTFORD, CT 06106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
SPORTS AND MEDICAL SCIENCES ACADEMY 280 HUYSHOPE AVENUE HARTFORD, CT 06106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BERNARD HIGH SCHOOL 1593 NORWICH-NEW LONDON TPKE UNCASVILLE, CT 06382	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST CATHERINE CENTER FOR SPECIAL NEE 760 TAHMORE DR FAIRFIELD, CT 068252519	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
ST JUDE CHILDRENS CHARITIES INC 61 KNOLLWOOD LN NEW CANAAN, CT 068402932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS CHARITIES INC 61 KNOLLWOOD LN NEW CANAAN, CT 068402932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST LUKES FOUNDATION INC 377 NORTH WILTON ROAD NEW CANAAN, CT 06840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST LUKE'S SCHOOL 377 N WILTON ROAD NEW CANAAN, CT 068401148	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTIN DE PORRES ACADEMY INC 208 COLUMBUS AVE NEW HAVEN, CT 065192229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST MICHAEL SCHOOL 63 LIBERTY STREET PAWCATUCK, CT 06379	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST THOMAS MORE PARISH 374 MIDDLESEX RD DARIEN, CT 06820	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS THE APOSTLE 25 DOVER ROAD WEST HARTFORD, CT 06119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST TIMOTHY MIDDLE SCHOOL 225 KING PHILIP DRIVE WEST HARTFORD, CT 06117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	115
ST VINCENT DE PAUL PLACE NORWICH IN 120 CLIFF STREET NORWICH, CT 063605134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DEPAUL MISSION OF BRISTO PO BOX 1922 BRISTOL, CT 060111922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ST VINCENT DEPAUL MISSION OF BRISTO PO BOX 1922 BRISTOL, CT 060111922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ST VINCENT DEPAUL MISSION OF WATERB PO BOX 1612 WATERBURY, CT 06721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DEPAUL MISSION OF WATERB PO BOX 1612 WATERBURY, CT 06721	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ST JOHN'S EPISCOPAL CHURCH 7 WHITTLESEY AVE NEW MILFORD, CT 06776	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST JOHN'S EPISCOPAL CHURCH 7 WHITTLESEY AVE NEW MILFORD, CT 06776	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAMFORD CENTER FOR THE ARTS INC 61 ATLANTIC STREET STAMFORD, CT 06901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STAMFORD HOSPITAL 1 HOSPITAL PLAZA PO BOX 9317 STAMFORD, CT 069049317	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	135
STAMFORD SCHOOL READINESS FOUNDATIO 888 WASHINGTON BLVD - 6TH FLOOR STAMFORD, CT 069019310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAPLES HIGH SCHOOL TUITION GRANTS PO BOX 5159 WESTPORT, CT 068815159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 068513436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 068513436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 068513436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
STONINGTON VILLAGE IMPROVEMENT ASSO PO BOX 18 STONINGTON, CT 063780018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SUPPORTIVE HOUSING WORKS INC 815 MAIN STREET BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURVIVE THE DRIVE INC 125 WHITE HOLLOW RD LAKEVILLE, CT 060392432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SUSAN B ANTHONY PROJECT INC 179 WATER STREET TORRINGTON, CT 06790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SUSAN G KOMEN BREAST CANCER FOUNDAT 76 BATTERSON PARK RD FARMINGTON, CT 060322565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	122
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
TAFT SCHOOL CORPORATION 110 WOODBURY ROAD WATERTOWN, CT 067952130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALCOTT MOUNTAIN SCIENCE CENTER FOR 324 MONTEVIDEO ROAD AVON, CT 06001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TALCOTT MOUNTAIN SCIENCE CENTER FOR 324 MONTEVIDEO ROAD AVON, CT 06001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TAP CANCER OUT INC 2 ENTERPRISE DR SUITE 307 SHELTON, CT 06484	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAP CANCER OUT INC 2 ENTERPRISE DR SUITE 307 SHELTON, CT 06484	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TAP CANCER OUT INC 2 ENTERPRISE DR SUITE 307 SHELTON, CT 06484	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	78
TAP CANCER OUT INC 2 ENTERPRISE DR SUITE 307 SHELTON, CT 06484	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CENTER OF WILTON INC 15 STATION RD WILTON, CT 06897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRI BRODEUR BREAST CANCER FOUNDAT PO BOX 785 NEW LONDON, CT 063200785	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
THAMES RIVER COMMUNITY SERVICE INC ONE THAMES RIVER PLACE NORWICH, CT 063607180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE ALMADA LODGE-TIMES FARM CAMP CO 73 TIMES FARM RD ANDOVER, CT 062321033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ANNUAL CATHOLIC APPEAL 197 BROADWAY NORWICH, CT 06360	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE ARC OF LITCHFIELD COUNTY INC 314 MAIN ST TORRINGTON, CT 06790	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
THE BRIDGE FAMILY CENTER INC 1022 FARMINGTON AVENUE WEST HARTFORD, CT 061072015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
THE CENTER FOR FAMILY JUSTICE INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
THE COMMUNITY FUND OF DARIEN PO BOX 926 DARIEN, CT 068200926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
THE CONNECTICUT AUDUBON SOCIETY INC 314 UNQUOWA RD FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONNECTICUT HOSPICE INC 100 DOUBLE BEACH RD BRANFORD, CT 064054909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE DARIEN FOUNDATION INC PO BOX 1714 DARIEN, CT 068201714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE KENNEDY CENTER INC 2440 RESERVOIR AVE TRUMBULL, CT 066114735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KENNEDY CENTER INC 2440 RESERVOIR AVE TRUMBULL, CT 066114735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
THE MARITIME AQUARIUM AT NORWALK IN 10 NORTH WATER STREET NORWALK, CT 06854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
THE MARK TWAIN MEMORIAL 351 FARMINGTON AVENUE HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,990
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE MULTIPLE MYELOMA RESEARCH FOUND 383 MAIN AVE 5TH FL NORWALK, CT 068511586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,970
THE NEW LONDON COMMUNITY MEAL CENTE 12 MONTAUK AVENUE NEW LONDON, CT 06320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN DOOR SHELTER INC 4 MERRITT STREET NORWALK, CT 068543605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,000
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPEN HEARTH ASSOCIATION 150 CHARTER OAK AVENUE HARTFORD, CT 06106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE SOUTHINGTON-CHESHIRE COMMUNITY 29 HIGH STREET SOUTHINGTON, CT 064893126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE SOUTHPORT SCHOOL INC 214 MAIN ST SOUTHPORT, CT 068901325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE STANWICH SCHOOL 257 STANWICH ROAD GREENWICH, CT 068303501	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE STANWICH SCHOOL 257 STANWICH ROAD GREENWICH, CT 068303501	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE TAFT SCHOOL110 WOODBURY RD WATERTOWN, CT 06795	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	306
THE UNITED WAY OF GREATER WATERBURY 100 N ELM STREET 2ND FLOOR WATERBURY, CT 06702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
THE UNITED WAY OF GREATER WATERBURY 100 N ELM STREET 2ND FLOOR WATERBURY, CT 06702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
THE UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HILLYER BUILDING HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HILLYER BUILDING HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE VILLAGE FOR FAMILIES & CHILDREN 1680 ALBANY AVE DEVELOPMENT OFFICE HILLYER BUILDING HARTFORD, CT 061051001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WATERBURY YOUNG MENS CHRISTIAN 136 WEST MAIN STREET WATERBURY, CT 067022005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE WORKPLACE INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
THEATERWORKS INC233 PEARL STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATERWORKS INC233 PEARL STREET HARTFORD, CT 06103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
THEATREWORKS NEW MILFORD PO BOX 836 NEW MILFORD, CT 067760836	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TINY MIRACLES FOUNDATION 25 13 OLD KINGS HWY N DARIEN, CT 068200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOLLAND SOCCER CLUB 19 FERNWOOD RD TOLLAND, CT 060842279	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TRIANGLE COMMUNITY CENTER INC 650 WEST AVENUE NORWALK, CT 068504008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRIANGLE COMMUNITY CENTER INC 650 WEST AVENUE NORWALK, CT 068504008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE COMMUNITY CENTER INC 650 WEST AVENUE NORWALK, CT 068504008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRINITY ACADEMY OF HARTFORD 120 SIGOURNEY ST HARTFORD, CT 061052755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
TRINITY ACADEMY OF HARTFORD 120 SIGOURNEY ST HARTFORD, CT 061052755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY ACADEMY OF HARTFORD 120 SIGOURNEY ST HARTFORD, CT 061052755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVENUE STAMFORD, CT 069052519	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,049
TRINITY COLLEGE300 SUMMIT STREET HARTFORD, CT 061063100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	537
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,881
TRUSTEES OF WESTMINSTER SCHOOL INC 995 HOPMEADOW STREET SIMSBURY, CT 06070	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURN OF RIVER SCHOOL TURN OF RIVER MIDDLE SCHOOL 117 VINE ROAD STAMFORD, CT 06905	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ULBRICH BOYS & GIRLS CLUB INC 72 GRAND ST WALLINGFORD, CT 064923545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
ULBRICH BOYS & GIRLS CLUB INC 72 GRAND ST WALLINGFORD, CT 064923545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ULBRICH BOYS & GIRLS CLUB INC 72 GRAND ST WALLINGFORD, CT 064923545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ULYSSES S GRANT FOUNDATION INC PO BOX 200082 NEW HAVEN, CT 06520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ULYSSES S GRANT FOUNDATION INC PO BOX 200082 NEW HAVEN, CT 06520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ULYSSES S GRANT FOUNDATION INC PO BOX 200082 NEW HAVEN, CT 06520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2
UNITED COMMUNITY AND FAMILY SERVICE 34 E TOWN ST NORWICH, CT 063602317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED JEWISH FEDERATION OF STAMFOR 1127 HIGH RIDGE ROAD 232 STAMFORD, CT 069052521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CATHOLIC CONFERENCE 1001 STAFFORD AVENUE BRISTOL, CT 06010	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
UNITED STATES COAST GUARD ACADEMY A 47 MOHEGAN AVE NEW LONDON, CT 063208111	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,200
UNITED STATES COAST GUARD ACADEMY A 47 MOHEGAN AVE NEW LONDON, CT 063208111	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 211 WETHERSFIELD AVE HARTFORD, CT 06114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,112
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	744
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	548
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	274
UNITED WAY INC30 LAUREL STREET HARTFORD, CT 06106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF COASTAL FAIRFIELD COU 855 MAIN STREET 10TH FLOOR BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF COASTAL FAIRFIELD COU 855 MAIN STREET 10TH FLOOR BRIDGEPORT, CT 06604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF GREATER NEW HAVEN INC 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	564
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER NEW HAVEN INC 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
UNITED WAY OF GREATER NEW HAVEN INC 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	296
UNITED WAY OF GREATER NEW HAVEN INC 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	630
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	630
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF GREENWICH INC 500 WEST PUTNAM AVENUE SUITE 415 GREENWICH, CT 06830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WESTERN CONNECTICUT I 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,125
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 06269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CONNECTICUT FOUNDATIO 2390 ALUMNI DRIVE UNIT 3206 STORRS, CT 062693206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171599	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW HAVEN 300 BOSTON POST RD WEST HAVEN, CT 065161916	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2
URBAN LEAGUE OF GREATER HARTFORD IN 140 WOODLAND STREET HARTFORD, CT 061051210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,500
URBAN LEAGUE OF GREATER HARTFORD IN 140 WOODLAND STREET HARTFORD, CT 061051210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS STRONG COMMUNITY CENTER IN 111 NORTH MAIN STREET BRISTOL, CT 060108112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
VILLAGE INITIATIVE PROJECT INC 1000 LAFAYETTE BLVD BRIDGEPORT, CT 066044733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
VINTAGE RADIO AND COMMUNICATIONS MU 115 PIERSON LN PO BOX 894 WINDSOR, CT 06095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISTA LIFE INNOVATIONS INC 107 BRADLEY RD MADISON, CT 064432601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
VISTA LIFE INNOVATIONS INC 107 BRADLEY ROAD MADISON, CT 06443	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	192
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WAKEMAN BOYS AND GIRLS CLUB CORPORA 385 CENTER ST SOUTHPORT, CT 068901431	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKEMAN MEMORIAL ASSOCIATION INC 268 POST ROAD 2ND FLOOR FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAKEMAN MEMORIAL ASSOCIATION INC 268 POST ROAD 2ND FLOOR FAIRFIELD, CT 06824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WATERBURY ARC INC 104 DINATALI DRIVE WATERBURY, CT 06705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERBURY YOUTH SERVICES INC 83 PROSPECT STREET WATERBURY, CT 067021409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATERSIDE SCHOOL INC 770 PACIFIC ST STAMFORD, CT 06902	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
WATERSIDE SCHOOL INC 770 PACIFIC ST STAMFORD, CT 06902	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERSIDE SCHOOL INC 770 PACIFIC ST STAMFORD, CT 06902	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WAVENY CARE CENTER NETWORK INC 3 FARM RD NEW CANAAN, CT 068406626	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
WELLMORE INC141 EAST MAIN ST WATERBURY, CT 067022310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN UNIVERSITY 291 MAIN STREET MIDDLETOWN, CT 06457	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,700
WEST HARTFORD SCHOOL DISTRICT 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	3,375
WEST HARTFORD SCHOOL DISTRICT 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST HARTFORD SCHOOL DISTRICT 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	290
WEST HARTFORD SCHOOL DISTRICT 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	480
WEST HARTFORD SCHOOL DISTRICT 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN CONNECTICUT STATE UNIVERSIT 181 WHITE STREET DANBURY, CT 06810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,168
WESTHILL HIGH SCHOOL 125 ROXBURY ROAD STAMFORD, CT 06902	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
WHITBY SCHOOL INC969 LAKE AVE GREENWICH, CT 068313028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM RAVEIS CHARITABLE FUND INC 7 TRAP FALLS RD SHELTON, CT 064844617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WILLIAM RAVEIS CHARITABLE FUND INC 7 TRAP FALLS RD SHELTON, CT 064844617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
WILLIAM RAVEIS CHARITABLE FUND INC 7 TRAP FALLS RD SHELTON, CT 064844617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMS MEMORIAL INSTITUTE 182 MOHEGAN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
WILLIAMS MEMORIAL INSTITUTE 182 MOHEGAN AVE NEW LONDON, CT 06320	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
WILTON LIBRARY ASSOCIATION INCORPOR 137 OLD RIDGEFIELD ROAD WILTON, CT 068973019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILTON YOUTH COUNCIL INC PO BOX 172 WILTON, CT 068970172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WINDHAM REGION NO FREEZE PROJECT IN PO BOX 46 WILLIMANTIC, CT 062260046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WINDSOR MONTESSORI SCHOOL 114 PALISADO AVENUE WINDSOR, CT 060952531	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR POLICE CADETS INC 340 BLOOMFIELD AVE WINDSOR, CT 060952709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WINTHROP STEM ELEMENTARY MAGNET SCH 74 GROVE ST NEW LONDON, CT 06320	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	201
WOMENS AUXILIARY OF SAINT FRANCIS H 114 WOODLAND ST HARTFORD, CT 061051208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 06901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23,000
WOODCOCK NATURE CENTER INC 56 DEER RUN ROAD WILTON, CT 06897	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WORLD AFFAIRS FORUM INCSUITE 105 STAMFORD, CT 06905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER HIGH SCHOOL 181 RANDOLPH ROAD MIDDLETOWN, CT 06457	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
YALE NEW HAVEN HEALTH SERVICES CORP PO BOX 1849 NEW HAVEN, CT 06508	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
YALE NEW HAVEN HEALTH SERVICES CORP PO BOX 1849 NEW HAVEN, CT 06508	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,525
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,329
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,673
YALE NEW HAVEN HOSPITAL PO BOX 1849 NEW HAVEN, CT 06508	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YALE UNIVERSITYPO BOX 209010 NEW HAVEN, CT 065209010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,100
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YALE UNIVERSITY222 YORK STREET NEW HAVEN, CT 065208244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	351
YALE UNIVERSITYPO BOX 209010 NEW HAVEN, CT 065209010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 95 OAKWOOD DRIVE GLASTONBURY, CT 06033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
YOUNG MENS CHRISTIAN ASSOCIATION OF PO BOX 8 COLEBROOK, CT 06021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 STATE HOUSE SQUARE- 2ND FL HARTFORD, CT 061032006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 95 OAKWOOD DRIVE GLASTONBURY, CT 06033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 50 STATE HOUSE SQUARE- 2ND FL HARTFORD, CT 061032006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AARP FOUNDATION601 E ST NW WASHINGTON, DC 200490001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
ACE FOUNDATION 1300 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ACTIVE MINDS INC 2001 S ST NW STE 630 WASHINGTON, DC 200091160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,810
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AFRICAN WILDLIFE FOUNDATION 1100 NEW JERSEY AVE SE STE 900 WASHINGTON, DC 20003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGA KHAN FOUNDATION USA 1825 K STREET NW SUITE 901 WASHINGTON, DC 200060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AIRLINK INC 1023 15TH ST NW STE 1100 WASHINGTON, DC 200052602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALASKA WILDERNESS LEAGUE 122 C ST NW STE 240 WASHINGTON, DC 200012109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR STRONG FAMILIES AND CO 1825 K STREET NW SUITE 600 WASHINGTON, DC 20006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
ALLIANCE TO END HUNGER 425 3RD ST SW SUITE 1200 WASHINGTON, DC 20024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
AMARA LEGAL CENTER INC PO BOX 15255 WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ASSOCIATION FOR THE ADVANC 1200 NEW YORK AVE NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN BANKERS ASSOCIATION COMMUN 1120 CONNECTICUT AVE NW WASHINGTON, DC 20036	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN BATTLEFIELD TRUST 1156 15TH ST NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BATTLEFIELD TRUST 1156 15TH ST NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CENTER FOR LAW AND JUSTICE PO BOX 90555 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION FUND 915 15TH ST NW 2ND FLOOR WASHINGTON, DC 200052302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FUND 915 15TH ST NW 2ND FLOOR WASHINGTON, DC 200052302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	358
AMERICAN CIVIL LIBERTIES UNION FUND 915 15TH ST NW 2ND FLOOR WASHINGTON, DC 200052302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CIVIL LIBERTIES UNION FUND 915 15TH ST NW 2ND FLOOR WASHINGTON, DC 200052302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN COUNCIL OF TRUSTEES AND AL 1730 M ST NW STE 600 WASHINGTON, DC 200364525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN COUNCIL OF YOUNG POLITICAL 1030 15TH ST NW S580 W WASHINGTON, DC 200051503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN DIABETES ASSOCIATION INC 1400 16TH STREET NW 410 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ENTERPRISE INSTITUTE FOR P 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
AMERICAN ENTERPRISE INSTITUTE FOR P 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN ENTERPRISE INSTITUTE FOR P 1789 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FORESTS 1220 L STREET NW SUITE 750 WASHINGTON, DC 200054079	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HUMANE ASSOCIATION 1400 16TH ST NW STE 360 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN IMMIGRATION COUNCIL 1331 G ST NW WASHINGTON, DC 200053141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN IMMIGRATION COUNCIL 1331 G ST NW WASHINGTON, DC 200053141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN IMMIGRATION COUNCIL 1331 G ST NW WASHINGTON, DC 200053141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,387
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	401
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	151
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	718
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS P O BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 200065310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
AMERICAN NATIONAL RED CROSS PO BOX 37295 WASHINGTON, DC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NEAR EAST REFUGEE AID INC 1111 14TH STREET NW 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NEAR EAST REFUGEE AID INC 1111 14TH STREET NW 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN PHARMACISTS ASSOCIATION FO 2215 CONSTITUTION AVE NW WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PSYCHOLOGICAL FOUNDATION I 750 FIRST STREET NE WASHINGTON, DC 200020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMERICAN RIVERS INC 1101 14TH STREET NW SUITE 1400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN SLEEP APNEA ASSOCIATION IN 641 S ST NW 3RD FLOOR WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN TINNITUS ASSOCIATION PO BOX 424049 WASHINGTON, DC 200424049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN TINNITUS ASSOCIATION PO BOX 424049 WASHINGTON, DC 200424049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 200168001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4401 CONNECTICUT AVE NW 3RD FLR WASHINGTON, DC 20008	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	56
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
AMERICAN UNIVERSITY 4401 CONNECTICUT AVE NW 3RD FLR WASHINGTON, DC 20008	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW - OFFICE OF DEVELOPMENT WASHINGTON, DC 200168143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
AMERICAN UNIVERSITY 4401 CONNECTICUT AVE NW 3RD FLR WASHINGTON, DC 20008	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15
AMERICANS FOR PEACE NOW INC 1320 19TH ST NW WASHINGTON, DC 200361635	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMNESTY INTERNATIONAL OF THE USA IN 600 PENNSYLVANIA AVE WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMNESTY INTERNATIONAL OF THE USA IN 600 PENNSYLVANIA AVE WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMNESTY INTERNATIONAL OF THE USA IN 600 PENNSYLVANIA AVE WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1275 K STREET NW WASHINGTON, DC 200054083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APOPO US INC712 H ST NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN AMERICAN LEAD LDSHIP EMPWMENT 1029 VERMONT AVE NW STE 810 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ASIAN AMERICANS ADVANCING JUSTICE - 1620 L ST NW STE 1050 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ATLANTIC COUNCIL OF THE U S INC 1030 15TH STREET NW 12TH FLOOR WASHINGTON, DC 200051503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF THE DISTRICT OF 1200 18TH ST NW STE 500 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
B NAI B RITH 1120 20TH ST NW SUITE 300 NORTH WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	143
BECKY LEE WOMENS SUPPORT FUND 1225 NEW YORK AVENUE NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	127
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
BLAIR HOUSE RESTORATION FUND PO BOX 27208 WASHINGTON, DC 200387208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
BNAI BRITH FOUNDATION OF THE UNITED 1120 20TH ST NW STE 300N WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BNAI BRITH YOUTH ORGANIZATION INC 800 EIGHTH STREET WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BOYS & GIRLS CLUBS OF GREATER WASHI 4103 BENNING ROAD NE WASHINGTON, DC 200193423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BOYS & GIRLS CLUBS OF GREATER WASHI 4103 BENNING ROAD NE WASHINGTON, DC 200193423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER WASHI 4103 BENNING ROAD NE WASHINGTON, DC 200193423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
BOYS & GIRLS CLUBS OF GREATER WASHI 4103 BENNING ROAD NE WASHINGTON, DC 200193423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
BREAD FOR THE CITY INC 1525 SEVENTH ST NW WASHINGTON, DC 200013201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BEGINNINGS INC 3418 4TH STREET SE WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
BRIGHT BEGINNINGS INC 3418 4TH STREET SE WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BRIGHT BEGINNINGS INC 3418 4TH STREET SE WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BEGINNINGS INC 3418 4TH STREET SE WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRIGHT BEGINNINGS INC 3418 4TH STREET SE WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BROADFUTURES INC 2013 H STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 200362103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 200362103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
BUILDING BRIDGES ACROSS THE RIVER 1901 MISSISSIPPI AVENUE SE WASHINGTON, DC 200206117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUSINESS EXECUTIVES FOR NATIONAL SE 1030 15TH STREET NW STE 200 E WASHINGTON, DC 200051503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BYTE BACK 899 NORTH CAPITOL ST NE SUITE 850 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CAIR FOUNDATION INC 50 E ST SE 2ND FLOOR WASHINGTON, DC 200032620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY WOMENS SERVICES INC 1217 GOOD HOPE RD SE WASHINGTON, DC 200206907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CANCER SUPPORT COMMUNITY 734 15TH ST NW STE 300 WASHINGTON, DC 200051000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER SUPPORT COMMUNITY 919 18TH ST NW LL54 WASHINGTON, DC 200065520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA ASSET BUILDING CORPORA 1100 H STREET NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CAPITAL AREA ASSET BUILDING CORPORA 1100 H STREET NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CARNEGIE ENDOWMENT FOR INTERNATIONA 1779 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE INSTITUTION OF WASHINGTON 1530 P ST NW WASHINGTON, DC 200051910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
CATHEDRAL CHORAL SOCIETY OF WASHING 3101 WISCONSIN AVENUE NW WASHINGTON, DC 20016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CATHOLIC UNIVERSITY OF AMERICA OFFICE OF UNIV DEVELOPMENT - 620 MICHIGAN AVENUE NE WASHINGTON, DC 200640001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATO INSTITUTE 1000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER FOR NEW AMERICAN SECURITY IN 1152 15TH ST NW STE 950 WASHINGTON, DC 200051740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR SCIENCE IN THE PUBLIC IN 1220 L ST SUITE 300 NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 200906763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 200102916	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
CHORAL ARTS SOCIETY OF WASHINGTON 1666 CONNECTICUT AVENUE NW SUITE 525 WASHINGTON, DC 20009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST HOUSE 1717 COLUMBIA ROAD NW WASHINGTON, DC 20009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CHRISTIAN LEGAL AID OF THE DISTRICT PO BOX 70555 WASHINGTON, DC 200240555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITIZENS FOR RESPONSIBILITY AND ETH 1101 K ST NW SUITE 201 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 1875 CONNECTICUT AVENUE NW SUITE 414 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CITY YEAR INC 1875 CONNECTICUT AVENUE NW SUITE 414 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COALITION FOR NONPROFIT HOUSING AND 727 15TH STREET NW SUITE 600 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE BOUND INC 128 M STREET NW SUITE 220 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,103
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COLORECTAL CANCER ALLIANCE INC 1025 VERMONT AVE NW SUITE 1066 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COLUMBIA LIGHTHOUSE FOR THE BLIND 1825 K ST NW STE 1103 WASHINGTON, DC 200061261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA LIGHTHOUSE FOR THE BLIND 1825 K ST NW STE 1103 WASHINGTON, DC 200061261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMITTEE FOR A CONSTRUCTIVE TOMORR 1717 PENNSYLVANIA AVE NW SUITE 1025 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY OF HOPE INC 4 ATLANTIC STREET SW WASHINGTON, DC 20032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,191
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF HOPE INC 4 ATLANTIC STREET SW WASHINGTON, DC 20032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,347
CONGRESSIONAL HISPANIC CAUCUS INSTI 1128 16TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CONGRESSIONAL SPORTSMENS FOUNDATION 110 N CAROLINA AVE SE WASHINGTON, DC 200031841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSTELLATION THEATRE COMPANY 1835 14TH ST NW WASHINGTON, DC 200094425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
COVENANT HOUSE WASHINGTON DC 2001 MISSISSIPPI AVE SE WASHINGTON, DC 200206116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CRITICAL EXPOSURE INC 1816 12TH ST NW THIRD FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
D C RAPE CRISIS CENTER 5321 1ST PLACE NE WASHINGTON, DC 20011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DAVIS MEMORIAL GOODWILL INDUSTRIES 1140 3RD STREET NE SUITE 350 WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DC CENTRAL KITCHEN INC 425 2ND STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DC DIAPER BANK1532 A STREET NE WASHINGTON, DC 200026353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DEFENDERS OF WILDLIFE 1130 17TH ST NW WASHINGTON, DC 200360000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
DISABLED VETERANS NATIONAL FOUNDATI PO BOX 96648 WASHINGTON, DC 200096648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED VETERANS NATIONAL FOUNDATI PO BOX 96648 WASHINGTON, DC 200096648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
DISABLED VETERANS NATIONAL FOUNDATI PO BOX 96648 WASHINGTON, DC 200096648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DISABLED VETERANS NATIONAL FOUNDATI PO BOX 96648 WASHINGTON, DC 200096648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT OF COLUMBIA PUBLIC LIBRARY PO BOX 66012 WASHINGTON, DC 20035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DISTRICT OF COLUMBIA PUBLIC LIBRARY PO BOX 66012 WASHINGTON, DC 20035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EARTHWORKS1612 K ST NW STE 904 WASHINGTON, DC 200062809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EARTHWORKS1612 K ST NW STE 904 WASHINGTON, DC 200062809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
EL HAYNES PCS MIDDLE 3600 GEORGIA AVE NW WASHINGTON, DC 20010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
ELIZABETH GLASER PEDIATRIC AIDS FOU 1140 CONNETICUT AVE NW STE 200 WASHINGTON, DC 200364001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL AND ENERGY STUDY INST 1020 19TH ST NW STE 650 WASHINGTON, DC 200364819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ENVIRONMENTAL AND ENERGY STUDY INST 1020 19TH ST NW STE 650 WASHINGTON, DC 200364819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	86
ENVIRONMENTAL AND ENERGY STUDY INST 1020 19TH ST NW STE 650 WASHINGTON, DC 200364819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ENVIRONMENTAL WORKING GROUP 1436 U ST NW STE 100 WASHINGTON, DC 200093987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	767
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAL JUSTICE UNDER LAW 400 7TH ST NW STE 602 WASHINGTON, DC 200042316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EVIDENCE ACTION INC 1101 K ST NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EVIDENCE ACTION INC 1101 K ST NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVIDENCE ACTION INC 1101 K ST NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
EVIDENCE ACTION INC 1101 K ST NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EXCEL AUTOMOTIVE INSTITUTE INC 1235 KENILWORTH AVE NE UNIT 1 WASHINGTON, DC 20019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION FOR AMERICAN IMMIGRATION 25 MASSACHUSETTS AVE NW SUITE 330 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	921
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
FEEDING AMERICAPO BOX 96749 WASHINGTON, DC 200906749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIELD SCHOOL INC 2301 FOXHALL RD NW WASHINGTON, DC 200071147	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINCA INTERNATIONAL INC 1201 15TH STREET NW 8TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
FIRST BOOK1319 F STREET NW WASHINGTON, DC 200041106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FIRST BOOK1319 F STREET NW WASHINGTON, DC 200041106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BOOK1319 F STREET NW WASHINGTON, DC 200041106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FLORIDA HOUSE WASHINGTON D C INC 1 2ND ST NE WASHINGTON, DC 200027301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FLORIDA HOUSE WASHINGTON D C INC 1 2ND ST NE WASHINGTON, DC 200027301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD & FRIENDS INC 219 RIGGS ROAD NE WASHINGTON, DC 20011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,667
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 200361408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 200361408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD & WATER WATCH 1616 P ST NW STE 300 WASHINGTON, DC 200361408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13
FOOD ALLERGY FUND 3745 WINFIELD LANE NW WASHINGTON, DC 20007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FORD S THEATRE SOCIETY 514 TENTH STREET NW WASHINGTON, DC 20004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ADVANCEMENT IN CONSE 727 15TH ST NW STE 500 WASHINGTON, DC 200052141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOUNDATION FOR ART AND PRESERVATION 1725 I STREET NW SUITE 300 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
FOUNDATION FOR FINANCIAL PLANNING I 1425 K STREET NW SUITE 750 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANK R WILLIAMS SCHOLARSHIP FUND 2725 31ST PL NE WASHINGTON, DC 200181602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FREEDOMWORKS FOUNDATION 111 K STREET NE SUITE 600 WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF FLORENCE4545 W ST NW WASHINGTON, DC 200071513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF NOYES PARK INC 3121 7TH ST NE WASHINGTON, DC 200171412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF NOYES PARK INC 3121 7TH ST NE WASHINGTON, DC 200171412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE EARTH 1101 15TH ST NW 11TH FLR WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	487
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	198
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	413
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORLD FOOD PROGRAM I 1725 EYE ST NW STE 510 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	187
FUND FOR ANIMALS INC 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WASHINGTON UNIVERSITY 2033 K STREET NW SUITE 300 WASHINGTON, DC 20052	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
GEORGE WASHINGTON UNIVERSITY 2033 K STREET NW SUITE 300 WASHINGTON, DC 20052	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
GEORGE WASHINGTON UNIVERSITY 2033 K STREET NW SUITE 300 WASHINGTON, DC 20052	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500,000
GEORGETOWN UNIVERSITYDEPT 0734 WASHINGTON, DC 20073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,650
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
GEORGETOWN UNIVERSITY 3700 RESERVOIR RD NW STM258 WASHINGTON, DC 200570001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	825
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
GEORGETOWN UNIVERSITYDEPT 0734 WASHINGTON, DC 20073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,450
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,948
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,450
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GEORGETOWN UNIVERSITY GIFT PROCESSING DEPARTMENT NUMBER 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN UNIVERSITY ALUMNI ASSOCI 3604 O ST NW WASHINGTON, DC 200072615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GEORGETOWN UNIVERSITY ALUMNI ASSOCI DEPARTMENT 0734 WASHINGTON, DC 200730734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GEORGETOWN VISITATION PREPARATORY S 1524 35TH STREET NW WASHINGTON, DC 20007	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMAN MARSHALL FUND OF THE US 1744 R ST NW WASHINGTON, DC 200092410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
GIRLS HEALTH ED 3333 RITTENHOUSE ST NW WASHINGTON, DC 200151671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GIRLS ON THE RUN - DC 1211 CONNECTICUT AVE NW STE 304 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	321
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN - DC 1211 CONNECTICUT AVE NW STE 304 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GIRLS ON THE RUN - DC 1211 CONNECTICUT AVE NW STE 304 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
GIRLS ON THE RUN - DC 1211 CONNECTICUT AVE NW STE 304 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN - DC 1211 CONNECTICUT AVE NW STE 304 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,245
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,745
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,235
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
GLOBALGIVING FOUNDATION INC 1110 VERMONT AVENUE NW SUITE 550 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,150
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,000
GONZAGA COLLEGE HIGH SCHOOL 19 EYE STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	638
GOVERNMENT ACCOUNTABILITY PROJECT I 1612 K ST NW SUITE 1100 WASHINGTON, DC 200062802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 200026353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 200026353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 200026353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DC DIAPER BANK 1532 A STREET NE WASHINGTON, DC 200026353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
GREENPEACE FUND INC 702 H ST NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
GREENPEACE FUND INC 702 H ST NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENPEACE FUND INC 702 H ST NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GREENPEACE FUND INC 702 H ST NW SUITE 300 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
GROUNDSWELL INC 80 M ST SE C/O WEWORK WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2115 WARD COURT NW SUITE 100 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HALO TRUST USA INC 1730 RHODE ISLAND AVE NW STE 206 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HEMOPHILIA FEDERATION INC 999 N CAPITOL ST NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEROES INC1200 29TH ST NW WASHINGTON, DC 20007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOME BUILDERS INSTITUTE 1201 15TH STREET NW 6TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
HOPE ASSOCIATION80 M ST SE WASHINGTON, DC 20003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR HENRY FOUNDATION 2440 WISCONSIN AVE NW SUITE 201 WASHINGTON, DC 200071821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HORACE MANN ELEMENTARY SCHOOL PTA 45TH NEWARK STREET NW WASHINGTON, DC 200162726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HORTONS KIDS INC 400 VIRGINIA AVENUE SW SUITE C-130 WASHINGTON, DC 20024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSTAGE US INC 1875 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 200096046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 200054153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 200054153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 200054153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 200054153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOUSE OF RUTH5 THOMAS CIRCLE NW WASHINGTON, DC 200054153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOUSING ASSISTANCE COUNCIL 1025 VERMONT AVENUE NW SUITE 606 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD UNIVERSITY 2225 GEORGIA AVE NW STE 601 WASHINGTON, DC 200013001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	148
HOWARD UNIVERSITY 2244 10TH STREET NW SUITE 402 WASHINGTON, DC 200590001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	356
HOWARD UNIVERSITY 2244 10TH STREET NW SUITE 402 WASHINGTON, DC 200590001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD UNIVERSITY 2225 GEORGIA AVE NW STE 601 WASHINGTON, DC 200013001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
HOWARD UNIVERSITY 2244 10TH STREET NW SUITE 402 WASHINGTON, DC 200590001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
HOWARD UNIVERSITY 2244 10TH STREET NW SUITE 402 WASHINGTON, DC 200590001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD UNIVERSITY 2225 GEORGIA AVE NW STE 601 WASHINGTON, DC 200013001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
HUMANE SOCIETY INTERNATIONAL 1255 23RD ST NW STE 450 WASHINGTON, DC 200371168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY INTERNATIONAL 1255 23RD ST NW STE 450 WASHINGTON, DC 200371168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY INTERNATIONAL 1255 23RD ST NW STE 450 WASHINGTON, DC 200371168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY INTERNATIONAL 1255 23RD ST NW STE 450 WASHINGTON, DC 200371168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMANE SOCIETY INTERNATIONAL 1255 23RD ST NW STE 450 WASHINGTON, DC 200371168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY INTERNATIONAL 1255 23RD STREET WASHINGTON, DC 200371525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,395
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,512
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	735
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	339
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD ST NW WASHINGTON, DC 200371125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I AM WE ARE3802 E CAPITOL ST NE WASHINGTON, DC 200193370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
INDEPENDENT SECTOR 1602 L STREET NW STE 900 WASHINGTON, DC 200365692	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
INSAKAPO BOX 6369 WASHINGTON, DC 20015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSAKAPO BOX 6369 WASHINGTON, DC 20015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
INSAKAPO BOX 6369 WASHINGTON, DC 20015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL CAMPAIGN FOR TIBET 1825 JEFFERSON PLACE NW WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	101
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,353
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
INTERNATIONAL JUSTICE MISSION PO BOX 58147 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL WOMENS MEDIA FOUNDATI 1625 K STREET NW SUITE 1275 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1400 K STREET NW SUITE 1200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1400 K STREET NW SUITE 1200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,068
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	217,667
JOHN F KENNEDY CENTER FOR THE PERFO 2700 F ST NW WASHINGTON, DC 205660001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUBILEE JOBS INC 2712 ONTARIO ROAD NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
JUDICIAL WATCH INC 425 THIRD ST SW STE 800 WASHINGTON, DC 20024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,691
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	944
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF GREATER WASHI 919 18TH ST NW STE 901 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
KIND INC1201 L ST NW FLOOR 2 WASHINGTON, DC 200054183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIND INC1201 L ST NW FLOOR 2 WASHINGTON, DC 200054183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
KIND INC1201 L ST NW FLOOR 2 WASHINGTON, DC 200054183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
KIND INC1201 L ST NW FLOOR 2 WASHINGTON, DC 200054183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIND INC1201 L ST NW FLOOR 2 WASHINGTON, DC 200054183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LATINO ECONOMIC DEVELOPMENT CORPORA 641 S STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LEADERSHIP WASHINGTON INC 1602 L STREET NW SUITE 950 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAGUE OF WOMEN VOTERS EDUCATION FU 1730 M ST NW STE 1000 WASHINGTON, DC 200364507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
LEVINE MUSIC INC2801 UPTON ST NW WASHINGTON, DC 200083829	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
LIFELINE PARTNERSHIP309 E ST NW WASHINGTON, DC 200012711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWELL SCHOOL 1640 KALMIA ROAD NW WASHINGTON, DC 200121126	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
LUPUS FOUNDATION OF AMERICA 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LUPUS FOUNDATION OF AMERICA 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA DC MD V 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUPUS FOUNDATION OF AMERICA DC MD V 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
LUPUS FOUNDATION OF AMERICA DC MD V 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA DC MD V 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LUPUS FOUNDATION OF AMERICA INC 2121 K STREET NW SUITE 200 WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MAKE- A- WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MAKE- A- WISH FOUNDATION OF AMERICA PO BOX 97104 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA INC 6856 EASTERN AVENUE NW SUITE 100 WASHINGTON, DC 20012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
MARET SCHOOL INC 3000 CATHEDRAL AVE NW WASHINGTON, DC 200083407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MARET SCHOOL INC 3000 CATHEDRAL AVE NW WASHINGTON, DC 200083407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTHAS TABLE2375 ELVANS RD SE WASHINGTON, DC 20020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARTHAS TABLE2375 ELVANS RD SE WASHINGTON, DC 20020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	396
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARYS CENTER FOR MATERNAL AND CHILD 2333 ONTARIO RD NW WASHINGTON, DC 200092627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MELANOMA RESEARCH FOUNDATION 1411 K ST NW SUITE 800 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESOTHELIOMA APPLIED RESEARCH FOUND 1615 L STREET NW SUITE 430 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
METRO IAF INC1226 VERMONT AVE NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MI CASA MY HOUSE INC 6230 3RD ST NW WASHINGTON, DC 20011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST NW WASHINGTON, DC 200111713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MILTON GOTTESMAN JEWISH DAY SCHOOL 6045 16TH ST NW WASHINGTON, DC 200111713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
MIRIAMS KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 200372637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRIAMS KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 200372637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MIRIAMS KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC 200372637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
N STREET VILLAGE INC 1333 N STREET NW WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAL PRO-CHOICE AMERICA FOUNDATION 1725 EYE ST NW STE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NARAL PRO-CHOICE AMERICA FOUNDATION 1725 EYE STREET NW SUITE 900 WASHINGTON, DC 200062420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	281
NARAL PRO-CHOICE AMERICA FOUNDATION 1725 EYE ST NW STE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARAL PRO-CHOICE AMERICA FOUNDATION 1725 EYE STREET NW SUITE 900 WASHINGTON, DC 200062420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NARAL PRO-CHOICE AMERICA FOUNDATION 1725 EYE STREET NW SUITE 900 WASHINGTON, DC 200062420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL ABORTION FEDERATION 1090 VERMONT AVE NW STE 1000 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ABORTION FEDERATION 1090 VERMONT AVE NW STE 1000 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	640
NATIONAL ABORTION FEDERATION 1090 VERMONT AVE NW STE 1000 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
NATIONAL AMERICAN INDIAN HOUSING CO 122 C STREET NW SUITE 350 WASHINGTON, DC 200012150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BONSAI FOUNDATION INCORPOR 3501 NEW YORK AVE NE WASHINGTON, DC 200021958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NATIONAL BREAST CANCER COALITION FU 1010 VERMONT AVENUE NW SUITE 900 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL CATHEDRAL SCHOOL 3612 WOODLEY ROAD NW WASHINGTON, DC 20016	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR TRANSGENDER EQU 1133 19TH ST NW SUITE 302 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL CENTER FOR TRANSGENDER EQU 1133 19TH ST NW SUITE 302 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL COMMUNITY REINVESTMENT COA 740 15TH STREET NW SUITE 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DISABILITY INSTITUTE INC 1667 K STREET NW SUITE 480 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL DISABILITY INSTITUTE INC 1667 K STREET NW SUITE 480 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
NATIONAL FOUNDATION FOR CREDIT COUN 2000 M STREET NW SUITE 505 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL GEOGRAPHIC SOCIETY 1145 17TH ST NW WASHINGTON, DC 200364701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NATIONAL HOUSING TRUST COMMUNITY DE 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NATIONAL IMMIGRATION FORUM INC 50 F ST NW STE 300 WASHINGTON, DC 200011552	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LAW CENTER ON HOMELESSNESS 2000 M ST NW SUITE 210 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60,000
NATIONAL LAW ENFORCEMENT OFFICERS M 901 E ST NW STE 100 WASHINGTON, DC 20004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,007
NATIONAL LAW ENFORCEMENT OFFICERS M 901 E ST NW STE 100 WASHINGTON, DC 20004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL LGBTQ TASK FORCE 1325 MASSACHUSETTS AVE NW STE 600 WASHINGTON, DC 200054171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL LOW INCOME HOUSING COALITI 1000 VERMONT AVENUE NW SUITE 500 WASHINGTON, DC 200052168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NATIONAL NETWORK TO END DOMESTIC VI 1325 MASSACHUSETTS AVE NW 7TH FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	678
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	29
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	29
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PARKS CONSERVATION ASSOCIA 777 6TH STREET NW SUITE 700 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	594
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PRESBYTERIAN SCHOOL INC 4121 NEBRASKA AVE NW WASHINGTON, DC 200162735	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
NATIONAL PUBLIC RADIO INC 1111 N CAPITOL ST NE WASHINGTON, DC 200027502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PUBLIC RADIO INC 1111 N CAPITOL ST NE WASHINGTON, DC 200027502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 20006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,908
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 200065303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 20006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY OF THE DAUGHTERS O 1776 D ST NW WASHINGTON, DC 200065303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL TAXPAYERS UNION FOUNDATION 122 C STREET NW SUITE 650 WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL TRUST FOR HISTORIC PRESERV 2600 VIRGINIA AVENUE NW STE 1100 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TRUST FOR HISTORIC PRESERV 2600 VIRGINIA AVENUE NW 1000 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NEIGHBORHOOD REINVESTMENT CORP 999 N CAPITOL ST NE STE 900 WASHINGTON, DC 200024684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450,000
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	219
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK FOR GOOD INC 1140 CONNECTICUT AVE NW STE 700 WASHINGTON, DC 200364011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NEW ENDEAVORS BY WOMEN 611 N ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NEW VENTURE FUND 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 200362656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW VENTURE FUND 1201 CONNECTICUT AVE NW STE 300 WASHINGTON, DC 200362656	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW VENTURE FUND ONE THOMAS CIRCLE NW SUITE 700 WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NHT COMMUNITIES 1101 30TH STREET NW SUITE 100 A WASHINGTON DC, DC 20007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NLN FOUNDATION FOR NURSING EDUCATIO 2600 VIRGINIA AVE NW WASHINGTON, DC 200371905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,671
NLN FOUNDATION FOR NURSING EDUCATIO 2600 VIRGINIA AVE NW WASHINGTON, DC 200371905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,376
NLN FOUNDATION FOR NURSING EDUCATIO 2600 VIRGINIA AVE NW WASHINGTON, DC 200371905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	918
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NLN FOUNDATION FOR NURSING EDUCATIO 2600 VIRGINIA AVE NW WASHINGTON, DC 200371905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	459
NPR FOUNDATIONPO BOX 426054 WASHINGTON, DC 200426054	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
NPR FOUNDATIONPO BOX 426054 WASHINGTON, DC 200426054	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPR FOUNDATIONPO BOX 426054 WASHINGTON, DC 200426054	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	493
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	368
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	123
OCEAN CONSERVANCY INC 1300 19TH ST NW STE 800 WASHINGTON, DC 200361653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CONSERVANCY INC 1300 19TH ST NW 8TH FLOOR WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OCEAN FOUNDATION 1320 19TH STREET NW 5TH FLOOR WASHINGTON, DC 200361610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OCEAN FOUNDATION 1320 19TH STREET NW 5TH FLOOR WASHINGTON, DC 200361610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEANA INC 1025 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OCEANA INC 1025 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OCEANA INC 1025 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEANA INC 1025 CONNECTICUT AVENUE NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
OPERATION PATHWAYS INC 1090 VERMONT AVENUE NW INC 400 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	391
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PARALYZED VETERANS OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PARALYZED VETERANS OF AMERICA SPINA 801 EIGHTEENTH STREET NW WASHINGTON, DC 200063517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PAYPAL CHARITABLE GIVING FUND 1250 I ST NW STE 1200 WASHINGTON, DC 200053935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,149
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAYPAL CHARITABLE GIVING FUND 1250 I ST NW STE 1200 WASHINGTON, DC 200053935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PEACEPLAYERS INTERNATIONAL 1200 NEW HAMPSHIRE AVENUE NW SUITE 875 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PEARSON COLLEGE OF THE PACIFIC USFO 1747 PENNSYLVANIA AVE NW STE 1000 WASHINGTON, DC 200064636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFLAG INC1828 L ST NW SUITE 660 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
PHILLIPS COLLECTION 1600 TWENTY-FIRST STREET NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
PHYSICIANS COMMITTEE FOR RESPONSIBL 5100 WISC AVE NW STE 400 WASHINGTON, DC 20016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD ASSOCIATION OF M 1225 4TH STREET NE WASHINGTON, DC 20002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
POLARIS PROJECTPO BOX 65323 WASHINGTON, DC 200355323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLARIS PROJECTPO BOX 65323 WASHINGTON, DC 200355323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
POPULATION ACTION INTERNATIONAL 1300 19TH ST NW 2ND FLR WASHINGTON, DC 200361609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
POPULATION CONNECTION 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPULATION CONNECTION 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
PROSPERITY NOW 1200 G STREET NW SUITE 4 WASHINGTON, DC 200053814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275,000
QUALITY TRUST FOR INDIVIDUALS WITH 4301 CONNECTICUT AVENUE NW SUITE 310 WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	49
RAILS TO TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FL WASHINGTON, DC 20037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAPE ABUSE AND INCEST NATIONAL NETW 1220 L ST NW STE 505 WASHINGTON, DC 200054018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER INC 999 N CAPITOL ST NE SUITE 701 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
REFUGEES INTERNATIONAL 1800 M STREET NW SUITE 405N WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
REFUGEES INTERNATIONAL 1800 M STREET NW SUITE 405N WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT BRENT PARENT TEACHER ASSOCIA 301 N CAROLINA AVE SE WASHINGTON, DC 200032004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SARAHS CIRCLE INC 2551 17TH STREET NW OFFICE WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SASHA BRUCE YOUTHWORK INC 741 8TH ST SE WASHINGTON, DC 20003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95,000
SHARE OUR STRENGTH 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SHARE OUR STRENGTH 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SHARE OUR STRENGTH INC 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
SHARE OUR STRENGTH INC 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH INC 1030 15TH STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SHE SHOULD RUN80 M ST SE FL 1 WASHINGTON, DC 200033550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	86
SHE SHOULD RUN80 M ST SE FL 1 WASHINGTON, DC 200033550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD NW WASHINGTON, DC 200162633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SIKH AMERICAN LEGAL DEFENSE AND EDU 1050 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,001
SIKH AMERICAN LEGAL DEFENSE AND EDU 1050 CONNECTICUT AVE NW STE 500 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE 1000 JEFFERSON DRIVE SW 4TH FL WASHINGTON, DC 200137012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SMITHSONIAN INSTITUTE PO BOX 37012 WASHINGTON, DC 200137012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500,000
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE 1000 JEFFERSON DR SW WASHINGTON, DC 205600008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SMITHSONIAN INSTITUTE SMITHSONIAN LATINO CENTER 600 MARYLAND AVE SW SUITE 7042 WASHINGTON, DC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHSONIAN INSTITUTE 1400 CONSTITUTION AVENUE NW MRC 1405 WASHINGTON, DC 20560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
SOCIETY OF THE CINCINNATI 2118 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOME INC71 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SONS OF ITALY FOUNDATION 219 E ST NE WASHINGTON, DC 200024922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOS CHILDRENS VILLAGE USA INC 1620 I ST NW STE 900 WASHINGTON, DC 200064035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,140
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOS CHILDRENS VILLAGE USA INC 1620 I STREET NW SUITE 900 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ENDOWMENT FUND INC 1133 19TH ST NW STE 1100 WASHINGTON, DC 200363604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SPECIAL OLYMPICS ENDOWMENT FUND INC 1133 19TH ST NW STE 1100 WASHINGTON, DC 200363604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS ENDOWMENT FUND INC 1133 19TH ST NW STE 1100 WASHINGTON, DC 200363604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500,000
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	519
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	243
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS INC 1133 19TH STREET NW WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANSELMS ABBEY SCHOOL INC 4501 SOUTH DAKOTA AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
ST ANSELMS ABBEY SCHOOL INC 4501 SOUTH DAKOTA AVE NE WASHINGTON, DC 20017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW CHEVY CHASE, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW CHEVY CHASE, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST JOHNS COLLEGE HIGH SCHOOL 2607 MILITARY RD NW CHEVY CHASE, DC 20015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST PATRICKS EPISCOPAL CHURCH 4700 WHITEHAVEN PKWY NW WASHINGTON, DC 200071554	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STMARYS CHURCH727 5TH ST NW WASHINGTON, DC 200012666	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	960
STMARYS CHURCH727 5TH ST NW WASHINGTON, DC 200012666	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	680
STMARYS CHURCH727 5TH ST NW WASHINGTON, DC 200012666	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENT VETERANS OF AMERICA 1012 14TH STREET NW SUITE 1200 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
STUDENT-ATHLETES ORGANIZED TO UNDER 1140 3RD ST NE WASHINGTON, DC 20002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUPPORT OUR AGING RELIGIOUS INC SOA 3025 4TH ST NE STE 14 WASHINGTON, DC 20017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORT OUR AGING RELIGIOUS INC SOA 3025 4TH ST NE STE 14 WASHINGTON, DC 20017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SYRIAN AMERICAN MEDICAL SOCIETY FOU 1012 14TH ST NW STE 1500 WASHINGTON, DC 200054393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE ALLIANCE FOR CLIMATE PROTECTION 555 11TH ST NW STE 601 WASHINGTON, DC 20004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALLIANCE FOR CLIMATE PROTECTION 555 11TH ST NW STE 601 WASHINGTON, DC 20004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
THE ALLIANCE FOR CLIMATE PROTECTION 555 11TH ST NW STE 601 WASHINGTON, DC 20004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13
THE ARC OF THE UNITED STATES 1825 K STREET NW SUITE 1200 WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASPEN INSTITUTE INC 2300 N ST NW SUITE 700 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
THE ASPEN INSTITUTE INC 2300 N ST NW SUITE 700 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
THE ASPEN INSTITUTE INC 2300 N ST NW SUITE 700 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASSOCIATION FOR THE STUDY OF AF 301 RHODE ISLAND AVE NW WASHINGTON, DC 200011826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
THE DISTRICT OF COLUMBIA CHILDRENS 429 O STREET NW WASHINGTON, DC 20001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE GLOBAL BRIGHTLIGHT FOUNDATION I 718 7TH ST NW WASHINGTON, DC 200013782	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE SOCIETY WILDLIFE LAND TR 1255 23RD ST NW SUITE 450 WASHINGTON, DC 20037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
THE MALALA FUND 1921 FLORIDA AVENUE NW SUITE 53347 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE MALALA FUND 1921 FLORIDA AVENUE NW SUITE 53347 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	266
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	338
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL ALLIANCE TO END HOMELE 1518 K ST NW 2ND FLOOR WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	94
THE PCRM FOUNDATION 5100 WISCONSIN AVE NW STE 400 WASHINGTON, DC 200164131	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
THE PCRM FOUNDATION 5100 WISCONSIN AVE NW STE 400 WASHINGTON, DC 200164131	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 1319 F STREET NW SUITE 604 WASHINGTON, DC 20004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE PRIORY IN THE US OF AMER OF THE 1850 M STREET NW SUITE 1070 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE PRIORY IN THE US OF AMER OF THE 1850 M STREET NW SUITE 1070 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WASHINGTON SCHOOL FOR GIRLS 1901 MISSISSIPPI AVE SE WASHINGTON, DC 20020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
THE WHITE COAT WASTE PROJECT INC PO BOX 26029 WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THEODORE ROOSEVELT CONSERVATION PAR 529 14TH STREET NW SUITE 500 WASHINGTON, DC 20045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER WOODS FOUNDATION INC 975 F STREET SUITE 1050 WASHINGTON, DC 20004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
TRANSITIONAL HOUSING CORPORATION 5101 16TH STREET NW WASHINGTON DC, DC 20011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
TREGARON CONSERVANCY 2954 MACOMB ST NW WASHINGTON, DC 20008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREKKING FOR KIDSPO BOX 25493 WASHINGTON, DC 200278493	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
U S GREEN BUILDING COUNCIL INC 2101 L STREET NW SUITE 500 WASHINGTON, DC 20037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500,000
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	856
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	648
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
UNIDOSUS 1126 16TH STREET NW SUITE 600 WASHINGTON, DC 200364845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY INC 1825 K ST NW STE 600 WASHINGTON, DC 200061202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
UNITED CEREBRAL PALSY INC 1825 K ST NW STE 600 WASHINGTON, DC 200061202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED CEREBRAL PALSY INC 1825 K ST NW STE 600 WASHINGTON, DC 200061202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MUSLIM RELIEF UMR 1990 K ST NW SUITE 425 WASHINGTON, DC 20006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET NW WASHINGTON, DC 200013186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED NEGRO COLLEGE FUND INC 1805 7TH ST NW WASHINGTON, DC 20001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200906860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED SERVICE ORGANIZATIONS INC PO BOX 96860 WASHINGTON, DC 200906860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED SPINAL ASSOCIATION INC 102 IRVING ST NW WASHINGTON, DC 200102921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,805
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	289
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	296
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES ASSOCIATION FOR UNHCR 1310 L ST NW STE 450 WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	148
UNITED STATES CONFERENCE OF MAYORS 1620 EYE STREET NW 4TH FLOOR WASHINGTON, DC 20006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275,000
UNITED STATES FOUNDATION FOR THE CO 701 PENNSYLVANIA AVE NW STE 123 WASHINGTON, DC 200042688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED STATES HOLOCAUST MEMORIAL CO 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 200242126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED STATES SOCCER FEDERATION FOU 1140 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
UNRWA USA NATIONAL COMMITTEE INC 1875 CONNECTICUT AVENUE NW TENTH FLOOR WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ALLIANCE FOUNDATION INC 2030 Q ST NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
URBAN ED INC 2041 MARTIN LUTHER KING JR AVE SE SUITE M-2 WASHINGTON, DC 20020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
URBAN INSTITUTE 500 LENFANT PLAZA SW WASHINGTON, DC 20024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LAND INSTITUTE 2001 L ST NW STE 200 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
URBAN LAND INSTITUTE 2001 L ST NW STE 200 WASHINGTON, DC 20036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
UYGHUR HUMAN RIGHTS PROJECT 1602 L ST NW STE 613 WASHINGTON, DC 200365745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
VITAL VOICES GLOBAL PARTNERSHIP INC 1625 MASSACHUSETTS AVENUE NW SUITE 300 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOTO LATINO INC 1300 L STREET NW SUITE 975 WASHINGTON, DC 20005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
WASHINGTON AREA WOMENS FOUNDATION I 1331 H ST NW STE 1000 WASHINGTON, DC 200054745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WASHINGTON LEADERSHIP ACADEMY PUBLI 3015 4TH ST NE WASHINGTON, DC 200171102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY THEOLOGICAL SEMINARY OF THE 4500 MASSACHUSETTS AVE WASHINGTON, DC 200165690	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITMAN-WALKER CLINIC INC 1377 R STREET NW WASHINGTON, DC 20009	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,734
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	816
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,555
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	955
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	286
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,282
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,561
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WILDERNESS SOCIETY 1615 M STREET NW 2ND FL - PO BOX 97231 WASHINGTON, DC 20036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
WOMEN FOR WOMEN INTERNATIONAL 2000 M STREET NW SUITE 200 WASHINGTON, DC 20036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	395
WOMEN IN FILM & VIDEO INC 4000 ALBEMARLE ST NW SUITE 305 WASHINGTON, DC 20016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOLLY MAMMOTH THEATRE CO 641 D STREET NW WASHINGTON, DC 20004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOOLLY MAMMOTH THEATRE CO 641 D STREET NW WASHINGTON, DC 20004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WOOLLY MAMMOTH THEATRE CO 641 D STREET NW WASHINGTON, DC 20004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,491
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CENTRAL KITCHEN INCORPORATED 1342 FLORIDA AVE NW WASHINGTON, DC 20009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	305
WORLD EDUCATION AND DEVELOPMENT FUN 1440 G STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
WORLD EDUCATION AND DEVELOPMENT FUN 1440 G STREET NW WASHINGTON, DC 20005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD RESOURCES INSTITUTE 10 G STREET NE SUITE 800 WASHINGTON, DC 20002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,481
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,367
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	407
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	426
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,483
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	676
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	887
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,031
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
WORLD WILDLIFE FUND INC 1250 24TH ST NW WASHINGTON, DC 200371124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	974
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XERCES SOCIETY INCPO BOX 97387 WASHINGTON, DC 200907387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH ST NW STE 240 WASHINGTON, DC 200364824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH ST NW STE 240 WASHINGTON, DC 200364824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1112 16TH ST NW STE 240 WASHINGTON, DC 200364824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 2303 14TH STREET NW SUITE 100 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
YOUNG WOMENS CHRISTIAN ASSOCIATION 2303 14TH STREET NW SUITE 100 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 2303 14TH STREET NW SUITE 100 WASHINGTON, DC 20009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
A BETTER CHANCE FOR OUR CHILDREN IN 1307 PHILADELPHIA PIKE WILMINGTON, DE 198091821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A BETTER CHANCE FOR OUR CHILDREN IN 1307 PHILADELPHIA PIKE WILMINGTON, DE 198091821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	556
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	557
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS DELAWARE INC 100 W 10TH STREET SUITE 315 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
ALL STARS DEVELOPMENT ASSOCIATION 255 SHETLAND DR NEW CASTLE, DE 19720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALL STARS DEVELOPMENT ASSOCIATION 255 SHETLAND DR NEW CASTLE, DE 19720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL STARS DEVELOPMENT ASSOCIATION 255 SHETLAND DR NEW CASTLE, DE 19720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,125
ALPHA WORSHIP CENTER INC 2020 FIREDANCER LANE BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN BIRDING ASSOCIATION INC PO BOX 744 DELAWARE CITY, DE 19706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,376
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,687
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	337
AMERICAN CANCER SOCIETY INC 92 READS WAY 205 NEW CASTLE, DE 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	485
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	621
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 131 CONTINENTAL DRIVE SUITE 407 NEWARK, DE 19713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	172
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 630 CHURCHMANS RD STE 202 NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 401 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN NATIONAL RED CROSS 100 WEST 10TH STREET SUITE 501 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,906
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	378
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANDREW MCDONOUGH B POSITIVE FOUNDAT 619 SOUTH COLLEGE AVENUE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE SANCTUARY INC 409 BLACK DIAMOND RD SMYRNA, DE 199779671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
APPOQUINIMINK HIGH SCHOOL 1080 BUNKER HILL ROAD MIDDLETOWN, DE 19709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	575
APPOQUINIMINK MUSIC BOOSTER ASSOCIA 1080 BUNKER HILL ROAD MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPOQUINIMINK MUSIC BOOSTER ASSOCIA 1080 BUNKER HILL ROAD MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
APPOQUINIMINK MUSIC BOOSTER ASSOCIA 1080 BUNKER HILL ROAD MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHMERE ACADEMY 3600 PHILADELPHIA PIKE CLAYMONT, DE 19703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ARISING MINISTRIESPO BOX 658 BEAR, DE 197010658	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	234
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	204
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
ATTACK ADDICTION FOUNDATION 75 CARAVEL DR BEAR, DE 197011651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	852
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	159
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM DELAWARE INC 924 OLD HARMONY RD STE 201 NEWARK, DE 197134186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BE EDUCATED MOVEMENT INC 12 PORCHER ST DOVER, DE 199015281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BEAU BIDEN FOUNDATION FOR THE PROTE 4601 CONCORD PIKE WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAU BIDEN FOUNDATION FOR THE PROTE 4601 CONCORD PIKE WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
BEAU BIDEN FOUNDATION FOR THE PROTE 4601 CONCORD PIKE WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
BEAU BIDEN FOUNDATION FOR THE PROTE 4601 CONCORD PIKE WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,250
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	797
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,145
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	801
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 550 S DUPONT BLVD SUITE E MILFORD, DE 19963	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	475
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,499
BHAKTI YOGA SOCIETY OF DELAWARE INC 3465 WRANGLE HILL ROAD BEAR, DE 19701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF DELAWAR 413 LARCH CIRCLE WILMINGTON, DE 19804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF DELAWAR 413 LARCH CIRCLE WILMINGTON, DE 19804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BLINDSIGHT DELAWARE INC 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BLINDSIGHT DELAWARE INC 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLINDSIGHT DELAWARE INC 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
BLINDSIGHT DELAWARE INC 2915 NEWPORT GAP PIKE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOKS FOR CHILDREN CHARITY INC 907 BERKELEY RD WILMINGTON, DE 198072811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION ST WILMINGTON, DE 198053852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	151
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	277
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 500 DARLEY ROAD CLAYMONT, DE 19703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	730
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,360
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 500 DARLEY ROAD CLAYMONT, DE 19703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
BOYS AND GIRLS CLUB OF DELAWARE INC 669 S UNION STREET WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
BOYS AND GIRLS CLUB OF DELAWARE INC 1 POSITIVE PLACE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF DELAWARE INC 500 DARLEY ROAD CLAYMONT, DE 19703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
BRADER (HENRY M) ELEMENTARY SCHOOL 350 FOUR SEASONS PARKWAY NEWARK, DE 197022326	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BRANDYWINE COMMUNITY RESOURCE COUNC 3301 GREEN ST CLAYMONT, DE 197032052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE SPRINGS SCHOOL 2916 DUNCAN ROAD WILMINGTON, DE 19808	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	220
BRANDYWINE VALLEY FRIENDS OF OLD TI 894 SHARPLESS RD HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BRANDYWINE VALLEY SOCIETY FOR THE P 600 SOUTH ST NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINERS LTDPO BOX 248 MONTCHANIN, DE 19710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BS TROOP 255 C/O NUMC 69 E MAIN STREET NEWARK, DE 19711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	20
CAB CALLOWAY BAND BOOSTER ASSOCIATI 100 N DUPONT RD WILMINGTON, DE 198073106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 198074642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 198074642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CAB CALLOWAY SCHOOL FUND PO BOX 4642 WILMINGTON, DE 198074642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CALLIOPE PROJECT INC 110 UNION STRET MILTON, DE 199680000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALLOWAY (CAB) SCHOOL OF THE ARTS 100 N DUPONT RD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CALVARY BAPTIST CHURCH 215 E DELAWARE AVE NEWARK, DE 197114606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CAMP REHOBOTH INC 37 BALTIMORE AVE REHOBOTH BEACH, DE 199712131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANAL ATHLETIC ASSOCIATION INC PO BOX 506 BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CANAL ATHLETIC ASSOCIATION INC PO BOX 506 BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CANCER SUPPORT COMMUNITY DELAWARE I 4810 LANCASTER PIKE WILMINGTON, DE 198072516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	305
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	190
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CARAVEL ACADEMY INC 2801 DEL LAWS ROAD BEAR, DE 19701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	152
CATHOLIC CHARITIES INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	340
CATHOLIC CHARITIES INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	68
CATHOLIC DIOCESE OF WILMINGTON 1925 DELAWARE AVENUE WILMINGTON, DE 198992030	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDAR LANE EARLY CHILDHOOD CENTER 1221 CEDAR LANE ROAD MIDDLETOWN, DE 19709	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CEDAR LANE ELEMENTARY SCHOOL 1259 CEDAR LANE ROAD MIDDLETOWN, DE 197099636	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CENDEL FOUNDATION 101 W LOOCKERMAN ST STE 1C DOVER, DE 199047325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENDEL FOUNDATION 101 W LOOCKERMAN ST STE 1C DOVER, DE 199047325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CENTER FOR THE THERAPEUTIC AND EDUC 3491 HARRIS RD TOWNSEND, DE 197349383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CENTRAL BAPTIST COMMUNITY DEVELOPME 839 PINE STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTREVILLE LAYTON SCHOOL INC 6201 KENNETT PIKE CENTREVILLE, DE 198071017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHALLENGE PROGRAM1124 E 7TH ST WILMINGTON, DE 198014502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,060
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARTER SCHOOL OF WILMINGTON 100 N DUPONT ROAD WILMINGTON, DE 19807	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
CHILD INC507 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILD INC507 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD INC507 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHILD INC507 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	318
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,582
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	344
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	242
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	228
CHILDREN AND FAMILIES FIRST DELAWAR 809 N WASHINGTON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
CHILDRENS BEACH HOUSE INC 1800 BAY AVENUE LEWES, DE 19958	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BEACH HOUSE INC 100 WEST 10TH STREET WILMINGTON, DE 198011643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHRIST CHURCH CHRISTIANA HUNDRED 505 E BUCK RD WILMINGTON, DE 19807	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	972
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	119
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	392
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	208
CHRIST THE TEACHER CATHOLIC SCHOOL 2451 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANA CARE HEALTH SYSTEM INC 13 READS WAY SUITE 203 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
CHRISTIANA FIRE COMPANY 2 E MAIN STREET CHRISTIANA, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
CHRISTIANA FIRE COMPANY 2 E MAIN STREET CHRISTIANA, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIANA FIRE COMPANY 2 E MAIN STREET CHRISTIANA, DE 19720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHRISTIANA FIRE COMPANY 2 E MAIN STREET CHRISTIANA, DE 19720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
CHRISTINA CULTURAL ARTS CENTER INC 705 N MARKET ST WILMINGTON, DE 198013008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS HOSE COMPANY NO 1 PO BOX 97 SMYRNA, DE 199770097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CITYFEST INC800 FRENCH STREET WILMINGTON, DE 198013590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CITYFEST INC800 FRENCH STREET WILMINGTON, DE 198013590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYFEST INC800 N FRENCH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITYFEST INC800 FRENCH STREET WILMINGTON, DE 198013590	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CLAYTON FIRE COMPANY NO 1 INC PO BOX 1050 CLAYTON, DE 199381050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN ST DOVER, DE 199041383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN ST DOVER, DE 199041383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN ST DOVER, DE 199041383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF DELAWARE 101 W LOOCKERMAN ST DOVER, DE 199041383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMPASSION FOR CATS OF DELAWARE 201 N MARGARET ST GEORGETOWN, DE 199472313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CONCORD HIGH SCHOOL 2501 EBRIGHT ROAD WILMINGTON, DE 19810	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTING GENERATIONS INC 100 W 10TH ST SUITE 1115 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CONNECTING GENERATIONS INC 721 WOODSDALE RD WILMINGTON, DE 19809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
CONNECTING GENERATIONS INC 721 WOODSDALE RD WILMINGTON, DE 19809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTING GENERATIONS INC 721 WOODSDALE RD WILMINGTON, DE 19809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
CONRAD SCHOOLS OF SCIENCE 201 JACKSON AVENUE WILMINGTON, DE 19804	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
CORNERSTONE WEST COMMUNITY DEVELOPM 710 N LINCOLN STREET WILMINGTON, DE 198053016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNWALL COLLEGE OLD BOYS ASSOCIATI 738 STAGHORN DRIVE NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CORNWALL COLLEGE OLD BOYS ASSOCIATI 738 STAGHORN DRIVE NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
CORNWALL COLLEGE OLD BOYS ASSOCIATI 738 STAGHORN DRIVE NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNWALL COLLEGE OLD BOYS ASSOCIATI 738 STAGHORN DR NEW CASTLE, DE 197207652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CORNWALL COLLEGE OLD BOYS ASSOCIATI 738 STAGHORN DRIVE NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COROALLEGRO INC1807 PAN RD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ACADEMY OF SCIENCE INC 1355 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE ACADEMY OF SCIENCE INC 1355 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE AEROSPACE EDUCATION FOUNDA 5 ESSEX DRIVE BEAR, DE 19701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE AEROSPACE EDUCATION FOUNDA 5 ESSEX DRIVE BEAR, DE 19701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
DELAWARE AEROSPACE EDUCATION FOUNDA 5 ESSEX DRIVE BEAR, DE 19701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
DELAWARE AEROSPACE EDUCATION FOUNDA 5 ESSEX DRIVE BEAR, DE 19701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ALLIANCE FOR ANIMAL WELFAR 725 COLGATE LN NEWARK, DE 197113131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DELAWARE ART MUSEUM 2301 KENTMERE PKWY WILMINGTON, DE 198062019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
DELAWARE ART MUSEUM 2301 KENTMERE PKWY WILMINGTON, DE 198062019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ART MUSEUM 2301 KENTMERE PKWY WILMINGTON, DE 198062019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	186
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
DELAWARE BREAST CANCER COALITION 100 W 10TH STREET SUITE 209 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
DELAWARE BUSINESS ROUNDTABLE EDUCAT 100 WEST 10TH STREET SUITE 704 WILMINGTON, DE 198015015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE CENTER FOR CONTEMPORARY AR 200 SOUTH MADISON STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE CENTER FOR HORTICULTURE IN 1810 N DUPONT ST WILMINGTON, DE 198063308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE CENTER FOR HORTICULTURE IN 1810 N DUPONT ST WILMINGTON, DE 198063308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DELAWARE CENTER FOR HORTICULTURE IN 1810 N DUPONT ST WILMINGTON, DE 198063308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE CHINESE AMERICAN ASSOCIATI PO BOX 490 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DELAWARE CHORAL SOCIETY PO BOX 336 DOVER, DE 199030336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELAWARE COBRAS INC 560 PEOPLES PLAZA 193 NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COLLEGE OF ART AND DESIGN 600 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
DELAWARE COLLEGE SCHOLARS INC 4 EAST 8TH ST SUITE 200 WILMINGTON, DE 198013553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DELAWARE COMMUNITY FOUNDATION P O BOX 1636 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
DELAWARE COMMUNITY FOUNDATION P O BOX 1636 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE COMMUNITY FOUNDATION P O BOX 1636 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,410
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,776
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COMMUNITY FOUNDATION P O BOX 1636 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
DELAWARE COMMUNITY FOUNDATION PO BOX 1636 WILMINGTON, DE 198991636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE COMMUNITY REINVESTMENT ACT 600 SOUTH HARRISON STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
DELAWARE COUNCIL ON ECONOMIC EDUCAT 102 ALFRED LERNER HALL NEWARK DE 19716 NEWARK, DE 19715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE DANCE CMPANY 168 SOUTH MAIN STREET SUITE 101 MADELINE CROSSING NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELAWARE DANCE CMPANY 168 SOUTH MAIN STREET SUITE 101 MADELINE CROSSING NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELAWARE DANCE CMPANY 168 SOUTH MAIN STREET SUITE 101 MADELINE CROSSING NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE DANCE CMPANY 168 SOUTH MAIN STREET SUITE 101 MADELINE CROSSING NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	83
DELAWARE DIAMONDS YOUTH BASEBALL IN 1015 VANCE NECK RD MIDDLETOWN, DE 197099139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
DELAWARE FUTURES INC 1104 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE FUTURES INC 1104 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DELAWARE FUTURES INC 1104 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
DELAWARE FUTURES INC 1104 N ADAMS ST WILMINGTON, DE 198011327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DELAWARE GUIDANCE SERVICES FOR CHIL 1213 DELAWARE AVENUE WILMINGTON, DE 198064707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HOSPICE INC 16 POLLY DRUMMOND CENTER 2ND FLOOR NEWARK, DE 197114861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
DELAWARE HOSPICE INC 16 POLLY DRUMMOND CENTER 2ND FLOOR NEWARK, DE 197114861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,589
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,106
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE HUMANE ASSOCIATION 701 A STREET WILMINGTON, DE 198015331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DELAWARE LIONS FOUNDATION INC PO BOX 393 CAMDEN, DE 199340393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE LIONS FOUNDATION INC PO BOX 393 CAMDEN, DE 199340393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
DELAWARE LIONS FOUNDATION INC PO BOX 393 CAMDEN, DE 199340393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
DELAWARE LIONS FOUNDATION INC PO BOX 393 CAMDEN, DE 199340393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE MUSEUM OF NATURAL HISTORY PO BOX 3937 WILMINGTON, DE 19807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
DELAWARE MUSEUM OF NATURAL HISTORY PO BOX 3937 WILMINGTON, DE 19807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
DELAWARE NATURE SOCIETY INC PO BOX 700 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE NATURE SOCIETY INC PO BOX 700 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
DELAWARE NATURE SOCIETY INC PO BOX 700 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE NATURE SOCIETY INC PO BOX 700 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE NATURE SOCIETY INC PO BOX 700 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DELAWARE PANTHERS BASKETBALL CLUB 5 GREEN COURT NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE PANTHERS BASKETBALL CLUB 5 GREEN COURT NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE PANTHERS BASKETBALL CLUB 5 GREEN COURT NEWARK, DE 19702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
DELAWARE PRO-LIFE COALITION INC 400 NEW LONDON RD NEWARK, DE 197117010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
DELAWARE PRO-LIFE COALITION INC 400 NEW LONDON RD NEWARK, DE 197117010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE PRO-LIFE COALITION INC 400 NEW LONDON RD NEWARK, DE 197117010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
DELAWARE PROSPERITY PARTNERSHIP INC 1007 N ORANGE ST SUITE 731 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
DELAWARE RESTAURANT ASSOCIATION EDU 500 CREEK VIEW ROAD NEWARK, DE 19714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SHAKESPEARE FESTIVAL INC 4 S POPLAR STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE SOCIETY FOR THE PREVENTION 455 STANTON CHRISTIANA ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	902
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	171
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	358
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
DELAWARE SPECIAL OLYMPICS INC 619 S COLLEGE AVE NEWARK, DE 19716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
DELAWARE SYMPHONY ASSOCIATION 100 WEST 10TH STREET SUITE 1003 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE TECHNICAL & COMMUNITY COLL PO BOX 897 DOVER, DE 19904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	63,000
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE ZOOLOGICAL SOCIETY INC 1001 N PARK DR WILMINGTON, DE 198023801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELISLE K-9 OFFICER SAFETY FOUNDATI 156 CORNWELL DR BEAR, DE 197013102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DEMOLAY INTERNATIONALPO BOX 57 DELAWARE CITY, DE 19706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
DFRC INC 640 PLAZA DR FOUR SEASONS PLAZA NEWARK, DE 197026369	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL INC 913 WILSON ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	112
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF DELAWA PO BOX 747 MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,590
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	405
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,263
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,205
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS DELAWARE & MARYLANDS E 61 CORPORATE CIR NEW CASTLE, DE 197202439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION OF DELAWARE 240 N JAMES ST STE 104 NEWPORT, DE 198043167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION OF DELAWARE 240 N JAMES ST STE 104 NEWPORT, DE 198043167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF DELAWARE 240 N JAMES ST STE 104 NEWPORT, DE 198043167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EVAN DAVID FOUNDATION INC 7 BARLEY MILL DRIVE WILMINGTON, DE 19807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	985
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	929
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,090
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
FAITHFUL FRIENDS INC 12 GERMAY DRIVE WILMINGTON, DE 198041105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY COUNSELING CENTER OF ST PAUL 301 N VAN BUREN ST WILMINGTON, DE 19805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF NORTHERN NEW CAST 2104 SAINT JAMES CHURCH RD WILMINGTON, DE 198085225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
FAMILY PROMISE OF NORTHERN NEW CAST 2104 SAINT JAMES CHURCH RD WILMINGTON, DE 198085225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FAMILY PROMISE OF NORTHERN NEW CAST 2104 SAINT JAMES CHURCH RD WILMINGTON, DE 198085225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF NORTHERN NEW CAST 2104 SAINT JAMES CHURCH RD WILMINGTON, DE 198085225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIR CAMDEN, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIRCLE CAMDEN WYOMING, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIRCLE CAMDEN WYOMING, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIR CAMDEN, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIR CAMDEN, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STATE ANIMAL CENTER AND SPCA 32 SHELTER CIRCLE CAMDEN WYOMING, DE 199342293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
FIRST STATE BALLET THEATRE INC 818 N MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FIRST STATE COMMUNITY ACTION AGENCY 308 N RAILROAD AVE GEORGETOWN, DE 199471252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STATE COMMUNITY LOAN FUND 100 W 10TH STREET SUITE 300 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
FIRST STATE MILITARY ACADEMY PO BOX 888 CLAYTON, DE 199380888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
FIRST STATE MILITARY ACADEMY PO BOX 888 CLAYTON, DE 199380888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE POINTS FIRE CO NO 1 209 S MARYLAND AVE WILMINGTON, DE 198041362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	560
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	765
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	95
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	584
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	287
FOOD BANK OF DELAWARE INC 222 LAKE DR NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FOREST OAK ELEMENTARY SCHOOL 55 SOUTH MEADOWOOD DRIVE NEWARK, DE 197116756	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN CATS INC 4023 KENNETT PIKE STE 422 GREENVILLE, DE 19807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FORGOTTEN CATS INC 4023 KENNETT PIKE STE 422 GREENVILLE, DE 19807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FORGOTTEN CATS INC 4023 KENNETT PIKE GREENVILLE, DE 198072018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF HISTORIC RIVERVIEW CEMET PO BOX 2173 WILMINGTON, DE 198992173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF WILMINGTON PARKS INC PO BOX 435 MONTCHANIN, DE 197100435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FUR-EVER PAWS DOG RESCUE INC 9 DEASY DR NEWARK, DE 197022750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	71
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
GIRL SCOUTS OF THE CHESAPEAKE BAY C 225 OLD BALTIMORE PIKE NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVING TO THE HOMELESS 106 BEAUMIN DRIVE NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
GIVING TO THE HOMELESS 106 BEAUMIN DRIVE NEWARK, DE 19702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
GLASGOW HIGH SCHOOL 1901 SOUTH COLLEGE AVENUE NEWARK, DE 19702	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEY BEACOM COLLEGE INC 4701 LIMESTONE ROAD WILMINGTON, DE 19808	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
GOOD SHEPHERD BAPTIST CHURCH 2274 PORTER RD BEAR, DE 197012022	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
GOODWILL INDUSTRIES OF DELAWARE & D 300 E LEA BLVD WILMINGTON, DE 198022354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE FOR DOVERPO BOX 862 DOVER, DE 199030862	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRAND OPERA HOUSE INC 818 NORTH MARKET STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
GRASS ROOTS RESCUE9 CIRCLE DR W MILTON, DE 199689403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASS ROOTS RESCUE9 CIRCLE DR W MILTON, DE 199689403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	119
GRASS ROOTS RESCUE9 CIRCLE DR W MILTON, DE 199689403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	47
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52,000
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 1920 HUTTON STREET WILMINGTON, DE 198024905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTLY VOLUNTEER FIRE COMPANY PO BOX 28 HARTLY, DE 199530028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HENRY FRANCIS DU PONT WINTERTHUR MU 5105 KENNETT PIKE WINTERTHUR, DE 19735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
HENRY FRANCIS DU PONT WINTERTHUR MU 5105 KENNETT PIKE WINTERTHUR, DE 19735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOCKESSIN UNITED METHODIST CHURCH 7250 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
HOCKESSIN UNITED METHODIST CHURCH 7250 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,300
HOLLOWAY TERRACE VOLUNTEER FIRE COM PO BOX 684 NEW CASTLE, DE 197200684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE ACADEMY FUNDPO BOX 942 HOCKESSIN, DE 197070942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOPE ACADEMY FUNDPO BOX 942 HOCKESSIN, DE 197070942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOPE EDUCATIONAL RESOURCE CENTER 9 PEACHLEAF TRL NEW CASTLE, DE 197207673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE EDUCATIONAL RESOURCE CENTER 9 PEACHLEAF TRL NEW CASTLE, DE 197207673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HOPE EDUCATIONAL RESOURCE CENTER 9 PEACHLEAF TRL NEW CASTLE, DE 197207673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE EDUCATIONAL RESOURCE CENTER 9 PEACHLEAF TRL NEW CASTLE, DE 197207673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE EDUCATIONAL RESOURCE CENTER 9 PEACHLEAF TRL NEW CASTLE, DE 197207673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
INDEPENDENCE SCHOOL INC 1300 PAPER MILL RD NEWARK, DE 197113408	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
JEEPS FOR JOY INCPO BOX 1515 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEEPS FOR JOY INCPO BOX 1515 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
JEEPS FOR JOY INCPO BOX 1515 HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR DELAWARE GRADUATES INC 381 W NORTH ST DOVER, DE 199046748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOSHUA M FREEMAN FOUNDATION 31556 WINTERBERRY PARKWAY SELBYVILLE, DE 19975	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JUDI MARVEL CHARITIES INC 4655 NORWOOD DR WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDI MARVEL CHARITIES INC 4655 NORWOOD DR WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,415
JUDI MARVEL CHARITIES INC 4655 NORWOOD DR WILMINGTON, DE 19803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF DELAWARE INC 522 S WALNUT ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR LEAGUE OF WILMINGTON INC 1801 N MARKET ST WILMINGTON, DE 198024810	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF WILMINGTON INC 1801 N MARKET ST WILMINGTON, DE 198024810	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF WILMINGTON INC 1801 N MARKET ST WILMINGTON, DE 198024810	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KALMAR NYCKEL FOUNDATION 1124 EAST 7TH STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALMAR NYCKEL FOUNDATION 1124 EAST 7TH STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LA RED HEALTH CENTER INC 21444 CARMEAN WAY GEORGETOWN, DE 199472321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LATIN AMERICAN COMMUNITY CENTER COR 403 NORTH VAN BUREN STREET WILMINGTON, DE 198053243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIMEN HOUSE INC600 W 10TH ST WILMINGTON, DE 198011424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
LITTLE LEAGUE BASEBALL INC PO BOX 15031 NEWARK, DE 197110031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	814
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
LITTLE SISTERS OF THE POOR INC 185 SALEM CHURCH RD NEWARK, DE 197132942	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	254
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIVE LIKE LUKAS INC 4209 HARRIS PLACE WILMINGTON, DE 19808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
LOMBARDY ELEMENTARY SCHOOL 412 FOULK ROAD WILMINGTON, DE 198033880	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORIS HANDS INC 100 DISCOVERY BLVD 4TH FLOOR NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	246
LOSS (OLIVE B) ELEMENTARY SCHOOL 200 BRENNAN BOULEVARD BEAR, DE 19701	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
LUTHERAN CAMPUS MINISTRY AT THE UNI 247 HAINES ST NEWARK, DE 197115330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN CAMPUS MINISTRY AT THE UNI 247 HAINES ST NEWARK, DE 197115330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
LUTHERAN CAMPUS MINISTRY AT THE UNI 247 HAINES ST NEWARK, DE 197115330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
LUTHERAN CAMPUS MINISTRY AT THE UNI 247 HAINES ST NEWARK, DE 197115330	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUTHERAN COMMUNITY SERVICES INC 2809 BAYNARD BLVD WILMINGTON, DE 19802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAGNOLIA VOLUNTEER FIRE COMPANY PO BOX 55 MAGNOLIA, DE 19962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGNOLIA VOLUNTEER FIRE COMPANY PO BOX 55 MAGNOLIA, DE 19962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAGNOLIA VOLUNTEER FIRE COMPANY PO BOX 55 MAGNOLIA, DE 19962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MARY CAMPBELL CENTER 4641 WELDIN RD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS DELAWARE INC 100 W 10TH ST SUITE 207 WILMINGTON, DE 198011641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MENTAL HEALTH ASSOCIATION IN DELAWA 100 W 10TH ST SUITE 600 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MENTAL HEALTH ASSOCIATION IN DELAWA 100 W 10TH ST SUITE 600 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION OF DELAWA 100 W 10TH ST SUITE 600 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
MIDDLETOWN HIGH SCHOOL AFJROTC PARE 120 SILVER LAKE RD MIDDLETOWN, DE 197091225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	312
MILFORD HOUSING DEVELOPMENT CORPERA 977 E MASTEN CIR MILFORD, DE 199631085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON AND HATTIE KUTZ HOME INC 704 RIVER RD WILMINGTON, DE 198092746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
MILTON AND HATTIE KUTZ HOME INC 704 RIVER RD WILMINGTON, DE 198092746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
MILTON AND HATTIE KUTZ HOME INC 704 RIVER RD WILMINGTON, DE 198092746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON HISTORICAL SOCIETY PO BOX 112 MILTON, DE 199680112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,613
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
MINISTRY OF CARING INC 115 E 14 STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI WORKS INC 502 N PINE ST WILMINGTON, DE 198014433	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
MONTESSORI WORKS INC 502 N PINE ST WILMINGTON, DE 198014433	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	96
MOSAIC261 CHAPMAN ROAD NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE ON MENTAL ILLNESS 2400 W 4TH ST WILMINGTON, DE 198053306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NATIONAL ALLIANCE ON MENTAL ILLNESS 2400 W 4TH ST WILMINGTON, DE 198053306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
NATIONAL ALLIANCE ON MENTAL ILLNESS 2400 W 4TH ST WILMINGTON, DE 198053306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COUNCIL ON AGRICULTURAL LI 363 SAULSBURY RD DOVER, DE 19904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
NATIONAL HUMANE SOCIETY 40 E MAIN ST STE 364 NEWARK, DE 197114639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
NATIONAL HUMANE SOCIETY 40 E MAIN ST STE 364 NEWARK, DE 197114639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL HUMANE SOCIETY 40 E MAIN ST STE 364 NEWARK, DE 197114639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL HUMANE SOCIETY 40 E MAIN ST STE 364 NEWARK, DE 197114639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	247
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 100 WEST 10TH STREET STE 1107 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NEHEMIAH GATEWAY COMMUNITY DEVELOPE 201 W 23RD ST WILMINGTON, DE 198024125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
NEIGHBORHOOD HOUSE INC 1218 B STREET WILMINGTON, DE 198010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORS TO NICARAGUA INC 2605 MARHILL DR WILMINGTON, DE 198102403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW CASTLE LIBRARY FRIENDS 424 DELAWARE ST NEW CASTLE, DE 197205040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW CASTLE PREVENTION COALITION 19 LAMBSON LN NEW CASTLE, DE 197202118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIGHT THEATRE COMPANY 302 GLENSHANE PASS BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW LIGHT THEATRE COMPANY 302 GLENSHANE PASS BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW LIGHT THEATRE COMPANY 302 GLENSHANE PASS BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIGHT THEATRE COMPANY 302 GLENSHANE PASS BEAR, DE 19701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEWARK BIKE PROJECT INC 136 SOUTH MAIN ST NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	436
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	970
NEWARK CHARTER SCHOOL 200 MCINTIRE DRIVE NEWARK, DE 19711	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	204
NEWARK SENIOR CENTER INC 200 WHITE CHAPEL DR NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK SENIOR CENTER INC 200 WHITE CHAPEL DR NEWARK, DE 19713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEWPORT ROWING CLUB 301 HARVEY DRIVE NEWPORT, DE 198042444	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,067
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,521
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO LIMIT MENTORING AND EMPOWERMENT 3804 N WASHINGTON ST WILMINGTON, DE 19802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
NORTH STAR ELEMENTARY SCHOOL 1340 LITTLE BALTIMORE ROAD HOCKESSIN, DE 19707	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
NORTHERN STAR CHILDRENS FOUNDATION PO BOX 73 MIDDLETOWN, DE 19709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODYSSEY CHARTER SCHOOL 4319 LANCASTER PIKE WILMINGTON, DE 19805	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	601
ODYSSEY CHARTER SCHOOL 4319 LANCASTER PIKE WILMINGTON, DE 19805	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
ODYSSEY CHARTER SCHOOL 4319 LANCASTER PIKE WILMINGTON, DE 19805	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODYSSEY CHARTER SCHOOL 4319 LANCASTER PIKE WILMINGTON, DE 19805	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
OGLETOWN BAPTIST CHURCH 316 REDMILL ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,980
OGLETOWN BAPTIST CHURCH 316 REDMILL ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGLETOWN BAPTIST CHURCH 316 REDMILL ROAD NEWARK, DE 19713	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,525
OPERA DELAWARE INC 4 SOUTH POPLAR ST WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
OPERA DELAWARE INC 4 SOUTH POPLAR ST WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY CENTER INCORPORATED 13 READS WAY NEW CASTLE, DE 19720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	457
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	540
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
PADUA ACADEMY 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PADUA ACADEMY FOUNDATION 905 NORTH BROOM STREET WILMINGTON, DE 19806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PALAMOOR NRI FORUM INC 39 SPRINGBROOK LANE NEWARK, DE 19711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
PALAMOOR NRI FORUM INC 39 SPRINGBROOK LANE NEWARK, DE 19711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALAMOOR NRI FORUM INC 39 SPRINGBROOK LANE NEWARK, DE 19711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PARKINSONS EDUCATION & SUPPORT GROU PO BOX 56 LEWES, DE 199580056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PARKINSONS EDUCATION & SUPPORT GROU PO BOX 56 LEWES, DE 199580056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS EDUCATION & SUPPORT GROU PO BOX 56 LEWES, DE 199580056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PIEDMONT LITTLE LEAGUE INC PO BOX 425 HOCKESSIN, DE 19707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	97
PLANNED PARENTHOOD OF DELAWARE INC 625 N SHIPLEY STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE OF DELAWARE 7259 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
POLICE ATHLETIC LEAGUE OF DELAWARE 7259 LANCASTER PIKE PO BOX 1111 HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PRAMERE EVENTS INC 622 NEW CASTLE AVE WILMINGTON, DE 198015822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PRECIOUS LILLIE FOUNDATION 534 MAIDEN CT MIDDLETOWN, DE 19709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRECIOUS LILLIE FOUNDATION 534 MAIDEN CT MIDDLETOWN, DE 19709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PREGNANCY HELP CENTER OF KENT COUNT 811 S GOVERNORS AVE DOVER, DE 199044158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
PRESBYTERIAN CHURCH USA 500 MCKENNANS CHURCH RD WILMINGTON, DE 19808	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN CHURCH USA 500 MCKENNANS CHURCH ROAD WILMINGTON, DE 19808	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
PRESTONS MARCH FOR ENERGY INC 1208 FAUN RD WILMINGTON, DE 198033317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
PRESTONS MARCH FOR ENERGY INC 1208 FAUN RD WILMINGTON, DE 198033317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESTONS MARCH FOR ENERGY INC 1208 FAUN RD WILMINGTON, DE 198033317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PREVENT CHILD ABUSE DELAWARE INC 100 W 10TH STREET STE 715 WILMINGTON, DE 198016603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURR-FECT HAVEN CAT RESCUE PO BOX 1737 DOVER, DE 199031737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
READ-ALOUD DELAWARE 100 WEST 10TH STREET SUITE 309 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
READ-ALOUD DELAWARE 100 WEST 10TH STREET SUITE 309 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ-ALOUD DELAWARE 100 WEST 10TH STREET SUITE 309 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
READ-ALOUD DELAWARE 100 WEST 10TH STREET SUITE 309 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
RED LION CHRISTIAN ACADEMY 1390 RED LION ROAD BEAR, DE 19701	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE RENAISSANCE DEVELOPMENT C 2300 BOWERS STREET WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,095
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	508
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
RONALD MCDONALD HOUSE OF DELAWARE I 1901 ROCKLAND RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ANTHONYS COMMUNITY CENTER INC 1703 W 10TH ST WILMINGTON, DE 198052709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SAINT ANTHONYS COMMUNITY CENTER INC 1703 W 10TH ST WILMINGTON, DE 198052709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SAINT ANTHONYS COMMUNITY CENTER INC 1703 W 10TH ST WILMINGTON, DE 198052709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,653
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	906
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	375
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,190
SALESIANUM SCHOOL INC 1801 N BROOM ST WILMINGTON, DE 198023822	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	188
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SANFORD SCHOOL INC 6900 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SENIOR DOG HAVEN & HOSPICE INC 107 LIGHTHOUSE ROAD WILMINGTON, DE 198093249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVIAM GIRLS ACADEMY INC 14 HALCYON DRIVE NEW CASTLE, DE 197200000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	103
SEWELL C BIGGS TRUST 12-29-89 406 FEDERAL STREET DOVER, DE 19901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SIENA HALL INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA HALL INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
SIENA HALL INC 2601 WEST 4TH STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
SKYLINE MIDDLE SCHOOL 2900 SKYLINE DRIVE WILMINGTON, DE 198082800	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMYRNA MAIN STREET ASSOCIATION PO BOX 163 SMYRNA, DE 19977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SMYRNA MAIN STREET ASSOCIATION PO BOX 163 SMYRNA, DE 19977	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SODAT - DELAWARE INC 625 N ORANGE STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SODAT - DELAWARE INC 625 N ORANGE STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SODAT - DELAWARE INC 625 N ORANGE STREET WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
SOUTHEASTERN PA - DELAWARE HOUSE RA 478 E AYRE ST NEWPORT, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW'S SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 197091621	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST ANDREWS SCHOOL OF DELAWARE INC 350 NOXONTOWN RD MIDDLETOWN, DE 197091621	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST EDMONDS ACADEMY INC 2120 VEALE ROAD WILMINGTON, DE 19810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDMONDS ACADEMY INC 2120 VEALE ROAD WILMINGTON, DE 19810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ST FRANCIS HOSPITAL INC 7TH CLAYTON STREETS WILMINGTON, DE 19805	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST HELENA'S CHURCH - PARISH SOCIAL 602 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELENA'S CHURCH - PARISH SOCIAL 602 PHILADELPHIA PIKE WILMINGTON, DE 19809	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	45
ST MARGARET OF SCOTLAND RC CHURCH 2431 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	112
ST MARGARET OF SCOTLAND RC CHURCH 2431 FRAZER RD NEWARK, DE 197023817	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST MARK'S HIGH SCHOOL 2501 PIKE CREEK RD WILMINGTON, DE 19808	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,325
ST MARY MAGDALEN SCHOOL 9 SHARPLEY ROAD WILMINGTON, DE 19803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY MAGDALEN SCHOOL 9 SHARPLEY ROAD WILMINGTON, DE 19803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST MARY MAGDALEN SCHOOL 9 SHARPLEY ROAD WILMINGTON, DE 19803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,650
ST MARY MAGDALEN SCHOOL 9 SHARPLEY ROAD WILMINGTON, DE 19803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY OF THE ASSUMPTION CHURCH 7200 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST MARY OF THE ASSUMPTION CHURCH 7200 LANCASTER PIKE HOCKESSIN, DE 19707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MICHAELS SCHOOL AND NURSERY INC 700 N WALNUT STREET WILMINGTON, DE 198013514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MICHAELS SCHOOL AND NURSERY INC 700 N WALNUT STREET WILMINGTON, DE 198013514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ST MICHAELS SCHOOL AND NURSERY INC 700 N WALNUT STREET WILMINGTON, DE 198013514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST MICHAELS SCHOOL AND NURSERY INC 700 N WALNUT STREET WILMINGTON, DE 198013514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICKS CENTER INC 107 E 14TH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ELIZABETH HIGH SCHOOL 1500 CEDAR STREET WILMINGTON, DE 19805	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
STARBOARD CHARITABLE INC 2009 HIGHWAY ONE DEWEY BEACH, DE 199710000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUMMER LEARNING COLLABORATIVE 1313 N MARKET STREET STE 1150 NW WILMINGTON, DE 198016101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER LEARNING COLLABORATIVE 1313 N MARKET STREET STE 1150 NW WILMINGTON, DE 198016101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SUNDAY BREAKFAST MISSION INC PO BOX 352 WILMINGTON, DE 19899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLEYVILLE GIRLS SOFTBALL LEAGUE I 29 RUBY DRIVE CLAYMONT, DE 19703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TALLEYVILLE GIRLS SOFTBALL LEAGUE I 29 RUBY DRIVE CLAYMONT, DE 19703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	140
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
TATNALL SCHOOL INC 1501 BARLEY MILL ROAD WILMINGTON, DE 19807	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 1200 N FRENCH STREET SUITE 520 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TECH IMPACT 100 W 10TH ST SUITE 1007 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TECH IMPACT 100 W 10TH ST SUITE 1007 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEENSHARP1200 FRENCH ST WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE ARC OF DELAWARE INC 2 SOUTH AUGUSTINE STREET SUITE B WILMINGTON, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
THE ARC OF DELAWARE INC 2 SOUTH AUGUSTINE STREET SUITE B WILMINGTON, DE 19804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DELAWARE CHILDRENS MUSEUM INC 550 JUSTISON ST WILMINGTON, DE 198015142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE DELAWARE COUNCIL OF WILDLIFE RE 110 KARL DR DOVER, DE 199012357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE GOOD-WILL FIRE COMPANY NO 1 OF 110 STUYVESANT AVENUE NEW CASTLE, DE 197205056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GOOD-WILL FIRE COMPANY NO 1 OF 110 STUYVESANT AVENUE NEW CASTLE, DE 197205056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE INDEPENDENCE SCHOOL 1300 PAPER MILL ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
THE INDEPENDENCE SCHOOL 1300 PAPER MILL ROAD NEWARK, DE 19711	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,405
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,428
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	915
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	152
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	695
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD SHANDS HOUSE WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	347
THE ODESSA FIRE COMPANY P O BOX 81 ODESSA, DE 19730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ODESSA FIRE COMPANY P O BOX 81 ODESSA, DE 19730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ODESSA FIRE COMPANY P O BOX 81 ODESSA, DE 19730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE SALVATION ARMY 400 NORTH ORANGE STREET PO BOX 308 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 400 NORTH ORANGE STREET PO BOX 308 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY611 FOREST ST DOVER, DE 19903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
TOASTMASTERS INTERNATIONAL 4 HAILEYS TRAIL NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWER HILL SCHOOL2813 W 17TH ST WILMINGTON, DE 198061112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,050
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
TRI-STATE BIRD RESCUE AND RESEARCH 170 POSSUM HOLLOW RD NEWARK, DE 197113910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 500 PURPLE HEART WAY DOVER AFB, DE 19902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED SERVICE ORGANIZATIONS INC 500 PURPLE HEART WAY DOVER AFB, DE 19902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,411
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,755
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	629
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,278
UNITED WAY OF DELAWARE INC 625 N ORANGE STREET 3RD FLOOR WILMINGTON, DE 198012296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF DELAWARE 83 EAST MAIN STREET 3RD FLOOR NEWARK, DE 19716	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF DELAWARE 83 E MAIN STREET 3RD FLOOR NEWARK, DE 197165304	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DELAWARE LIBRARY ASSO 83 E MAIN ST FLOOR 3 NEWARK, DE 197160000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF DELAWARE LIBRARY ASSO 83 E MAIN ST FLOOR 3 NEWARK, DE 197160000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
URBAN ATHELTIC DEVELPMENT LEAGUE IN 313 5TH AVE WILMINGTON, DE 198054707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ATHELTIC DEVELPMENT LEAGUE IN 313 5TH AVE WILMINGTON, DE 198054707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
URBAN ATHELTIC DEVELPMENT LEAGUE IN 313 5TH AVE WILMINGTON, DE 198054707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
URBAN PROMISE SCHOOL 2401 THATCHER ST WILMINGTON, DE 19802	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN YOUTH GOLF PROGRAM ASSOCIATIO 800 N DUPONT RD WILMINGTON, DE 198072920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
URBANPROMISE MINISTRIES WILMINGTON 2401 THATCHER STREET WILMINGTON, DE 198020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
URBANPROMISE MINISTRIES WILMINGTON 2401 THATCHER STREET WILMINGTON, DE 198020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
URSULINE ACADEMY OF WILMINGTON DELA 1106 PENNSYLVANIA AVE WILMINGTON, DE 19806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER HOSE COMPANY OF MIDDLETOW 27 WEST GREEN STREET MIDDLETOWN, DE 19709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WDBID MANAGEMENT COMPANY PO BOX 2000 WILMINGTON, DE 19899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
WESLEY COLLEGE INC 120 NORTH STATE STREET DOVER, DE 199013835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST END NEIGHBORHOOD HOUSE INC 710 NORTH LINCOLN STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	318
WEST END NEIGHBORHOOD HOUSE INC 710 NORTH LINCOLN STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
WEST END NEIGHBORHOOD HOUSE INC 710 NORTH LINCOLN STREET WILMINGTON, DE 19805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
WESTSIDE FAMILY HEALTHCARE INC 300 WATER STREET SUITE 200 WILMINGTON, DE 19801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WIDENER UNIVERSITY 4601 CONCORD PIKE WILMINGTON, DE 19803	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON FRIENDS SCHOOL INC 101 SCHOOL RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
WILMINGTON FRIENDS SCHOOL INC 101 SCHOOL RD WILMINGTON, DE 19803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,523
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON HIGH SCHOOL CLASS OF 197 PO BOX 2601 WILMINGTON, DE 198050601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
WILMINGTON HOPE COMMISSION 38 VANDEVER AVE WILMINGTON, DE 19802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WILMINGTON RENAISSANCE CORPORATION 100 W 10TH STREET SUITE 206 WILMINGTON, DE 19801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WILMINGTON SENIOR CENTER INC 1901 N MARKET STREET WILMINGTON, DE 198024812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
YEAR UP INC WILMINGTON UNIVERSITY 320 NORTH DUPONT HIGHWAY THE GREEN 303 NEW CASTLE, DE 19720	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 W 10TH ST STE 1100 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 351 GEORGE WILLIAMS WAY NEWARK, DE 19702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 W 10TH ST STE 1100 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 W 11TH ST WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 2600 KIRKWOOD HIGHWAY NEWARK, DE 19711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 3 MOUNT LEBANON ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 3 MOUNT LEBANON ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
YOUNG MENS CHRISTIAN ASSOCIATION OF 100 W 10TH ST STE 1100 WILMINGTON, DE 19801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
YOUNG MENS CHRISTIAN ASSOCIATION OF 3 MOUNT LEBANON ROAD WILMINGTON, DE 19803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA DELAWARE INC 100 W 10TH ST SUITE 515 WILMINGTON, DE 198016612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
10 CANPO BOX 1122 NEWBERRY, FL 326691122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
100PLUSANIMALRESCUE INC 345 E COMMERCIAL BLVD OAKLAND PARK, FL 333342411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100PLUSANIMALRESCUE INC 345 E COMMERCIAL BLVD OAKLAND PARK, FL 333342411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
100PLUSANIMALRESCUE INC 345 E COMMERCIAL BLVD OAKLAND PARK, FL 333342411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
211 PALM BEACH TREASURE COAST INC PO BOX 3588 LANTANA, FL 33465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
3D RANCH MINISTRIES INC 4153 DOWLING RD MIDDLEBURG, FL 320687341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
4KIDS OF SOUTH FLORIDA INC 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
5 & DIME A THEATRE COMPANY 112 EAST ADAMS ST JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
80-20 EDUCATIONAL FOUNDATION 939 BEACH DR NE UNIT 910 ST PETERSBURG, FL 337012017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
A GIFT FOR TEACHING INC 6501 MAGIC WAY BLDG 400-C ORLANDO, FL 32809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
A GIFT FOR TEACHING INC 6501 MAGIC WAY BLDG 400-C ORLANDO, FL 32809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A HOPE FOR SANTA ROSA COUNTY FL INC PO BOX 4629 MILTON, FL 325724629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
A KIDS PLACE OF TAMPA BAY 1715 LITHIA PINECREST ROAD BRANDON, FL 33511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
A WELL-FED WORLD 3936 S SEMORAN BLVD 271 ORLANDO, FL 32822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A WOMANS CHOICE INC A MEDICAL PROGR 1234 E LIME ST LAKELAND, FL 338015754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ABILITY HOUSING INC 3740 BEACH BLVD SUITE 304 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
ACADEMY OF THE HOLY NAMES OF FLORID 3319 BAYSHORE BLVD TAMPA, FL 33629	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY PREP FOUNDATION INC 2301 22ND AVENUE SOUTH SAINT PETERSBURG, FL 33712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,250
ADMIRAL FARRAGUT ACADEMY INC 501 PARK ST N ST PETERSBURG, FL 337106743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
ADMIRAL FARRAGUT ACADEMY INC 501 PARK ST N ST PETERSBURG, FL 337106743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOLPH AND ROSE LEVIS JEWISH COMMUN 9801 DONNA KLEIN BLVD BOCA RATON, FL 334281755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,837
ADOLPH AND ROSE LEVIS JEWISH COMMUN 9801 DONNA KLEIN BLVD BOCA RATON, FL 334281755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ADOLPH AND ROSE LEVIS JEWISH COMMUN 9801 DONNA KLEIN BLVD BOCA RATON, FL 334281755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT A HURRICANE FAMILY INC 4700 SW 64 AVENUE - SUITE C DAVIE, FL 33314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ADOPT-A-FAMILY OF THE PALM BEACHES 1712 SECOND AVENUE NORTH LAKE WORTH, FL 33460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ADOPT-A-FAMILY OF THE PALM BEACHES 1712 SECOND AVENUE NORTH LAKE WORTH, FL 33460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT-A-FAMILY OF THE PALM BEACHES 1712 SECOND AVENUE NORTH LAKE WORTH, FL 33460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ADRIENNE ARSHT CENTER TRUST INC 1300 BISCAYNE BLVD MIAMI, FL 331321608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AERONAUTRIXX2065 46TH AVE VERO BEACH, FL 32966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFFORDABLE HOMEOWNERSHIP FOUNDATION 5264 CLAYTON CTSUITE 1 FORT MYERS, FL 33907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS SERVICE ASSOCIATION OF PINELLA 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
AIR FORCE ENLISTED VILLAGE INC 92 SUNSET LANE SHALIMAR, FL 32579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
AIR FORCE ENLISTED VILLAGE INC 92 SUNSET LANE SHALIMAR, FL 32579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIR FORCE ENLISTED VILLAGE INC 92 SUNSET LANE SHALIMAR, FL 32579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
AIR FORCE ENLISTED VILLAGE INC 92 SUNSET LANE SHALIMAR, FL 32579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALACHUA CONSERVATION TRUST INCORPOR 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 326411608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALACHUA CONSERVATION TRUST INCORPOR 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 326411608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALACHUA CONSERVATION TRUST INCORPOR 7204 SE COUNTY ROAD 234 GAINESVILLE, FL 326411608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALACHUA COUNTY HUMANE SOCIETY INC 4205 NW 6TH STREET GAINESVILLE, FL 326090000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALACHUA COUNTY HUMANE SOCIETY INC 4205 NW 6TH STREET GAINESVILLE, FL 326090000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
ALBIN POLASEK MUSEUM AND SCULPTURE 633 OSCEOLA AVE WINTER PARK, FL 32789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALBIN POLASEK MUSEUM AND SCULPTURE 633 OSCEOLA AVE WINTER PARK, FL 32789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALFRED B MACLAY JR DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE, FL 323121110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ALFRED B MACLAY JR DAY SCHOOL 3737 N MERIDIAN RD TALLAHASSEE, FL 323121110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FAITHS FOOD BANK INC 8171 BLAIKIE CT SARASOTA, FL 342408321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH, FL 334213325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH, FL 334213325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH, FL 334213325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
ALL FOR ONE PET RESCUE PO BOX 213325 ROYAL PLM BCH, FL 334213325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALLIANCE FRANCAISE DE JACKSONVILLE 1628 SAN MARCO BLVD JACKSONVILLE, FL 322073000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA OMEGA MIRACLE HOME INC 2860 COLLINS AVE ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALPHA OMEGA MIRACLE HOME INC 2860 COLLINS AVE ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ALPHA OMEGA MIRACLE HOME INC 2860 COLLINS AVE ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA-1 FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
ALSO FOR GAY YOUTH INC 1470 BLVD OF THE ARTS SARASOTA, FL 342362905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMER-PARKINSON ASSOCIATION OF 2300 5TH AVENUE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER-PARKINSON ASSOCIATION OF 2300 5TH AVENUE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALZHEIMER-PARKINSON ASSOCIATION OF 2300 5TH AVENUE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
ALZHEIMER-PARKINSON ASSOCIATION OF 2300 5TH AVENUE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMER-PARKINSON ASSOCIATION OF 2300 5TH AVENUE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3
ALZHEIMERS COMMUNITY CARE INC 800 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 STE 1100 LONGWOOD, FL 327795008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 STE 1100 LONGWOOD, FL 327795008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2180 W STATE ROAD 434 STE 1100 LONGWOOD, FL 327795008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
ALZHEIMERS DISEASE AND RELATED DISO 2180 WEST SR 434 SUITE 1100 LONGWOOD, FL 32779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 14010 ROOSEVELT BLVD CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMELIA ISLAND CHARITY GROUP INC PO BOX 15698 FERNANDINA, FL 320353112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMELIA ISLAND MUSEUM OF HISTORY INC 233 S 3RD ST FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BICYCLING EDUCATION ASSOCI 1529 ILLINOIS ST ORLANDO, FL 32803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3363 W COMMERICAL BLVD STE 100 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	865
AMERICAN CANCER SOCIETY INC 3375 20TH STREET SUITE 100 VERO BEACH, FL 32960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2970 UNIVERSITY PKWY 104 SARASOTA, FL 342432412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 99 EGLIN PKWY NE STE 37 FORT WALTON BEACH, FL 32548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 3363 W COMMERICAL BLVD STE 100 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	244
AMERICAN CANCER SOCIETY INC 2970 UNIVERSITY PKWY 104 SARASOTA, FL 342432412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2119 SW 16TH ST GAINESVILLE, FL 32608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	455
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	443
AMERICAN CANCER SOCIETY INC 621 CLEARWATER PARK RD WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	999
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
AMERICAN CANCER SOCIETY INC 3375 20TH STREET SUITE 100 VERO BEACH, FL 32960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,540
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 2970 UNIVERSITY PKWY 104 SARASOTA, FL 342432412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN CANCER SOCIETY INC 5401 CORPORATE WOODS DRIVE SUITE 100 PENSACOLA, FL 32504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,175
AMERICAN CANCER SOCIETY INC 8095 NW 12TH ST STE 200 MIAMI, FL 331261843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1737 NORTH CLYDE MORRIS BLVD 140 DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN CANCER SOCIETY INC 2619 CENTENNIAL BLVD SUITE 101 TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN CANCER SOCIETY INC 507 N NEW YORK AVE SUITE 100 WINTER PARK, FL 32789	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 621 CLEARWATER PARK RD WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
AMERICAN CANCER SOCIETY INC 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 33134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 33134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 33134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
AMERICAN CIVIL LIBERTIES UNION FOUN 4343 WEST FLAGLER STREET SUITE 400 MIAMI, FL 33134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC PMB 356 1650 MARGARET STREET STE 302 JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN DIABETES ASSOCIATION INC PMB 356 1650 MARGARET STREET STE 302 JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN DIABETES ASSOCIATION INC PMB 356 1650 MARGARET STREET STE 302 JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
AMERICAN DIABETES ASSOCIATION INC PMB 356 1650 MARGARET STREET STE 302 JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 204 37TH AVE N 432 ST PETERSBURG, FL 337041416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN DIABETES ASSOCIATION INC 204 37TH AVE N 432 ST PETERSBURG, FL 337041416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2301 MAITLAND CENTER PARKWAY SUITE 126 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
AMERICAN HEART ASSOCIATION INC 2300 CENTRE PARK WEST DR WEST PALM BEACH, FL 334096470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SOUTH CAROLINA SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 4000 HOLLYWOOD BLVD SUITE 170-N HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
AMERICAN HEART ASSOCIATION INC 9200 ESTERO PARK COMMONS BLVD 7 ESTERO, FL 33928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1202 SW 17TH STREET 201-167 OCALA, FL 34471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 2851 REMINGTON GREEN CIRCLE SUITE A TALLAHASSEE, FL 32308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH BATON ROUGE SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 1202 SW 17TH STREET 201-167 OCALA, FL 34471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	690
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,030
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
AMERICAN HEART ASSOCIATION INC 2300 CENTRE PARK WEST DR WEST PALM BEACH, FL 334096470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	731
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	980
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,023
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH BATON ROUGE SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,602
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	932
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH BATON ROUGE SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,195
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,030
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,865
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,485
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2300 CENTRE PARK WEST DR WEST PALM BEACH, FL 334096470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 3324 W UNIVERSITY AVENUE 128 GAINESVILLE, FL 32607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN HEART ASSOCIATION INC 7751 BAYMEADOWS ROAD E STE F JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH BATON ROUGE SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2300 CENTRE PARK WEST DR WEST PALM BEACH, FL 334096470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 11207 BLUE HERON BLVD NORTH SAINT PETERSBURG, FL 33716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,740
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN LUNG ASSOCIATION 730 S STERLING AVE 303 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,340
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	49
AMERICAN LUNG ASSOCIATION 730 S STERLING AVE 303 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
AMERICAN LUNG ASSOCIATION 730 S STERLING AVE 303 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 730 S STERLING AVE 303 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	940
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	191
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 851 OUTER ROAD ORLANDO, FL 328146652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN LUNG ASSOCIATION 730 S STERLING AVE 303 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 6852 BELFORT OAKS PL JACKSONVILLE, FL 322168241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	183
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 600 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 9111 STRUDEVANT ST SUITE A PENSACOLA, FL 32514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN NATIONAL RED CROSS 7051 CYPRESS TERRACE SUITE 110 FT MYERS, FL 33907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
AMERICAN NATIONAL RED CROSS 3310 W MAIN ST TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AMERICAN NATIONAL RED CROSS 9111 STRUDEVANT ST SUITE A PENSACOLA, FL 32514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	98
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS 9111 STRUDEVANT ST SUITE A PENSACOLA, FL 32514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	690
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 3310 WEST MAIN STREET TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 7051 CYPRESS TERRACE SUITE 110 FT MYERS, FL 33907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1250 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 335 SW 27 AVENUE MIAMI, FL 33135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
AMERICAN NATIONAL RED CROSS 7051 CYPRESS TERRACE SUITE 110 FT MYERS, FL 33907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN NATIONAL RED CROSS 3310 W MAIN ST TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 9111 STRUDEVANT ST SUITE A PENSACOLA, FL 32514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AMERICAN NATIONAL RED CROSS 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN YOUTH FOOTBALL INC PO BOX 623603 OVIEDO, FL 327623603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN YOUTH FOOTBALL INC 1171 LANE AVE S APT 214 JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST SUITE 2201 MIAMI, FL 33166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF THE BIG 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
AMIGOS TOGETHER FOR KIDS INC 2153 CORAL WAY SUITE 405 MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMIGOS TOGETHER FOR KIDS INC 2153 CORAL WAY SUITE 405 MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMIGOS TOGETHER FOR KIDS INC 2153 CORAL WAY SUITE 405 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMIKIDS INC2701 NE 151 ST NORTH MIAMI BEACH, FL 33160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANAS ANGELS INC4525 HOOD RD JACKSONVILLE, FL 322571109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ANAS ANGELS INC4525 HOOD RD JACKSONVILLE, FL 322571109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ANAS ANGELS INC4525 HOOD RD JACKSONVILLE, FL 322571109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR HOUSE INC OF POLK COUNTY PO BOX 625 AUBURNDALE, FL 338230625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ANIMAL AID INC5581 NW 51 AVE COCONUT CREEK, FL 33073	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
ANIMAL AID INC5581 NW 51 AVE COCONUT CREEK, FL 33073	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REFUGE CENTER INC 18011 OLD BAYSHORE RD N FT MYERS, FL 339175825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL RESCUE AND ADOPTION AGENCY I 13976 DENTON RD JACKSONVILLE, FL 322264809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL RESCUE AND ADOPTION AGENCY I 13976 DENTON RD JACKSONVILLE, FL 322264809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE AND ADOPTION AGENCY I 13976 DENTON RD JACKSONVILLE, FL 322264809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL RESCUE AND ADOPTION AGENCY I 13976 DENTON RD JACKSONVILLE, FL 322264809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL WELFARE LEAGUE OF CHARLOTTE 3519 DRANCE ST PT CHARLOTTE, FL 339802407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL WELFARE LEAGUE OF CHARLOTTE 3519 DRANCE ST PT CHARLOTTE, FL 339802407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANN STORCK CENTER INC 1790 SW 43RD WAY FORT LAUDERDALE, FL 333175701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANN STORCK CENTER INC 1790 SW 43RD WAY FORT LAUDERDALE, FL 333175701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNS ANGELS ADAPTIVE WATERSKI FOUND 4699 COSTA BRAVO DR ORLANDO, FL 32839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANNUNCIATION CATHOLIC ACADEMY 593 JAMESTOWN BLVD ALTAMONTE SPRINGS, FL 327144602	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ANNUNCIATION SCHOOL 1610 BLANDING BLVD MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANOTHER WAY INCPO BOX 1028 LAKE CITY, FL 32056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ANTHONY J STINSON JR ASSOCIATION FO 7517 WAKEFIELD AVE JACKSONVILLE, FL 322084257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ANTHONY RIZZO FAMILY FOUNDATION 7670 NW 62ND WAY PARKLAND, FL 330672417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTHONY RIZZO FAMILY FOUNDATION 7670 NW 62ND WAY PARKLAND, FL 330672417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANTHONY RIZZO FAMILY FOUNDATION 7670 NW 62ND WAY PARKLAND, FL 330672417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARC BROWARD INC 10250 NW 53RD STREET SUNRISE, FL 333518023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARGYLE ATHLETIC ASSOC INC 6001-21 ARGYLE FOREST BLVD 367 JACKSONVILLE, FL 322446127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARI J ARTEAGA FOUNDATION INC 6201 SAN AMARO DR CORAL GABLES, FL 331462407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ARNETTE HOUSE INC 2310 NE 24TH STREET OCALA, FL 344703840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTEFACTUS CULTURAL PROJECT 14963 SW 75TH TER MIAMI, FL 33193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARTHRITIS FOUNDATION INC 400 HIBISCUS STREET SUITE 100 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ARTS IN MOTION COMMUNITY YOUTH THEA PO BOX 762 DADE CITY, FL 33526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASOLO THEATER INC 5555 N TAMIAMI TRAIL SARASOTA, FL 342432141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASPIRE HEALTH PARTNERS INC 5151 ADANSON ST ORLANDO, FL 328041330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ASSOCIATION OF ST LAWRENCE COMUNITA 9485 REGENCY SQUARE BLVD SUITE 110 JACKSONVILLE, FL 32225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF THE UNITED STATES AR AUSA SUNCOAST CHAPTER PO BOX 6455 TAMPA, FL 336080455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	999
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
ASSUMPTION CATHOLIC SCHOOL 2431 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
ATAXIA TELANGIECTASIA CHILDRENS PRO 5300 W HILLSBORO BLVD 105 COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATAXIA TELANGIECTASIA CHILDRENS PRO 5300 W HILLSBORO BLVD ST 105 COCONUT CREEK, FL 330734395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AVOW HOSPICE INC 1095 WHIPPOORWILL LN NAPLES, FL 34105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AVOW HOSPICE INC 1095 WHIPPOORWILL LN NAPLES, FL 34105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVOW HOSPICE INC 1095 WHIPPOORWILL LN NAPLES, FL 34105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
AYLAS ACRES NO KILL ANIMAL RESCUE I PO BOX 1634 ST AUGUSTINE, FL 320851634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
AYLAS ACRES NO KILL ANIMAL RESCUE I PO BOX 1634 ST AUGUSTINE, FL 320851634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AYLAS ACRES NO KILL ANIMAL RESCUE I PO BOX 1634 ST AUGUSTINE, FL 320851634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AYLAS ACRES NO KILL ANIMAL RESCUE I PO BOX 1634 ST AUGUSTINE, FL 320851634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
B A S E CAMP CHILDRENS CANCER FOUND 650 N WYNMORE RD STE 103 WINTER PARK, FL 32789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAK MIDDLE SCHOOL OF THE ARTS 1725 ECHO LAKE DR WEST PALM BEACH, FL 334073513	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BANNER LAKE CLUB INCPO BOX 1875 HOBE SOUND, FL 334751875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BAPTIST HEALTH CARE FOUNDATION INC PO BOX 17500 PENSACOLA, FL 325227500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH CARE FOUNDATION INC PO BOX 17500 PENSACOLA, FL 325227500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 6855 RED ROAD CORAL GABLES, FL 33143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 1575 SAN IGNACIO STE 406 MIAMI, FL 33146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 6855 RED ROAD CORAL GABLES, FL 33143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BAPTIST HEALTH SOUTH FLORIDA FOUNDA 8900 N KENDALL DRIVE MIAMI, FL 33176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BAPTIST HEALTH SYSTEM FOUNDATION IN 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST HEALTH SYSTEM FOUNDATION IN 800 PRUDENTIAL DR JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BARNABAS CENTER INCORPORATED 1303 JASMINE ST STE 101 FERNANDINA BEACH, FL 320342991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BARRY UNIVERSITY INC 11300 NE 2ND AVENUE MIAMI, FL 331616695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTRAM FOOTBALL ASSOCIATION INC 52 TUSCAN WAY STE 202 332 ST AUGUSTINE, FL 320921850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BEACHES AREA HISTORICAL SOCIETY INC 381 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BEACHES COUNCIL ON AGING INC 281 19TH AVE S JACKSONVILLE BEACH, FL 322506126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACHES EMERGENCY ASSISTANCE MINIST 850 SIXTH AVE SOUTH SUITE 400 JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
BEACHES EPISCOPAL SCHOOL 450 11TH AVENUE N JACKSONVILLE BEACH, FL 322504773	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BEACHES SEA TURTLE PATROL INC PO BOX 50723 JACKSONVILLE BEACH, FL 322400723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACHES SEA TURTLE PATROL INC PO BOX 50723 JACKSONVILLE BEACH, FL 322400723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEACHES SEA TURTLE PATROL INC PO BOX 50723 JACKSONVILLE BEACH, FL 322400723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEAT NB CANCER FOUNDATION INC 13014 N DALE MABRY HWY STE 256 TAMPA, FL 33618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAT NB CANCER FOUNDATION INC 13014 N DALE MABRY HWY STE 256 TAMPA, FL 33618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
BEAT NB CANCER FOUNDATION INC 13014 N DALE MABRY HWY STE 256 TAMPA, FL 33618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BELEN JESUIT PREPARATORY SCHOOL INC 500 SW 127TH AVE MIAMI, FL 331841319	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELIEVE WITH ME INC 11420 US HIGHWAY 1 PMB 122 N PALM BEACH, FL 334083226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BELIEVE WITH ME INC 11420 US HIGHWAY 1 PMB 122 N PALM BEACH, FL 334083226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BERKELEY PREPARATORY SCHOOL INC 4811 KELLY RD TAMPA, FL 33615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	76
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,293
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEST BUDDIES INTERNATIONAL INC 4130 SALISBURY ROAD SUITE 2200 JACKSONVILLE, FL 32216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 4130 SALISBURY ROAD SUITE 2200 JACKSONVILLE, FL 32216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	151
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 4130 SALISBURY ROAD SUITE 2200 JACKSONVILLE, FL 32216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND STREET MIAMI, FL 33131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI, FL 331312151	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLY BLVD SUITE 10 BOCA RATON, FL 33434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLY BLVD SUITE 10 BOCA RATON, FL 33434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLY BLVD SUITE 10 BOCA RATON, FL 33434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETANCOURT SCHOLARSHIP FUND INC 5008 NORTH TRAVELERS PALM LANE TAMARAC, FL 33319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BETANCOURT SCHOLARSHIP FUND INC 5008 NORTH TRAVELERS PALM LANE TAMARAC, FL 33319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BETANCOURT SCHOLARSHIP FUND INC 5008 NORTH TRAVELERS PALM LANE TAMARAC, FL 33319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH DILLINGER FOUNDATION INCORPORA 7842 COUNTRY CLUB RD N ST PETERSBURG, FL 33710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
BETHEL AFRICAN METHODIST EPISCOPAL 912 3RD AVE ST PETERSBURG, FL 33705	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
BEVIS ELEMENTARY SCHOOL 5720 OSPREY RIDGE DR LITHIA, FL 335473830	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE SPECTRUM INC 7333 INTERNATIONAL PL LAKEWOOD RCH, FL 342408418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BEND HABITAT FOR HUMANITY INC 2921 ROBERTS AVENUE TALLAHASSEE, FL 323105007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BIG BROTHERS & BIG SISTERS OF THE B 565 EAST TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS AND BIG SISTERS OF GRE 550 NW 42ND AVE MIAMI, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA FL 33607 TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA FL 33607 TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA FL 33607 TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF AMERICA 2502 N ROCKY POINT DRIVE SUITE 550 TAMPA FL 33607 TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF BROWARD 4101 RAVENSWOOD ROAD SUITE 202 FT LAUDERDALE, FL 333125352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BIG BROTHERS BIG SISTERS OF NORTHEA 40 E ADAMS ST STE 220 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF NORTHEA 40 E ADAMS ST STE 220 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF PALM BE 101 SE CENTRAL PARKWAY STUART, FL 34994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORTATE BLVD TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
BIG BROTHERS BIG SISTERS OF TAMPA B 4630 WOODLAND CORPORATE BOULEVARD SUITE 160 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE SUN 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 342851940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BIG BROTHERS BIG SISTERS OF THE SUN 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 342851940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,495
BIG BROTHERS BIG SISTERS OF THE SUN 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 342851940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE SUN 1000 S TAMIAMI TRAIL SUITE C VENICE, FL 342851940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,626
BIG CAT HABITAT GULF COAST SANCTUAR PO BOX 50217 SARASOTA, FL 342320301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG DOG RANCH RESCUE INC 14444 OKEECHOBEE BLVD LOXAHATCHEE, FL 33470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG HEART BRIGADE INC 5770 WHIRLAWAY RD PALM BCH GDNS, FL 334187738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BISHOP GRADY VILLAS 401 BISHOP GRADY CT ST CLOUD, FL 347691538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BISHOP GRADY VILLAS 401 BISHOP GRADY CT ST CLOUD, FL 347691538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP JOHN J SNYDER HIGH SCHOOL 5001 SAMARITAN WAY JACKSONVILLE, FL 32210	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
BISHOP JOHN J SNYDER HIGH SCHOOL 5001 SAMARITAN WAY JACKSONVILLE, FL 32210	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,025
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KENNY HIGH SCHOOL 1055 KINGMAN AVENUE JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
BISHOP MOORE CATHOLIC HIGH SCHOOL 3901 EDGEWATER DRIVE ORLANDO, FL 32804	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	12
BISHOP MUSEUM OF SCIENCE AND NATURE PO BOX 9265 BRADENTON, FL 34206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSED TRINITY CATHOLIC CHURCH 10472 BEACH BLVD JACKSONVILLE, FL 32246	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BLUE ANGELS FOUNDATION INC PO BOX 1945 PENSACOLA, FL 325911945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BLUE CRESCENT CHARITIES PO BOX 40882 JACKSONVILLE, FL 322030882	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE SKY FOUNDATION INC 8116 LABORIE LANE WELLINGTON, FL 334143444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOCA HELPING HANDS INC 1500 NW 1ST COURT BOCA RATON, FL 334321720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOCA HELPING HANDS INC 1500 NW 1ST COURT BOCA RATON, FL 334321720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOCA RATON REGIONAL HOSPITAL INC 800 MEADOWS RD BOCA RATON, FL 334862304	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BOCA REVOLUTION BASEBALL 5823 WIND DRIFT LN BOCA RATON, FL 334335455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOCA WEST COMMUNITY CHARITABLE FOUN 20583 BOCA WEST DR BOCA RATON, FL 334344708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSELLI FOUNDATIONPO BOX 16385 JACKSONVILLE, FL 32245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BOSELLI FOUNDATIONPO BOX 16385 JACKSONVILLE, FL 32245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BOSELLI FOUNDATIONPO BOX 16385 JACKSONVILLE, FL 32245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOXER AID & RESCUE COALITION INC PO BOX 12963 TALLAHASSEE, FL 323172963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOXER AID & RESCUE COALITION INC PO BOX 12963 TALLAHASSEE, FL 323172963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOY SCOUTS OF AMERICA 185 ST JOHNS FOREST BLVD SAINT JOHNS, FL 32259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRL STE 102 APOPKA, FL 327037747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1951 S ORANGE BLOSSOM TRAIL APOPKA, FL 327037747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 EDGEWOOD AVE S JACKSONVILLE, FL 322055332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOY SCOUTS OF AMERICA 521 S EDGEWOOD AVENUE JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF ALACHUA COUNTY 1900 SE 4TH ST GAINESVILLE, FL 32641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF ALACHUA COUNTY 1900 SE 4TH ST GAINESVILLE, FL 32641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF CHARLOTTE INC 21450 GIBRALTER DRIVE SUITE 10 PORT CHARLOTTE, FL 33952	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUB OF INDIAN RIVER C 1729 17TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
BOYS & GIRLS CLUB OF MARTIN COUNTY PO BOX 910 HOBE SOUND, FL 33475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF NASSAU COUNTY PO BOX 16003 FERNANDINA BEACH, FL 32035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF NASSAU COUNTY PO BOX 16003 FERNANDINA BEACH, FL 32035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
BOYS & GIRLS CLUB OF NASSAU COUNTY PO BOX 16003 FERNANDINA BEACH, FL 32035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BOYS & GIRLS CLUB OF ST LUCIE COUNT 3104 AVENUE J STE 1 FORT PIERCE, FL 349472412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST ST FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST ST FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,861
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BROWARD COUNT 877 NW 61ST STREET FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
BOYS & GIRLS CLUBS OF CENTRAL FLORI PO BOX 2987 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
BOYS & GIRLS CLUBS OF MANATEE COUNT P O BOX 280 BRADENTON, FL 34206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MANATEE COUNT P O BOX 280 BRADENTON, FL 34206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF PALM BEACH CO 800 NORTHPOINT PKWY STE 204 WEST PALM BCH, FL 334071978	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF PALM BEACH CO 800 NORTHPOINT PKWY STE 204 WEST PALM BCH, FL 334071978	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF SARASOTA COUN 3130 FRUITVILLE ROAD SARASOTA, FL 342375342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF VOLUSIA FLAGL 101 N WOODLAND BLVD 400 DELAND, FL 32720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BOYS AND GIRLS CLUB OF MARION COUNT PO BOX 4109 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
BOYS AND GIRLS CLUB OF MARION COUNT PO BOX 4109 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF MARION COUNT PO BOX 4109 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BOYS AND GIRLS CLUB OF MARION COUNT PO BOX 4109 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	195
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF MIAMI-DADE 2805 SW 32 AVE MIAMI, FL 33133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
BOYS AND GIRLS CLUBS OF NORTHEAST F 555 WEST 25TH STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUBS OF NORTHEAST F 555 WEST 25TH STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF NORTHEAST F 555 WEST 25TH STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUBS OF PALM BEACH 800 NORTHPOINT PKWY SUITE 204 WEST PALM BEACH, FL 334071978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS AND GIRLS CLUBS OF PALM BEACH 800 NORTHPOINT PKWY SUITE 204 WEST PALM BEACH, FL 334071978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVE TAMPA, FL 336075155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF TAMPA BAY I 1307 N MACDILL AVENUE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUBS OF THE SUNCOAS 4625 E BAY DR SUITE 103 CLEARWATER, FL 33674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS AND GIRLS CLUBS OF THE SUNCOAS 4625 E BAY DR SUITE 103 CLEARWATER, FL 33674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADEN RIVER SOCCER CLUB INC 11523 PALMBRUSH TRL LAKEWOOD RCH, FL 342022917	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BRADENTON CHRISTIAN SCHOOL SOCIETY 3304 43RD STREET WEST BRADENTON, FL 34205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
BRADFORDVILLE FIRST BAPTIST CHURCH 6524 THOMASVILLE RD TALLAHASSEE, FL 32312	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANCHES INC 11500 NW 12TH AVENUE MIAMI, FL 331686217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
BRANDON MERRITT CHARITABLE FOUNDATI 333 LAS OLAS WAY 3806 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,128
BRANDON MERRITT CHARITABLE FOUNDATI 333 LAS OLAS WAY 3806 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH MIAMI INC 3250 SW 3RD AVE 6TH FLOOR MIAMI, FL 33129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
BREVARD ACHIEVEMENT CENTER INC 1845 COGSWELL ST ROCKLEDGE, FL 329553210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BREVARD RESCUE MISSION INC PO BOX 362203 MELBOURNE, FL 32936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREVARD RESCUE MISSION INC PO BOX 362203 MELBOURNE, FL 32936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BREVARD SCHOOLS FOUNDATION INC 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,368
BREVARD SCHOOLS FOUNDATION INC 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREVARD SCHOOLS FOUNDATION INC 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 329406601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIANNA COOPER HEAVENLY SMILES FOUN 6526 S KANNER HWY PMB 195 STUART, FL 349976396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BRIANNA COOPER HEAVENLY SMILES FOUN 6526 S KANNER HWY PMB 195 STUART, FL 349976396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIANNA COOPER HEAVENLY SMILES FOUN 6526 S KANNER HWY PMB 195 STUART, FL 349976396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BRITE BRINGING RELIEF INTERNATIONAL PO BOX 224065 WEST PALM BEACH, FL 33422	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BROTHERS IN ARMS FOUNDATION INC 3200 SOUTH CONGRESS AVE STE 203 BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD CHILDREN'S CENTER NORTH 25 SE 20TH AVE POMPANO BEACH, FL 33060	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
BROWARD COLLEGE FOUNDATION INC 111 E LAS OLAS BLVD FT LAUDERDALE, FL 333012206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BROWARD COLLEGE FOUNDATION INC 111 E LAS OLAS BLVD FT LAUDERDALE, FL 333012206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18 COURT FOR LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18 COURT FOR LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BROWARD COUNTY COMMUNITY DEVELOPMEN 305 SE 18 COURT FOR LAUDERDALE, FL 33316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,085
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD EDUCATION FOUNDATION INC 600 SE 3RD AVE 1ST FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BROWARD PARTNERSHIP FOR THE HOMELES 920 NW 7TH AVE FT LAUDERDALE, FL 333117229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
BROWARD PERFORMING ARTS FOUNDATION 201 SW 5TH AVENUE FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWARD PUBLIC LIBRARY FOUNDATION 100 S ANDREWS AVE 8TH FLOOR FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BRRH FOUNDATION INC 745 MEADOWS ROAD BOCA RATON, FL 33486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BRYANTSTRONG 6680 BENNETT CREEK DR 618 JACKSONVILLE, FL 322160029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANTSTRONG 6680 BENNETT CREEK DR 618 JACKSONVILLE, FL 322160029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BRYANTSTRONG 6680 BENNETT CREEK DR 618 JACKSONVILLE, FL 322160029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
BRYANTSTRONG 6680 BENNETT CREEK DR 618 JACKSONVILLE, FL 322160029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCHHOLZ BOYS LACROSSE BOOSTER CLUB 5510 NW 27TH AVE GAINESVILLE, FL 326066405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BUCHHOLZ BOYS LACROSSE BOOSTER CLUB 5510 NW 27TH AVE GAINESVILLE, FL 326066405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BUDDY CRUISE INCPO BOX 162 LITHIA, FL 335470162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUONICONTI FUND TO CURE PARALYSIS I 1095 NW 14TH TER MIAMI, FL 331361060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BUONICONTI FUND TO CURE PARALYSIS I 1095 NW 14TH TER MIAMI, FL 331361060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BUONICONTI FUND TO CURE PARALYSIS I 1095 NW 14TH TER MIAMI, FL 331361060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUONICONTI FUND TO CURE PARALYSIS I 1095 NW 14TH TER MIAMI, FL 331361060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CADDY FOR A CURE INC 2067 NW 104TH AVE CORAL SPRINGS, FL 330715869	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,897
CAMARADERIE FOUNDATION INC 2488 E MICHIGAN STREET ORLANDO, FL 32806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMARADERIE FOUNDATION INC 2488 E MICHIGAN STREET ORLANDO, FL 32806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CANCER ALLIANCE OF HELP AND HOPE 350 SOUTH COUNTY ROAD SUITE 207 PALM BEACH, FL 33480	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER ALLIANCE OF HELP AND HOPE 350 SOUTH COUNTY ROAD SUITE 207 PALM BEACH, FL 33480	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER ALLIANCE OF HELP AND HOPE 350 SOUTH COUNTY ROAD SUITE 207 PALM BEACH, FL 33480	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANDLELIGHTERS OF BREVARD INC 436 5TH AVE STE 1 INDIALANTIC, FL 32903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE CASTAWAYS INCPO BOX 3295 ARCADIA, FL 342653295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CANINE CASTAWAYS INCPO BOX 3295 ARCADIA, FL 342653295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CANTONMENT ROTARY CLUB FOUNDATION I 1765 E NINE MILE RD STE1 217 PENSACOLA, FL 32514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE CORAL COMMUNITY FOUNDATION 1405 SE 47 STREET UNIT 2 CAPE CORAL, FL 33904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CAPTAINS FOR CLEAN WATER INC PO BOX 1653 FORT MYERS, FL 33902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CARE ELEMENTARY SCHOOL INC 2025 NW 1ST AVE MIAMI, FL 331274901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRFOUR SUPPORTIVE HOUSING INC 1398 SOUTHWEST 1ST STREET 12TH FLOOR MIAMI, FL 331352380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CARRFOUR SUPPORTIVE HOUSING INC 1398 SOUTHWEST 1ST STREET 12TH FLOOR MIAMI, FL 331352380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CARROLLTON SCHOOL OF THE SACRED HEA 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLLTON SCHOOL OF THE SACRED HEA 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,000
CARROLLWOOD DAY SCHOOL EDUCATION IN 1515 W BEARSS AVENUE TAMPA, FL 336131111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CASA VALENTINA INC 2103 CORAL WAY 2ND FLOOR MIAMI, FL 33145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT DEPOT2542 17TH ST SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALYST MIAMI INC 3000 BISCAYNE BLVD SUITE 210 MIAMI, FL 33137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27,500
CATAPULT LAKELAND INC 226 N KENTUCKY AVE LAKELAND, FL 338014963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHEDRAL ARTS PROJECT INC 256 EAST CHURCH STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,980
CATHEDRAL ARTS PROJECT INC 207 NORTH LAURA STREET SUITE 300 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,580
CATHEDRAL FOUNDATION OF JACKSONVILL 4250 LAKESIDE DRIVE JACKSONVILLE, FL 32210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL FOUNDATION OF JACKSONVILL 4250 LAKESIDE DRIVE JACKSONVILLE, FL 32210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
CATHEDRAL FOUNDATION OF JACKSONVILL 4250 LAKESIDE DRIVE JACKSONVILLE, FL 32210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
CATHEDRAL FOUNDATION OF JACKSONVILL 4250 LAKESIDE DRIVE JACKSONVILLE, FL 32210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES 40 E ADAMS ST SUITE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	320
CATHOLIC CHARITIES 40 E ADAMS ST SUITE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	560
CATHOLIC CHARITIES 40 E ADAMS ST SUITE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	280
CATHOLIC CHARITIES 40 E ADAMS ST SUITE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITIES BUREAU 1701 NE 9 STREET GAINESVILLE, FL 32609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES BUREAU INC 40 E ADAMS ST JACKSONVILLE, FL 322023130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
CATHOLIC CHARITIES BUREAU INC 3940 LEWIS SPEEDWAY 2103 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC CHARITIES BUREAU INC 3940 LEWIS SPEEDWAY 2103 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES BUREAU INC 3940 LEWIS SPEEDWAY 2103 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES BUREAU INC 3940 LEWIS SPEEDWAY 2103 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES DIOCESE OF ST PE 1213 16TH ST N ST PETERSBURG, FL 337051032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF VENIC 1000 PINEBROOK RD VENICE, FL 342856426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CATHOLIC CHARITIES DIOCESE OF VENIC 1000 PINEBROOK RD VENICE, FL 342856426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES LEGAL SERVICES A 28 WEST FLAGLER STREET MIAMI, FL 331301806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF CENTRAL FLORI 1819 N SEMORAN BLVD ORLANDO, FL 32807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CATHOLIC CHARITIES OF NORTHWEST FLO 11 NORTH B STREET PENSACOLA, FL 32502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF NORTHWEST FLO 11 NORTH B STREET PENSACOLA, FL 32502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 9995 N MILITARY TRL PALM BEACH GARDENS, FL 334105460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CATHOLIC CHARITIES OF THE DIOCESE O 9995 N MILITARY TRL PALM BEACH GARDENS, FL 334105460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF THE DIOCESE O 9995 N MILITARY TRL PALM BEACH GARDENS, FL 334105460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATS ANGELS INC SPCAPO BOX 16072 FERNANDINA, FL 320353118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	123
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATTY SHACK RANCH WILDLIFE SANCTUAR 1860 STARRATT ROAD JACKSONVILLE, FL 32226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAVALIER RESCUE OF FLORIDA INC PO BOX 410938 MELBOURNE, FL 32941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
CCA FLORIDA FOUNDATION INC 4061 FORRESTAL AVE UNIT 8 ORLANDO, FL 328066151	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,650
CCA FLORIDA FOUNDATION INC 4061 FORRESTAL AVE UNIT 8 ORLANDO, FL 328066151	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELEBRATION CHURCH OF JACKSONVILLE PO BOX 551341 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	820
CENTER FOR ABUSE & RAPE EMERGENCIES PO BOX 510234 PUNTA GORDA, FL 339510234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CENTER FOR ABUSE & RAPE EMERGENCIES PO BOX 510234 PUNTA GORDA, FL 339510234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ORANGUTAN AND CHIMPANZEE PO BOX 488 WAUCHULA, FL 33873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR TECHNOLOGY ENTERPRISE & 401 W ATLANTIC AVENUE SUITE 09 DELRAY BEACH, FL 33444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CENTRAL CATHOLIC HIGH SCHOOL 154 E FLORIDA AVENUE MELBOURNE, FL 32901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FLORIDA COMMUNITY ACTION AG 411 NORTH MAIN STREET SUITE 210 GAINESVILLE, FL 32601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL FLORIDA COMMUNITY ACTION AG 411 NORTH MAIN STREET SUITE 210 GAINESVILLE, FL 32601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CENTRAL FLORIDA DOWN SYNDROME ASSOC 204 NORTH WYMORE RD WINTER PARK, FL 327893455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FLORIDA DOWN SYNDROME ASSOC 204 NORTH WYMORE RD WINTER PARK, FL 327893455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL FLORIDA DOWN SYNDROME ASSOC 204 NORTH WYMORE RD WINTER PARK, FL 327893455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CENTRAL FLORIDA YOUNG MENS CHRISTIA 433 N MILLS AVE WINTER PARK, FL 32803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FLORIDA YOUNG MENS CHRISTIA 433 NORTH MILLS AVENUE ORLANDO, FL 32803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CENTRAL FLORIDA YOUNG MENS CHRISTIA 433 NORTH MILLS AVENUE ORLANDO, FL 32803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTRAL FLORIDA YOUNG MENS CHRISTIA 2400 HARRISON ST TITUSVILLE, FL 32780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL FLORIDA YOUNG MENS CHRISTIA 433 N MILLS AVE WINTER PARK, FL 32803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CENTRO CAMPESINO FARMWORKER PO BOX 343449 FLORIDA CITY, FL 330340449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTRO MATER INC418 SW 4TH AVE MIAMI, FL 331301416	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CESC2650 MUNICIPAL WAY TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHABAD LUBAVITCH OF BRADENTON INC 5712 LORRAINE RD BRADENTON, FL 342119267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
CHABAD OF NORTH EAST HOLLYWOOD-DANI 1295 E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 330094640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF PALM BEACH GARDENS INC 6100 PGA BLVD PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,750
CHAD E COOPER FOUNDATION INC 21094 SWEETWATER LN N BOCA RATON, FL 33428	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHAMBER MUSIC SOCIETY OF PALM BEACH 340 ROYAL POINCIANA WAY SUITE 317-171 PALM BEACH, FL 33480	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPIONS FOR CHILDREN INC 3108 W AZEELE STREET TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVE ATTN DEVELOPME T MIAMI, FL 33136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
CHARLOTTE COUNTY HOMELESS COALITION PO BOX 380157 MURDOCK, FL 339380157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILD CANCER FUND INC 4720 SALISBURY ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CHILD PROTECTION CENTER INC 720 S ORANGE AVE SARASOTA, FL 342367718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD PROTECTION CENTER INC 720 S ORANGE AVE SARASOTA, FL 342367718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,140
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILD RESCUE COALITION INC 4530 CONFERENCE WAY S BOCA RATON, FL 334314489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDCARE RESOURCES OF INDIAN RIVER 2300 5TH AVE STE 149 VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDREN IN CRISIS INC 1000 LUKES WAY FT WALTON BEACH, FL 32547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS BEREAVEMENT CENTER INC 7600 S RED RD STE 307 SOUTH MIAMI, FL 331435427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER CENTER INC 4901 W CYPRESS ST TAMPA, FL 336073801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHILDRENS CANCER CENTER INC 4901 W CYPRESS ST TAMPA, FL 336073801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
CHILDRENS CASE MANAGEMENT ORGANIZAT 3333 FOREST HILL BLVD 2ND FLOOR WEST PALM BCH, FL 334065812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CHRISTMAS PARTY OF JACKSO PO BOX 5338 JACKSONVILLE, FL 322475338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,035
CHILDRENS DIAGNOSTIC & TREATMENT CE 1401 S FEDERAL HWY FORT LAUDERDALE, FL 333162619	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS FOUNDATION OF EXCHANGE CL PO BOX 50795 JACKSONVILLE BEACH, FL 32240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS GUARDIAN FUND INC PO BOX 49722 SARASOTA, FL 34230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS HOME INC 10909 MEMORIAL HWY TAMPA, FL 336152511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	126
CHILDRENS HOME INC 10909 MEMORIAL HWY TAMPA, FL 336152511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME INC 10909 MEMORIAL HWY TAMPA, FL 336152511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
CHILDRENS HOME INC 10909 MEMORIAL HWY TAMPA, FL 336152511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32
CHILDRENS HOME SOCIETY OF FLORIDA 482 S KELLER ROAD 3RD FLOOR ORLANDO, FL 328106101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF FLORIDA PO BOX 5616 JACKSONVILLE, FL 322475616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CHILDRENS HOME SOCIETY OF FLORIDA 3027 SAN DIEGO ROAD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS HOME SOCIETY OF FLORIDA PO BOX 5616 JACKSONVILLE, FL 322475616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF FLORIDA 3027 SAN DIEGO ROAD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOME SOCIETY OF FLORIDA PO BOX 5616 JACKSONVILLE, FL 322475616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOME SOCIETY OF FLORIDA 3027 SAN DIEGO ROAD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER PROJECT INC 1855 W KING STREET COCOA, FL 32926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
CHILDRENS HUNGER PROJECT INC 1855 W KING STREET COCOA, FL 32926	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS MIRACLE NETWORK PO BOX 100386 GAINESVILLE, FL 326100386	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK PO BOX 100386 GAINESVILLE, FL 326100386	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHILDRENS MIRACLE NETWORK PO BOX 100386 GAINESVILLE, FL 326100386	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MIRACLE NETWORK PO BOX 100386 GAINESVILLE, FL 326100386	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF THE TREASURE CO PO BOX 2147 STUART, FL 349952147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MUSEUM OF THE TREASURE CO PO BOX 2147 STUART, FL 349952147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHINMAYA MISSION TAMPA BAY INC 18708 HANNA RD LUTZ, FL 335493839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST EPISCOPAL CHURCH OF PONTE VE 400 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHRIST FELLOWSHIP CHURCH INC 5343 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 334184554	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHRIST THE KING ATHLETIC ASSOCIATIO 11691 HAMPTON PARK BLVD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING ATHLETIC ASSOCIATIO 11691 HAMPTON PARK BLVD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
CHRIST THE KING CATHOLIC SCHOOL 3809 W MORRISON AVENUE TAMPA, FL 336294436	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
CHRIST THE KING CATHOLIC SCHOOL 3809 W MORRISON AVENUE TAMPA, FL 336294436	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING EVANGELICAL LUTHERA 11295 SW 57TH AVE PINECREST, FL 33156	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CHRISTIAN FAMILY CHAPEL OF JACKSONV 10365 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HELP FOUNDATION INC 450 SEMINOLA BLVD CASSELBERRY, FL 327073054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN SHARING CENTER INC 600 N HWY 17-92 SUITE 158 LONGWOOD, FL 32750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87 AVENUE MIAMI, FL 33165	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHRISTOPHER COLUMBUS HIGH SCHOOL 3000 SW 87 AVENUE MIAMI, FL 33165	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,658
CHS HEALTHCARE FOUNDATION INC 1454 MADISON AVE W IMMOKALEE, FL 341422200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH BY THE SEA 1045 95TH STREET BAY HARBOR ISLAND, FL 33154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CHURCH BY THE SEA 1045 95TH STREET BAY HARBOR ISLAND, FL 33154	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
CIRCUS ARTS CONSERVATORY INC 2075 BAHIA VISTA STREET SARASOTA, FL 34239	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITRUS COUNTY FOUNDATION FOR ANIMAL PO BOX 1164 INVERNESS, FL 34451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CITRUS COUNTY FOUNDATION FOR ANIMAL PO BOX 1164 INVERNESS, FL 34451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
CITRUS COUNTY FOUNDATION FOR ANIMAL PO BOX 1164 INVERNESS, FL 34451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITRUS COUNTY FOUNDATION FOR ANIMAL PO BOX 1164 INVERNESS, FL 34451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CITRUS COUNTY HARVEST INC PO BOX 82 LECANTO, FL 34460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CITY HOUSE-DELRAY BEACH INC PO BOX 8451 DELRAY BEACH, FL 33482	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,626
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	538
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
CITY RESCUE MISSION 426 S MCDUFF AVENUE JACKSONVILLE, FL 322544234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,725
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 6 EAST BAY STREET 2ND FLOOR JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	757
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	417
CITY YEAR INC 44 W FLAGLER ST SUITE 500 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIVIC ORCHESTRA OF JACKSONVILLE INC 3305 RIVERSIDE AVE JACKSONVILLE, FL 322058503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CJPAWS 13555 AUTOMOBILE BLVD SUITE 100 CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CJPAWS 13555 AUTOMOBILE BLVD SUITE 100 CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARA WHITE MISSION INC 613 WEST ASHLEY STREET JACKSONVILLE, FL 322024747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
CLAY1500 GANO AVE ORANGE PARK, FL 32073	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	240
CLAY1500 GANO AVE ORANGE PARK, FL 32073	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAY1500 GANO AVE ORANGE PARK, FL 32073	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	80
CLAY COUNTY HUMANE SOCIETY 2230 FILMORE STREET ORANGE PARK, FL 320650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CLAY COUNTY HUMANE SOCIETY 2230 FILMORE STREET ORANGE PARK, FL 320650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAY COUNTY HUMANE SOCIETY 2230 FILMORE STREET ORANGE PARK, FL 320650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLAY COUNTY HUMANE SOCIETY 2230 FILMORE STREET ORANGE PARK, FL 320650000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
CLEARWATER CENTRAL CATHOLIC HIGH SC 2750 HAINES BAYSHORE ROAD CLEARWATER, FL 33760	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,595
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEARWATER FREE CLINIC INC 1218 COURT STREET CLEARWATER, FL 33756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	336
CLEARWATER FREE CLINIC INC 1218 COURT STREET CLEARWATER, FL 33756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
CLEARWATER FREE CLINIC INC 1218 COURT STREET CLEARWATER, FL 33756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLINIC FOR THE REHABILITATION OF WI P O BOX 150 SANIBEL, FL 33957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
CLOTHES TO KIDS INC 1059 N HERCULES AVENUE CLEARWATER, FL 33765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLUB ESTEEM INC 3316 MONROE STREET MELBOURNE, FL 32901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS OF CENTR PO BOX 3467 ORLANDO, FL 328023467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
COALITION OF HOPE FOUNDATION INC 2335 S OCEAN BOULEVARD 7-B PALM BEACH, FL 334805359	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COASTAL POODLE RESCUE PO BOX 121142 MELBOURNE, FL 329121142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COCONUT GROVE CARES INC 3870 WASHINGTON AVE MIAMI, FL 33133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COEXISTENCE INCPO BOX 2559 SARASOTA, FL 34230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COEXISTENCE INCPO BOX 2559 SARASOTA, FL 34230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLOMBIAN AMERICAN SERVICE ASSOCIAT 10300 SW 72ND ST STE 387 MIAMI, FL 33173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COME BACK KIDS INC 2606 GLEN OAKS DRIVE GREEN COVE SPRING, FL 32043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
COME BACK KIDS INC 2606 GLEN OAKS DRIVE GREEN COVE SPRING, FL 32043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COME BACK KIDS INC 2606 GLEN OAKS DRIVE GREEN COVE SPRING, FL 32043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	223
COME BACK KIDS INC 2606 GLEN OAKS DRIVE GREEN COVE SPRING, FL 32043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COME BACK KIDS INC 2606 GLEN OAKS DRIVE GREEN COVE SPRING, FL 32043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMFORT AID INTERNATIONAL PO BOX 954152 LAKE MARY, FL 32795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS OF FLORIDA I C/O TCC 444 APPLEYARD DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITIES IN SCHOOLS OF JACKSONVI 6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF JACKSONVI 6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITIES IN SCHOOLS OF JACKSONVI 6261 DUPONT STATION COURT EAST JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITIES IN SCHOOLS OF PALM BEAC 1660 SOUTHERN BLVD SUITE A WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ARTS PROGRAM (CAP) 3010 DE SOTO BOULEVARD CORAL GABLES, FL 33134	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY COALITION ON HOMELESSNESS 701 17TH AVE W BRADENTON, FL 342057665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY COOPERATIVE INC 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR PALM BEACH 700 S DIXIE HWY 200 W PALM BEACH, FL 334015854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
COMMUNITY FOUNDATION MARTIN ST LUCI 851 SE MONTEREY COMMONS BOULEVARD STUART, FL 34996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
COMMUNITY FOUNDATION OF COLLIER COU 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	654
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF COLLIER COU 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	905
COMMUNITY FOUNDATION OF COLLIER COU 1110 PINE RIDGE ROAD 200 NAPLES, FL 34108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
COMMUNITY FOUNDATION OF SARASOTA CO 2635 FRUITVILLE RD SARASOTA, FL 342375222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF TAMPA BAY I 4300 W CYPRESS ST SUITE 700 TAMPA, FL 336074157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY FOUNDATION OF TAMPA BAY I 4300 W CYPRESS STREET SUITE 700 TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY HABILITATION CENTER INC 11450 SW 79TH CT MIAMI, FL 331733640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HABILITATION CENTER INC 11450 SW 79 STREET MIAMI, FL 33173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY HABILITATION CENTER INC 11450 SW 79 STREET MIAMI, FL 33173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY HABILITATION CENTER INC 11450 SW 79 STREET MIAMI, FL 33173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HAVEN FOR ADULTS AND CHIL 4405 DESOTO RD SARASOTA, FL 342353620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY HOPE CENTER INC 2420 OLD VINELAND RD KISSIMMEE, FL 34746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	900
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	585
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 322572425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	733
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COMMUNITY HOSPICE OF NORTHEAST FLOR 4266 SUNBEAM ROAD JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	147
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY NUTCRACKER INC 4446 HENDRICKS AVE STE 364 JACKSONVILLE, FL 32207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COMMUNITY SCHOOL OF NAPLES INC 13275 LIVINGSTON RD NAPLES, FL 341093859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY SERVICES COUNCIL OF BREVA 3600 WEST KING ST COCOA, FL 32926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOLUTIONS 360 INC 8466 LOCKWOOD RIDGE ROAD 157 SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
COMMUNITY SOLUTIONS 360 INC 8466 LOCKWOOD RIDGE ROAD 157 SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMPREHENSIVE HOUSING RESOURCES INC 21450 GIBRALTER DRIVE - 2ND FLOOR PT CHARLOTTE, FL 339527018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPUTER MENTORS GROUP INC 2802 E DR MARTIN LUTHER KING JR BLVD STE F TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CONNECTED WARRIORS INC 4950 COMMUNICATION AVE BOCA RATON, FL 33431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CONNECTIONS JOB DEVELOPMENT CORPORA CONNECTIONS JOB DEVELOPMENT CORP NEW PRT RCHY, FL 34656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVATION TRUST FOR FLORIDA INC 408 W UNIVERSITY AVE STE 402 GAINESVILLE, FL 32601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CONVENT OF THE SACRED HEART OF MIAM 3747 MAIN HIGHWAY MIAMI, FL 331335907	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
COPD FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPD FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COPD FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COPD FOUNDATION INC 3300 PONCE DE LEON BLVD CORAL GABLES, FL 33134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPPERHEAD CHARITIES INC 36750 US HIGHWAY 19 N PALM HARBOR, FL 34684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CORAL SPRINGS CHINESE CULTURE ASSOC 8343 W ATLANTIC BLVD CORAL SPRINGS, FL 330717454	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CORBETT PREPARATORY SCHOOL OF IDS I 12015 ORANGE GROVE DRIVE TAMPA, FL 336183699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORKSCREW REGIONAL ECOSYSTEM WATERS 23998 CORKSCREW RD ESTERO, FL 339289409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
CORNERSTONE ACADEMY AND MINISTRIES 1520 NW 34TH ST GAINESVILLE, FL 326055040	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55
CORNERSTONE KIDS INC 2708 CENTRAL AVENUE TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNWALL COLLEGE ALUMNI ASSOCIATION 151 N NOB HILL ROAD PLANTATION, FL 33324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CORPORATION TO DEVELOP COMMUNITIES 1907 E HILLSBOROUGH AVENUE TAMPA, FL 33680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COUNCIL FOR EDUCATIONAL CHANGE 4205 BONAVENTURE BLVD SUITE 214 WESTON, FL 33332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR EDUCATIONAL CHANGE 4205 BONAVENTURE BLVD SUITE 214 WESTON, FL 33332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COUNCIL FOR EDUCATIONAL CHANGE 4205 BONAVENTURE BLVD SUITE 214 WESTON, FL 33332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
COUNCIL ON AGING OF WEST FLORIDA IN PO BOX 17066 PENSACOLA, FL 32522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	970
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON AGING OF WEST FLORIDA IN PO BOX 17066 PENSACOLA, FL 32522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CRAWFORDVILLE ELEMENTARY SCHOOL 379 ARRAN RD CRAWFORDVILLE, FL 323271914	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CRC RECOVERY FOUNDATION INC 309 NE 1ST ST DELRAY BEACH, FL 334834519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRC RECOVERY FOUNDATION INC 309 NE 1ST ST DELRAY BEACH, FL 334834519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CREATIVE SERVICES INCPO BOX 2193 OCALA, FL 344782193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CREEKS ATHLETIC ASSOCIATION INC 290 EDGEWATER BRANCH DRIVE FRUIT COVE, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREEKS ATHLETIC ASSOCIATION INC 290 EDGEWATER BRANCH DRIVE FRUIT COVE, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
CREEKS ATHLETIC ASSOCIATION INC 1721 RACETRACK ROAD SAINT JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CREEKS ATHLETIC ASSOCIATION INC 290 EDGEWATER BRANCH DRIVE FRUIT COVE, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREEKS ATHLETIC ASSOCIATION INC 290 EDGEWATER BRANCH DRIVE FRUIT COVE, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9
CREEKS ATHLETIC ASSOCIATION INC 290 EDGEWATER BRANCH DRIVE FRUIT COVE, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9
CREEKSIDE HIGH SCHOOL 100 KNIGHTS LN SAINT JOHNS, FL 322593055	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREEKSIDE HIGH SCHOOL BAND BOOSTERS 100 KNIGHTS LANE ST JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	680
CREEKSIDE HIGH SCHOOL PARENT TEACHE 100 KNIGHTS LANE SAINT JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CRESCENT BEACH SEA TURTLE PATROL 6906 SEA PLACE AVE ST AUGUSTINE, FL 320867900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	465
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CROSS CATHOLIC OUTREACH INC PO BOX 273908 BOCA RATON, FL 334273908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSED PAWS PET RESCUE INC 106 MARGARET ST AUBURNDALE, FL 338232612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CROSSROADS CLUB INC 1700 LAKE IDA RD DELRAY BEACH, FL 334452468	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CROSSROADS CORRAL INC 955 FLORIDA AVE OVIEDO, FL 327659558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSWINDS YOUTH SERVICES INC 1407 DIXON BOULEVARD COCOA, FL 329226411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CUB SCOUT PACK 276 CO HODGES BLVD 4140 HODGES BLVD JACKSONVILLE, FL 32224	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CUBAN AMERICAN NATIONAL COUNCIL INC 1223 SW 4TH STREET MIAMI, FL 331352407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUBAONE FOUNDATION INC 100 SE 3RD AVENUE STE 1514 FORT LAUDERDALE, FL 333940001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
CULTURAL ARTS ALLIANCE OF WALTON CO 105 HOGTOWN BAYOU LN SANTA RSA BCH, FL 324593825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CULTURAL IMPACT FOUNDATION INC 2259 SAINT CHARLES DR CLEARWATER, FL 337644941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYPRESS WOODS ELEMENTARY SCHOOL 4900 CYPRESS WOODS BLVD PALM HARBOR, FL 34685	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	55
CYSTIC FIBROSIS FOUNDATION 12627 SAN JOSE BLVD SUITE 504 ROOM 504B JACKSONVILLE, FL 32223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 3201 W COMMERCIAL BLVD STE 237 FT LAUDERDALE, FL 333096308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 7 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 12627 SAN JOSE BLVD SUITE 504 ROOM 504B JACKSONVILLE, FL 32223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 5100 WEST KENNEDY BLVD STE 195 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 12627 SAN JOSE BLVD SUITE 504 ROOM 504B JACKSONVILLE, FL 32223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 12627 SAN JOSE BLVD SUITE 504 ROOM 504B JACKSONVILLE, FL 32223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 5100 WEST KENNEDY BLVD STE 195 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 3443 NW 55TH ST BLDG 7 FORT LAUDERDALE, FL 33309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 700 S DIXIE HWY SUITE 100 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,550
CYSTIC FIBROSIS FOUNDATION 5100 WEST KENNEDY BLVD STE 195 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DACHSHUND RESCUE SOUTH FLORIDA INC PO BOX 267386 WESTON, FL 33326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DANIEL FOUNDATION INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 322166164	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
DANIEL FOUNDATION INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 322166164	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIEL FOUNDATION INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 322166164	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	60
DANIEL FOUNDATION INC 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 322166164	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	27
DAYSTAR LIFE CENTER INC 1055 28TH STREET SOUTH ST PETERSBURG, FL 33712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTONA BEACH GERMAN SHEPHERD RESCU 26 DORMER DR ORMOND BEACH, FL 321741051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DAYTONA STATE COLLEGE FOUNDATION IN 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DEAFBLIND 207 NORTH SAN MARCO AVE ST AUGUSTINE, FL 32084	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEETTE HOLDEN CUMMER MUSEUM FOUNDAT 829 RIVERSIDE AVENUE JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELRAY BEACH PUBLIC LIBRARY ASSN IN 100 W ATLANTIC AVE DELRAY BEACH, FL 334443662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DELTA EDUCATION AND LIFE DEVELOPMEN PO BOX 917 FT LAUDERDALE, FL 33302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELTONA ALLIANCE CHURCH INC 921 DELTONA BLVD DELTONA, FL 32725	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL SCHOOL OF NORTH EAST FLORIDA 3044 SAN PABLO RD S JACKSONVILLE, FL 322241830	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
DESTIN CHARITY WINE AUCTION FOUNDAT 195 GRAND BOULEVARD SUITE 200 MIRAMAR BEACH, FL 32550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
DESTIN WOMENS CLUB INCORPORATED PO BOX 9267 MIRAMAR BEACH, FL 325501023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESTINATION CHURCH ORLANDO INC 7039 GRAND NATIONAL DR STE 101 ORLANDO, FL 32819	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
DIABETES RESEARCH INSTITUTE FOUNDAT 200 SOUTH PARK ROAD SUITE 100 HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
DIAMONDS IN THE ROUGH FARM 4411 RUES LANDING RD SAINT AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
DING DARLING WILDLIFE SOCIETY INC PO BOX 565 SANIBEL, FL 33957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF PALM BEACH 4001 N MILITARY TRAIL BOCA RATON, FL 33431	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
DIOCESE OF PALM BEACH 4001 N MILITARY TRAIL BOCA RATON, FL 33431	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
DIOCESE OF SOUTHEAST FLORIDA INC 188 SOUTH SWINTON AVE DELRAY BEACH, FL 33444	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF SOUTHEAST FLORIDA INC ST 3439 MAIN HIGHWAY COCONUT GROVE, FL 331335915	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
DIVINE MERCY MINISTRIES INC 4118 LORETTO ROAD JACKSONVILLE, FL 32223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DMG SCHOOL PROJECT INC 2342 EMERSON AVE S ST PETERSBURG, FL 337121670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOLPHIN RESEARCH CENTER INC 58901 OVERSEAS HWY GRASSY KEY, FL 33050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,190
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	482
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT DISMISS DEPRESSION FOUNDATION 3200 NE 36TH ST APT 803 FT LAUDERDALE, FL 333086746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
DONT DISMISS DEPRESSION FOUNDATION 3200 NE 36TH ST APT 803 FT LAUDERDALE, FL 333086746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT MISS A BEAT INCPO BOX 6697 JACKSONVILLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DONT MISS A BEAT INCPO BOX 6697 JACKSONVLLLE, FL 322366697	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOR LEDOR1012 E BROWARD BLVD FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	445
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF JACKSO 8011 PHILIPS HIGHWAY SUITE 7 JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN ECUMENICAL SERVICES COUNCI 215 NORTH OCEAN ST JACKSONVILLE, FL 322023217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,025
DOWNTOWN WATERFRONT PARKS FOUNDATIO 535 CENTRAL AV-316 ST PETERSBURG, FL 337013703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DREAMCATCHER HORSE RANCH RESCUE CEN 10639 TOAD RD CLERMONT, FL 34715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	254
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
DREAMS COME TRUE OF JACKSONVILLE IN 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	218
DRESS FOR SUCCESS TAMPA BAY INC 1705 N HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRUG ABUSE FOUNDATION OF PALM BEACH 400 S SWINTON AVE DELRAY BEACH, FL 334443553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DUCKS UNLIMITED INC 3799 FORSYTHE WAY TALLAHASSEE, FL 32309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DUCKS UNLIMITED INC 3799 FORSYTHE WAY TALLAHASSEE, FL 32309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNEDIN CARES INC 1630 PINEHURST RD DUNEDIN, FL 34698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DUNEDIN CARES INC 1630 PINEHURST RD DUNEDIN, FL 34698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EAST BAY BUCCANEERS FOOTBALL LEAGUE 13010 BULLFROG CREEK ROAD GIBSONTON, FL 33534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BAY BUCCANEERS FOOTBALL LEAGUE 13010 BULLFROG CREEK ROAD GIBSONTON, FL 33534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EASTER SEALS FLORIDA INC 520 N SEMORAN BLVD STE 280 ORLANDO, FL 328073337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EASTER SEALS FLORIDA INC 2010 CROSBY WAY WINTER PARK, FL 327924119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 331251616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EASTERN FLORIDA STATE COLLEGE FOUND 3865 N WICKHAM RD MELBOURNE, FL 32935	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,454
EASTERN FLORIDA STATE COLLEGE FOUND 3865 N WICKHAM RD MELBOURNE, FL 32935	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN FLORIDA STATE COLLEGE FOUND 3865 N WICKHAM RD MELBOURNE, FL 32935	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	860
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ECKERD COLLEGE4200 54TH AVE S ST PETERSBURG, FL 337114744	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ECKERD COLLEGE4200 54TH AVE S ST PETERSBURG, FL 337114744	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECKERD COLLEGE4200 54TH AVE S ST PETERSBURG, FL 337114744	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	161
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	121
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ECKERD YOUTH ALTERNATIVES INC 100 STARCREST DR CLEARWATER, FL 337653224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDGEWOOD CHILDRENS RANCH INC 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
EDGEWOOD CHILDRENS RANCH INC 1451 EDGEWOOD RANCH RD ORLANDO, FL 32835	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
EDUCATE TOMORROW CORP 1717 NORTH BAYSHORE DRIVE SUITE 203 MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
EDUCATION FOUNDATION OF MARTIN COUN PO BOX 291 STUART, FL 34995	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EDUCATION FOUNDATION OF PALM BEACH 505 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATION FOUNDATION OF PALM BEACH 505 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EDUCATION FOUNDATION OF SARASOTA CO 1960 LANDINGS BOULEVARD - SUITE 120 SARASOTA, FL 34231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EDUCATIONAL FOUNDATION OF LAKE COUN 2045 PRUITT STREET LEESBURG FL 34748 LEESBURG, FL 34748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EDUCATIONAL PATHWAYS INC 5890 LANCEWOOD WAY NAPLES, FL 341164935	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDER CARE SERVICES INC 2518 W TENNESSEE ST TALLAHASSEE, FL 323042506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ELEV8HOPE1399 SE LEGACY COVE CIR STUART, FL 349977629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELITE GREYHOUND ADOPTIONS INC 851 HYDE PARK RD LOXAHATCHEE, FL 334704971	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMBROIDERERS GUILD OF AMERICA INC 14633 SWANSEA CT JACKSONVILLE, FL 322584446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMBROIDERERS GUILD OF AMERICA INC 14633 SWANSEA CT JACKSONVILLE, FL 322584446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMBRY-RIDDLE AERONAUTICAL 1 AEROSPACE BLVD DAYTONA BEACH, FL 32114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD COAST CHILDRENS ADVOCACY CE P O BOX 1237 NICEVILLE, FL 32588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EMERALD COAST CHILDRENS ADVOCACY CE P O BOX 1237 NICEVILLE, FL 32588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
EMERALD COAST CHILDRENS ADVOCACY CE P O BOX 1237 NICEVILLE, FL 32588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD COAST EXCEPTIONAL FAMILIES PO BOX 5188 NAVARRE, FL 32566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EMERGENCY CARE HELP ORGANIZATION 548 E BRADFORD RD TALLAHASSEE, FL 32303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
ENDEAVOR MIAMI INC 121 ALHAMBRA PLAZA SUITE 1605 CORAL GABLES, FL 331344540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISING LATINAS INC 5128 SR 674 WIMAUMA, FL 33598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ENTERPRISING LATINAS INC 5128 SR 674 WIMAUMA, FL 33598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
EOD WARRIOR FOUNDATION INC 701 JOHN SIMS PARKWAY EAST SUITE 305 NICEVILLE, FL 32578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EOD WARRIOR FOUNDATION INC 701 JOHN SIMS PARKWAY EAST SUITE 305 NICEVILLE, FL 32578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EPILEPSY ASSOCIATION OF THE BIG BEN 1302 E 6TH AVE TALLAHASSEE, FL 323036506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EPILEPSY FLORIDA INC 5209 SAN JOSE BLVD SUITE 102 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL CHILDRENS SERVICES INC 8443 BAYMEADOWS RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
EPISCOPAL CHILDRENS SERVICES INC 8443 BAYMEADOWS RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
EPISCOPAL CHILDRENS SERVICES INC 8443 BAYMEADOWS RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,250
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF JACKSONVILLE 4455 ATLANTIC BLVD JACKSONVILLE, FL 32207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,025
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY FLORIDA INSTITUTE INC PO BOX 13184 ST PETERSBURG, FL 337333184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
EQUALITY FLORIDA INSTITUTE INC P O BOX 13184 ST PETERSBURG, FL 337137610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EQUINE RESCUE AND ADOPTION FOUNDATI PO BOX 1199 PALM CITY, FL 349911199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	713
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINE-ASSISTED THERAPIES OF SOUTH PO BOX 273542 BOCA RATON, FL 33427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUN 30 EAST TEXAR DRIVE PENSACOLA, FL 32503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ESCAMBIA COUNTY PUBLIC SCHOOLS FOUN 30 EAST TEXAR DRIVE PENSACOLA, FL 32503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
ETA NU EDUCATION FOUNDATION INC PO BOX 547 POMPANO BEACH, FL 33061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EVERETT ANIMAL WELFARE GROUP INC PO BOX 13403 PENSACOLA, FL 325913403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERGLADES ANGELS DOG RESCUE INC 2637 E ATLANTIC BLVD STE 269 POMPANO BEACH, FL 330624939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EVERY CHILD A READER IN ESCAMBIA PO BOX 71 PENSACOLA, FL 32591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EXCHANGE CLUB OF INDIAN RIVER FOUND PO BOX 93 VERO BEACH, FL 329610093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCHANGE CLUB OF INDIAN RIVER FOUND PO BOX 93 VERO BEACH, FL 329610093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
FACIAL PAIN RESEARCH FOUNDATION INC 2653 SW 87TH DRIVE SUITE A GAINESVILLE, FL 326089313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FAIRCHILD TROPICAL BOTANIC GARDEN 10901 OLD CUTLER ROAD CORAL GABLES, FL 331564296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF SLAIN CHILDREN INC 2212 N MYRTLE AVENUE JACKSONVILLE, FL 32209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
FAMILY FOUNDATIONS OF NORTHEAST FLO 40 EAST ADAMS ST STE 320 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY PROMISE OF BREVARD INC PO BOX 562666 ROCKLEDGE, FL 329562666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER ORLANDO I 1000 CLAY ST WINTER PARK, FL 327895437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FAMILY PROMISE OF GREATER ORLANDO I 1000 CLAY ST WINTER PARK, FL 327895437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE OF JACKSONVILLE INC PO BOX 40363 JACKSONVILLE, FL 322030363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF JACKSONVILLE INC PO BOX 40363 JACKSONVILLE, FL 322030363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,750
FAMILY PROMISE OF JACKSONVILLE INC PO BOX 40363 JACKSONVILLE, FL 322030363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY PROMISE OF JACKSONVILLE INC PO BOX 40363 JACKSONVILLE, FL 322030363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF JACKSONVILLE INC PO BOX 40363 JACKSONVILLE, FL 322030363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 32117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 32117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 32117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILY RENEW COMMUNITY INC 810 RIDGEWOOD AVE HOLLY HILL, FL 32117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FARMHOUSE ANIMAL & NATURE SANCTUARY 2807 S DUETTE RD MYAKKA CITY, FL 34251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARMHOUSE ANIMAL & NATURE SANCTUARY 2807 S DUETTE RD MYAKKA CITY, FL 34251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 323033119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 323033119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 323033119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FATHERS HEART MINISTRIES INC 2865 PACES FERRY RD W ORANGE PARK, FL 320736548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
FEEDING AMERICA 1116 EDGEWOOD AVE N UNIT D/E JACKSONVILLE, FL 32254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	571
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	433
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	301
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA TAMPA BAY INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING CHILDREN EVERYWHERE INC 830 S RONALD REAGAN BLVD UNIT 142 LONGWOOD, FL 32750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FEEDING EMPTY LITTLE TUMMIES INC 936 14TH ST W BRADENTON, FL 34205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FEEDING EMPTY LITTLE TUMMIES INC 936 14TH ST W BRADENTON, FL 34205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING EMPTY LITTLE TUMMIES INC 936 14TH ST W BRADENTON, FL 34205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FEEDING EMPTY LITTLE TUMMIES INC 936 14TH ST W BRADENTON, FL 34205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING SOUTH FLORIDA INC 2501 SW 32 TERRACE PEMBROKE PARK, FL 33023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIESTA OF FIVE FLAGS FOUNDATION INC 2121 WEST INTENDENCIA ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
FIFTY OVER FIFTY INCPO BOX 331864 MIAMI, FL 332331864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FILL MY CUP MINISTRIES INC PO BOX 57298 JACKSONVILLE, FL 32241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILL MY CUP MINISTRIES INC PO BOX 57298 JACKSONVILLE, FL 32241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7
FILL MY CUP MINISTRIES INC PO BOX 57298 JACKSONVILLE, FL 32241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
FILL MY CUP MINISTRIES INC PO BOX 57298 JACKSONVILLE, FL 32241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILL MY CUP MINISTRIES INC PO BOX 57298 JACKSONVILLE, FL 32241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
FIREWALL CENTERS INC 13044 SPRING LAKE DR COOPER CITY, FL 33330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	684
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	528
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	382
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	181
FIRST COAST NO MORE HOMELESS PETS I 6817 NORWOOD AVENUE JACKSONVILLE, FL 32208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FIRST COAST WOMENS SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 322237230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST COAST WOMENS SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 322237230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FIRST COAST WOMENS SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 322237230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
FIRST COAST WOMENS SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 322237230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH 260 SW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
FIRST UNITED METHODIST CHURCH 260 SW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
FIRST UNITED METHODIST CHURCH 260 SW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 34983	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE OF THE EMERALD COASTIN PO BOX 2007 EGLIN AIR FORCE BASE, FL 325422007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
FIVE S T A R VETERANS CENTER INC 40 ACME STREET JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
FLAGLER BEACH HISTORICAL MUSEUM INC PO BOX 2136 FLAGLER BEACH, FL 321362136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAGLER COLLEGE INC74 KING STREET ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FLAGLER COLLEGE INC74 KING STREET ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,775
FLAGLER COLLEGE INC74 KING STREET ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAGLER ECUMENICAL SOCIAL SERVICE C PO BOX 2058 BUNNELL, FL 32110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FLORDALE FAITH TEMPLE HOLINESS CHUR 952 ALDERSIDE ST JACKSONVILLE, FL 322084352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FLORENCE VILLA COMMUNITY DEVELOPMEN 111 AVENUE R NE WINTER HAVEN, FL 338812472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA AGRICULTURAL AND MECHANICAL 625 E TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
FLORIDA AGRICULTURAL AND MECHANICAL 625 E TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
FLORIDA AGRICULTURAL AND MECHANICAL 625 E TENNESSEE STREET TALLAHASSEE, FL 32308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ALLIANCE FOR COMMUNITY DEVE 126 WEST ADAMS STREET SUITE 601 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FLORIDA AQUARIUM INC 701 CHANNELSIDE DR TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
FLORIDA AQUARIUM INC 701 CHANNELSIDE DR TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY ALUMNI 777 GLADES ROAD FA 94/205 BOCA RATON, FL 334316424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	740
FLORIDA ATLANTIC UNIVERSITY ALUMNI 777 GLADES ROAD FA 94/205 BOCA RATON, FL 334316424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,130
FLORIDA ATLANTIC UNIVERSITY ALUMNI 777 GLADES ROAD FA 94/205 BOCA RATON, FL 334316424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
FLORIDA ATLANTIC UNIVERSITY FOUNDAT 777 GLADES RD ADM 210 BOCA RATON, FL 33431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA BAPTIST CHILDRENS HOME 1015 SIKES BLVD LAKELAND, FL 338154499	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,200
FLORIDA BREAST CANCER COALITION RES 11900 BISCAYNE BLVD STE 288 N MIAMI, FL 33181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FLORIDA CANCER SPECIALISTS FOUNDATI 5985 SILVER FALLS RUN 210 LAKEWOOD RANCH, FL 34211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA CANCER SPECIALISTS FOUNDATI 5985 SILVER FALLS RUN 210 LAKEWOOD RANCH, FL 34211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,100
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA COLLEGE 119 N GLEN ARVEN AVENUE TEMPLE TERRACE, FL 33617	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FLORIDA COMMUNITY LOAN FUND 800 N MAGNOLIA AVENUE STE 106 ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
FLORIDA ENGLISH BULLDOG RESCUE PO BOX 754 ODESSA, FL 335560754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA FIRE CHIEFS FOUNDATION INC 221 PINEWOOD DRIVE TALLAHASSEE, FL 32301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FLORIDA GULF COAST UNIVERSITY FOUND 10501 FGCU BOULEVARD S FORT MYERS, FL 33965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FLORIDA GULF COAST UNIVERSITY FOUND 10501 FGCU BOULEVARD S FORT MYERS, FL 33965	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA HEMOPHILIA ASSOCIATION INC 915 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 333043544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
FLORIDA HEMOPHILIA ASSOCIATION INC 915 MIDDLE RIVER DR STE 421 FT LAUDERDALE, FL 33304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FLORIDA HEMOPHILIA ASSOCIATION INC 915 MIDDLE RIVER DRIVE FORT LAUDERDALE, FL 333043544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA HEMOPHILIA ASSOCIATION INC 915 MIDDLE RIVER DR STE 421 FT LAUDERDALE, FL 33304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
FLORIDA HOLOCAUST MUSEUM INC 55 5TH ST S ST PETERSBURG, FL 337014146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FLORIDA HOUSING COALITION INC 1311 N PAUL RUSSELL ROAD B-201 TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA HOUSING COALITION INC 1311 N PAUL RUSSELL ROAD B-201 TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
FLORIDA INTERNATIONAL UNIVERSITY FO 11200 SW 8 ST MARC 5TH FLOOR MIAMI, FL 331990001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,175
FLORIDA KEYS HISTORY AND DIVING MUS 82990 OVERSEAS HWY ISLAMORADA, FL 330363600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA LEADERSHIP VENTURE INC PO BOX 940633 MAITLAND, FL 32794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FLORIDA LITFEST INC 2308 CHARLES CT TALLAHASSEE, FL 32303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FLORIDA NATIONAL PARKS ASSOCIATION 10 PARACHUTE KEY LOT 51 HOMESTEAD, FL 330346717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA OCEANOGRAPHIC SOCIETY INC 890 NE OCEAN BLVD STUART, FL 349961627	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FLORIDA PROSPERITY PARTNERSHIP INC 250 W LAKE MARY BLVD 289 SANFORD, FL 32773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FLORIDA SHERIFFS ASSOCIATION PO BOX 12519 TALLAHASSEE, FL 323172519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA SIDS ALLIANCE INC 4300 W LAKE MARY BLVD SUITE 1010-209 LAKE MARY, FL 32746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
FLORIDA SOUTHERN COLLEGE 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 338015607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 339195566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FLORIDA SOUTHWESTERN STATE COLLEGE 8099 COLLEGE PKWY FORT MYERS, FL 339195566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FLORIDA STATE COLLEGE AT JACKSONVIL 501 W STATE ST STE 104 JACKSONVILLE, FL 322024084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA STATE COLLEGE AT JACKSONVIL 501 W STATE ST STE 104 JACKSONVILLE, FL 322024084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	360
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,085
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	27
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	45
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	9
FLORIDA STATE UNIVERSITY FOUNDATION 325 W COLLEGE AVENUE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FLORIDA UNITED METHODIST CHILDRENS PO BOX 6299 DELTONA, FL 327286299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FLORIDA URGENT RESCUE INC 7643 GATE PARKWAY STE 104-27 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FLORIDA WEST COAST PUBLIC BROADCAST 1300 N BOULEVARD TAMPA, FL 336075645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDA WEST COAST PUBLIC BROADCAST 1300 N BOULEVARD TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FLORIDA WEST COAST PUBLIC BROADCAST 1300 N BOULEVARD TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FLORIDA YOUTH SOCCER ASSOCIATION IN 2828 LAKE MYRTLE PARK ROAD AUBURNDALE, FL 33823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORIDAS NATURE COAST CONSERVANCY I PO BOX 401 CEDAR KEY, FL 326250401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FLUFF ANIMAL RESCUE INC PO BOX 8745 SEMINOLE, FL 33775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
FLUFF ANIMAL RESCUE INC PO BOX 8745 SEMINOLE, FL 33775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLUFF ANIMAL RESCUE INC PO BOX 8745 SEMINOLE, FL 33775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18
FLUFF ANIMAL RESCUE INC PO BOX 8745 SEMINOLE, FL 33775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FLUFF ANIMAL RESCUE INC PO BOX 8745 SEMINOLE, FL 33775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BRINGS HOPE INC 555 W GRANADA BLVD STE B-12 ORMOND BEACH, FL 32174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOOD BRINGS HOPE INC 555 W GRANADA BLVD STE B-12 ORMOND BEACH, FL 32174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,212
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	716
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	567
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	436
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	598
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,550
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	414
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,546
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	264
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	788
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THOUGHT OUTREACH INC 174 WATERCOLOR WAY STE 103 286 SANTA ROSA BEACH, FL 324598314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FOOTPRINTS OF THE SON INC 2835 MARIA ISABEL AVE OCOEE, FL 347614652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FOR THE LOVE OF PAWS SENIOR PET SAN 12198 COUNTY RD 512 FELLSMERE, FL 32948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR THE LOVE OF PAWS SENIOR PET SAN 12198 COUNTY RD 512 FELLSMERE, FL 32948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
FOR THE LOVE OF PAWS SENIOR PET SAN 12198 COUNTY RD 512 FELLSMERE, FL 32948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
FOR THE LOVE OF PAWS SENIOR PET SAN 12198 COUNTY RD 512 FELLSMERE, FL 32948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORCE-FACING OUR RISK OF CANCER EMP 16057 TAMPA PALMS BLVD W 373 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FOREST HILLS YOUTH BASEBALL INC 9527 CAVENDISH DRIVE TAMPA, FL 33626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FORGOTTEN SOLDIERS OUTREACH INC 3550 23RD AVE S STE 7 LAKE WORTH, FL 334613207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN SOLDIERS OUTREACH INC 3550 23RD AVE S STE 7 LAKE WORTH, FL 334613207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FORT CAROLINE ATHLETIC ASSOCIATION 1701 ARDEN WAY JACKSONVILLE BEACH, FL 32250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FORTY CARROTS OF SARASOTA INC 1500 S TUTTLE AVE SARASOTA, FL 342392615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTY CARROTS OF SARASOTA INC 1500 S TUTTLE AVE SARASOTA, FL 342392615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	975
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR INTERNATIONAL MISSIO 701 BEACH DR NE ST PETERSBURG, FL 337012618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
FOUNDATION FOR NEW EDUCATION INITIA 1450 NE SECOND AVENUE SUITE 931 MIAMI, FL 33132	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20,000
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 WEST AMELIA STREET ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ORANGE COUNTY PUBLIC 445 W AMELIA ST STE 901 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
FOYE BELLE FOUNDATION INC 174 WATERCOLOR WAY STE 103 420 SANTA RSA BCH, FL 324597351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
FRAMEWORKS OF TAMPA BAY INC 402 EAST OAK AVENUE TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,020
FRANJO POWER BASEBALL CLUB INC 7825 SW 179TH TER PALMETTO BAY, FL 331576212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,400
FRIENDS OF ANIMAL SERVICES INC PO BOX 215 ELFERS, FL 346800215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ARTS & HUMANITIES INC 1226 NORTH TAMIAMI TRAIL SUITE 101 SARASOTA, FL 34236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FRIENDS OF ATLANTIC BEACH ELEMENTAR 1015 ATLANTIC BLVD STE 238 ATLANTIC BEACH, FL 322333313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF BIRCH STATE PARK INC 3109 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 333043313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CLAY COUNTY ANIMALS INC 2048 RIVERGATE DR FLEMING ISLE, FL 320038671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
FRIENDS OF CLAY COUNTY ANIMALS INC 2048 RIVERGATE DR FLEMING ISLE, FL 320038671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
FRIENDS OF ESSENTIAL THROMBOCYTHEMI 10445 TERRA LAGO DR WEST PALM BCH, FL 334123025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FOSTER CHILDREN FOREVER 2675 HORSESHOE DRIVE S 402 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF GUANA TOLOMATO MATANZAS 505 GUANA RIVER RD PONTE VEDRA, FL 320826527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF JACKSONVILLE ANIMALS INC 2020 FOREST ST JACKSONVILLE, FL 322042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF JACKSONVILLE ANIMALS INC 2020 FOREST ST JACKSONVILLE, FL 322042733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF KIDS WITH CANCER FOUNDAT 1111 WEST CYPRES DR POMPANO BEACH, FL 33069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF PALM BEACH INC 214 ALHAMBRA PLACE WEST PALM BEACH, FL 33405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SANDOWAY HOUSE NATURE CE 142 S OCEAN BLVD DELRAY BEACH, FL 334830000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF ST JOHNS COUNTY PET CENT PO BOX 7 ST AUGUSTINE, FL 32085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF ST JOHNS COUNTY PET CENT PO BOX 7 ST AUGUSTINE, FL 32085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF STRAYS INC 2911 47TH AVENUE NORTH SAINT PETERSBURG, FL 33714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE BASS MUSEUM INC 2100 COLLINS AVE MIAMI BEACH, FL 331391919	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE BROWARD COUNTY AFRIC 2650 NW 6TH ST FT LAUDERDALE, FL 333118658	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,139
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LYRIC INC 59 SW FLAGLER AVE STUART, FL 34994	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FRIENDS OF THE MARCH OF THE LIVNG I 7500 SW 120TH ST PINECREST, FL 331565210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF THE MISSIONS INC 39 DOLPHIN DR ST AUGUSTINE, FL 320804530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PONTE VEDRA CONCERT PO BOX 3142 PONTE VEDRA, FL 320043142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE ST AUGUSTINE AMPHITH PO BOX 840179 ST AUGUSTINE, FL 320800179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF THE ST AUGUSTINE AMPHITH PO BOX 840179 ST AUGUSTINE, FL 320800179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF UNION COUNTY ANIMALS 497 SW SUNDAY GLN LAKE CITY, FL 320240834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
FRIENDS OF UNION COUNTY ANIMALS 497 SW SUNDAY GLN LAKE CITY, FL 320240834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
FRIENDS OF WLRN INC172 NE 15TH ST MIAMI, FL 33132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OFHAPPILY EVER ESTHER FARM 701 95TH AVE N NAPLES, FL 341082456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CIRCLE OF NORTH BROWARD 7170 LOXAHATCHEE RD PARKLAND, FL 330673901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRONT RANGE EQUINE RESCUE PO BOX 458 OCALA, FL 34478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRUIT COVE BAPTIST CHURCH 501 STATE ROAD 13 JACKSONVILLE, FL 322592832	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUR SISTERS FUREVER URS RESCUE INC 951 SHETTER AVE JACKSONVILLE BEACH, FL 322500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
FUTURES INC3750 OLSON DRIVE DAYTONA BEACH, FL 32124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAINESVILLE HOUSING DEVELOPMENT & M 1900 4TH ST GAINESVILLE, FL 32641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GANLEY FOUNDATION 6930 LONG LEAF DR PARKLAND, FL 33076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 322042534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL FEDERATION OF WOMENS CLUB 4444 FLORIDA NATIONAL DR LAKELAND, FL 338131515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
GENERAL FEDERATION OF WOMENS CLUB 4444 FLORIDA NATIONAL DR LAKELAND, FL 338131515	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
GEORGE SNOW SCHOLARSHIP FUND INC 201 PLAZA REAL SUITE 260 BOCA RATON, FL 33432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GHETTO YOUTHS FOUNDATION 445 W 40TH STREET 402613 MIAMI BEACH, FL 33140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GHETTO YOUTHS FOUNDATION 445 W 40TH STREET 402613 MIAMI BEACH, FL 33140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
GHETTO YOUTHS FOUNDATION 445 W 40TH STREET 402613 MIAMI BEACH, FL 33140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFFORD MIDDLE SCHOOL BAND PARENTS 4530 28TH CT VERO BEACH, FL 329671328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
GIFFORD MIDDLE SCHOOL BAND PARENTS 4530 28TH CT VERO BEACH, FL 329671328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
GIFFORD MIDDLE SCHOOL BAND PARENTS 4530 28TH CT VERO BEACH, FL 329671328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFFORD YOUTH ACHIEVEMENT CENTER IN 4875 43RD AVENUE VERO BEACH, FL 32967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIFT OF LIFE MARROW REGISTRY INC 5901 BROKEN SOUND PARKWAY NW SUITE 600 BOCA RATON, FL 33487	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GILBERT W MCNEAL ELEMENTARY SCHOOL 6325 LORRRAINE ROAD BRADENTON, FL 34202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILBERT W MCNEAL ELEMENTARY SCHOOL 6325 LORRAINE RD BRADENTON, FL 342026702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	408
GIRL SCOUTS OF GATEWAY COUNCIL INC 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF GATEWAY COUNCIL INC 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEAST FLORIDA IN 6944 LAKE WORTH RD LAKE WORTH, FL 33467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF SOUTHEAST FLORIDA IN 6944 LAKE WORTH RD LAKE WORTH, FL 33467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS OF WEST CENTRAL FLORIDA 4610 EISENHOWER BLVD TAMPA, FL 33634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRLS INCORPORATED OF JACKSONVILLE 100 FESTIVAL PARK AVE JACKSONVILLE, FL 322021309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF JACKSONVILLE 100 FESTIVAL PARK AVE JACKSONVILLE, FL 322021309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
GIRLS INCORPORATED OF JACKSONVILLE 100 FESTIVAL PARK AVE JACKSONVILLE, FL 322021309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
GIRLS ON THE RUN OF ALACHUA COUNTY PO BOX 142941 GAINESVILLE, FL 32614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF NORTHEAST FLORI 3986 BOULEVARD CENTER DR STE 102 JACKSONVILLE, FL 322072819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	351
GIRLS PLACE INC2101 NW 39TH AVE GAINESVILLE, FL 326052303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,381
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLADES INITIATIVE INC 141 SE AVENUE C BELLE GLADE, FL 33430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GLADES INITIATIVE INC 141 SE AVENUE C BELLE GLADE, FL 33430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
GLASSER-SCHOENBAUM HUMAN SERVICES C 1750 17TH STREET BUILDING J-1 SARASOTA, FL 342348666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLASSER-SCHOENBAUM HUMAN SERVICES C 1750 17TH STREET BUILDING J-1 SARASOTA, FL 342348666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GLOBAL EMPOWERMENT MISSION INC 1040 BISCAYNE BLVD APT 2403 MIAMI, FL 331321729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLOBAL EMPOWERMENT MISSION INC 1040 BISCAYNE BLVD APT 2403 MIAMI, FL 331321729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL RESPONSE MANAGEMENT INC 463688 SR 200 SUITE 1 150 YULEE, FL 32097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
GLOBAL RESPONSE MANAGEMENT INC 463688 SR 200 SUITE 1 150 YULEE, FL 32097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
GLOBAL SPORTS ALLIANCE INC 9107 WOODRIDGE RUN DR TAMPA, FL 33647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA DEL LUTHERAN CHURCH 7601 SW 39TH STREET DAVIE, FL 33328	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
GOLDEN RESCUE SOUTH FLORIDA INC PO BOX 17084 PLANTATION, FL 33318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOOD HOPE EQUESTRIAN TRAINING CENTE 22155 SW 147TH AVE MIAMI, FL 331704201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD HOPE EQUESTRIAN TRAINING CENTE 22155 SW 147TH AVE MIAMI, FL 331704201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GOOD HOPE EQUESTRIAN TRAINING CENTE 22155 SW 147TH AVE MIAMI, FL 331704201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GOOD SHEPHERD CATHOLIC SCHOOL 5902 OLEANDER DRIVE ORLANDO, FL 328073433	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF SOUTH FLORID 2121 NW 21 STREET MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
GOODWILL INDUSTRIES OF SOUTH FLORID 2121 NW 21 STREET MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
GOODWILL INDUSTRIES OF SOUTH FLORID 2121 NW 21 STREET MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF SOUTH FLORID 2121 NW 21 STREET MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GOODWILL INDUSTRIES OF SOUTHWEST FL 5100 TICE ST FORT MYERS, FL 339055203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
GORRIE ELEMENTARY SCHOOL 705 W DELEON ST TAMPA, FL 33606	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACEPOINT FOUNDATION INC 5707 N 22ND ST TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
GREAT INCPO BOX 152407 TAMPA, FL 336842407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT KIDS EXPLORER CLUB INC PO BOX 1781 ORMOND BEACH, FL 32175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER FORT LAUDERDALE ALLIANCE FO 110 E BROWARD BLVD STE 1990 FT LAUDERDALE, FL 333013537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 331373210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PENSACOLA JUNIOR GOLF ASSOC 3924 WEST NAVY BOULEVARD PENSACOLA, FL 32507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GREATER PENSACOLA SYMPHONY ORCHESTR PO BOX 1752 PENSACOLA, FL 325911752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
GREATER SARASOTA CHAMBER OF COMMERC 1945 FRUITVILLE RD SARASOTA, FL 342364203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENLAND PINES ELEMENTARY SCHOOL 5050 GREENLAND ROAD JACKSONVILLE, FL 32258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	210
GROUNDWORK JACKSONVILLE INC P O BOX 13295 JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
GUADALUPE CENTER INC 509 HOPE CIRCLE IMMOKALEE, FL 34142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GUARDIAN CATHOLIC SCHOOL PO BOX 551699 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUITARS OVER GUNS OPERATION INC 169 EAST FLAGLER STREET UNIT 1134 MIAMI, FL 33131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
GULF BEACHES ELEMENTARY MAGNET SCHO 8600 BOCA CIEGA DR ST PETERSBURG, FL 33706	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GULF COAST HUMANE SOCIETY INC 2010 ARCADIA ST FORT MYERS, FL 33916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST KIDS HOUSE INC 3401 N 12TH AVE PENSACOLA, FL 32563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GULF COAST KIDS HOUSE INC 3401 N 12TH AVE PENSACOLA, FL 32563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
GULF COAST PARTNERSHIP INC 408 TAMIAMI TRL UNIT 121 PUNTA GORDA, FL 33950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULFSHORE PLAYHOUSE INC 1010 5TH AVENUE SOUTH NAPLES, FL 34102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
GUMBO LIMBO NATURE CENTER INC 1801 N OCEAN BLVD BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
GUY HARVEY OCEAN FUND INC 10408 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUY HARVEY OCEAN FUND INC 10408 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
GUY HARVEY OCEAN FUND INC 10408 WEST STATE ROAD 84 SUITE 104 DAVIE, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	108
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,255
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	168
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DR MBC-FOU TAMPA, FL 336129416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DR MBC-FOUND FLR 2 TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	31
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE MBC-FOUND FLR2 TAMPA, FL 33612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H LEE MOFFITT CANCER CENTER AND RES 12902 MAGNOLIA DRIVE TAMPA, FL 336129416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HABILITATION CENTER FOR THE HANDICA 22313 BOCA RIO RD BOCA RATON, FL 334334701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY GREATER ORLAND 4116 SILVER STAR RD ORLANDO, FL 328084636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN OKALOOSA CO 802 PELHAM RD FT WALTON BCH, FL 32547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 3564 N OCEAN BLVD FORT LAUDERDALE, FL 333086752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HABITAT FOR HUMANITY INTERNATIONAL 797 MAYPORT RD ATLANTIC BEACH, FL 322334309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2404 HUBBARD ST JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 8055 OVERSEAS HWY MARATHON, FL 33050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 4515 BABCOCK STREET PALM BAY, FL 32905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
HABITAT FOR HUMANITY INTERNATIONAL 2404 HUBBARD ST JACKSONVILLE, FL 32206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2433 PALATKA, FL 321782433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 702 S 6TH STREET FORT PIERCE, FL 349508342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 1750 MANZANA AVENUE PUNTA GORDA, FL 33950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 3564 N OCEAN BLVD FORT LAUDERDALE, FL 333086752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1901 MANATEE AVE WEST 2ND FLOOR BRADENTON, FL 34205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 187 BUNNELL, FL 32110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1041 CRYSTAL RIVER, FL 34423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4515 BABCOCK STREET PALM BAY, FL 32905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 159 S COMMERCE AVE SEBRING, FL 338703602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 509 EAST JACKSON STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 1101 W OAK STREET ARCADIA, FL 34266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 2090 N FEDERAL HIGHWAY STUART, FL 34994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4568 N US 1 HWY VERO BEACH, FL 32967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 4515 BABCOCK STREET PALM BAY, FL 32905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY INTERNATIONAL 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HABITAT FOR HUMANITY INTERNATIONAL 509 EAST JACKSON STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 509 EAST JACKSON STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HABITAT FOR HUMANITY INTERNATIONAL 181 SE 5TH AVENUE DELRAY BEACH, FL 33483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
HABITAT FOR HUMANITY INTERNATIONAL 1901 MANATEE AVE WEST 2ND FLOOR BRADENTON, FL 34205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 6758 N MILITARY TRAIL SUITE 301 RIVIERA BEACH, FL 334071203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
HABITAT FOR HUMANITY INTERNATIONAL 509 EAST JACKSON STREET TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 280 ALLIGATOR DRIVE VENICE, FL 34293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY OF COLLIER COU 11145 TAMIAMI TRAIL EAST NAPLES, FL 34113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY OF GREATER MIA 3800 NW 22 AVENUE MIAMI, FL 33142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF KEY WEST AN PO BOX 5783 KEY WEST, FL 33045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY OF LEE & HENDR 1288 N TAMIAMI TRL NORTH FORT MYERS, FL 339035305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY OF LEE & HENDR 1288 N TAMIAMI TRL NORTH FORT MYERS, FL 339035305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 33762	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HAILES ANGELS PET RESCUE INC 5231 SW 91ST DR GAINESVILLE, FL 326083001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HAITIAN ATHLETIC FOUNDATION INC 14610 SW 99TH AVENUE MIAMI, FL 33146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITIAN NEIGHBORHOOD CENTER SANT LA 13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HAITIAN NEIGHBORHOOD CENTER SANT LA 13390 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HALIFAX HUMANE SOCIETY INC 2364 LPGA BLVD DAYTONA BEACH, FL 321241083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
HALIFAX URBAN MINISTRIES 1340 WRIGHT STREET DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMOND ELEMENTARY SCHOOL 8008 N MOBLEY RD ODESSA, FL 33556	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
HANLEY CENTER FOUNDATION INC 700 S DIXIE HWY STE 103 WEST PALM BCH, FL 334015854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,371
HAPPY TAILS DOG RESCUE INC 41 COCONUT LN OCEAN RIDGE, FL 334355202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAPPY TAILS DOG RESCUE INC 41 COCONUT LN OCEAN RIDGE, FL 334355202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,130
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO, FL 328680748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARBORDALE ELEMENTARY SCHOOL 900 SE 15TH STREET FT LAUDERDALE, FL 33316	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
HARRY CHAPIN FOOD BANK OF SOUTHWEST 3760 FOWLER ST FORT MYERS, FL 339010930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRY CHAPIN FOOD BANK OF SOUTHWEST 3760 FOWLER ST FORT MYERS, FL 339010930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
HARVEST TABERNACLE OF SARASOTA INC 3650 17TH STREET SARASOTA, FL 34235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN OF HOPE INTERNATIONAL INC PO BOX 60794 FORT MYERS, FL 33906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HEAD HEART AND HANDS OF INDIAN RIVE 800 CAROLINA CIR SW VERO BEACH, FL 329626900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA BEACH, FL 32004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA, FL 320040140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA BACH, FL 32004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
HEAL FOUNDATION INCPO BOX 140 PONTE VEDRA, FL 320040140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING PAWS ANIMAL THERAPY INC 36181 E LAKE RD STE 272 PALM HARBOR, FL 346853142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEALTH INFORMATION PROJECT INC 4601 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HEALTHY U NOW FOUNDATION INC 3800 JOE ASHTON ROAD ST AUGUSTINE, FL 32092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,015
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,662
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	222
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,687
HEART OF FLORIDA UNITED WAY 1940 CANNERY WAY ORLANDO, FL 328044714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,302
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAVEN DESTINY4104 E ELLICOTT ST TAMPA, FL 33610	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
HEBNI NUTRITION CONSULTANTS INC 2009 W CENTRAL BLVD ORLANDO, FL 32805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HEIGHTS CENTER INC15570 HAGIE DR FORT MYERS, FL 339082890	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING ABUSED NEGLECTED DISADVANTA 501 NE 8TH STREET FORT LAUDERDALE, FL 33304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HELPING HANDS FOUNDATION INC 101 NE 16TH AVE OCALA, FL 344706904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HELPING PAWS22 INC 2200 NE 2ND AVE CAPE CORAL, FL 339094203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDERSON BEHAVIORAL HEALTH INC 4740 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 333195839	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
HENDERSON HAVEN INC 772 FOXRIDGE CENTER DR ORANGE PARK, FL 32065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
HENDERSON HAVEN INC 772 FOXRIDGE CENTER DR ORANGE PARK, FL 32065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDERSON HAVEN INC 772 FOXRIDGE CENTER DR ORANGE PARK, FL 32065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
HER SONG JACKSONVILLE INC 1929 SAN MARCO PLACE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HERNANDO HISTORICAL MUSEUM ASSOCIAT 66 RUSSELL STREET BROOKSVILLE, FL 34601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIALEAH GARDENS SENIOR HIGH SCHOOL 11700 HIALEAH GARDENS BLVD HIALEAH GARDENS, FL 33018	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
HICKORY CREEK ELEMENTARY SCHOOL 235 HICKORY CREEK TRAIL ST JOHNS, FL 322598338	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HILLSBOROUGH COMMUNITY COLLEGE FOUN 39 COLUMBIA DR TAMPA, FL 336063584	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH EDUCATION FOUNDATION I 2306 NORTH HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HILLSBOROUGH EDUCATION FOUNDATION I 2306 NORTH HOWARD AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HISPANIC BUSINESS INITIATIVE FUND N 3201 EAST COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	633
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISPANIC BUSINESS INITIATIVE FUND O 3201 E COLONIAL DRIVE ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISPANIC SERVICES COUNCIL INC 7825 N DALE MABRY HWY STE 102 TAMPA, FL 33614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HISPANIC UNITY OF FLORIDA INC 5840 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOLIDAY HILL ELEMENTARY SCHOOL 6900 ALTAMA RD JACKSONVILLE, FL 322169104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLOCAUST MEMORIAL RESOURCE AND EDU 851 N MAITLAND AVE MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOLY CROSS HOSPITAL INC DEVELOPMENT OFFICE 4725 N FEDERAL HWY FT LAUDERDALE, FL 333084603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
HOLY CROSS HOSPITAL INC DEVELOPMENT OFFICE 4725 N FEDERAL HWY FT LAUDERDALE, FL 333084603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY FAMILY CATHOLIC SCHOOL 5129 S APOPKA VINELAND ROAD ORLANDO, FL 328193801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
HOLY FAMILY CATHOLIC SCHOOL 5129 S APOPKA VINELAND ROAD ORLANDO, FL 328193801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY FAMILY CATHOLIC SCHOOL 5129 S APOPKA VINELAND ROAD ORLANDO, FL 328193801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS COALITION OF PALM BEACH CO 810 DATURA ST WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOMELESS COALITION OF PALM BEACH CO 810 DATURA ST WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOMELESS COALITION OF PALM BEACH CO 810 DATURA ST WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS EMERGENCY PROJECT INC 1120 N BETTY LN CLEARWATER, FL 337553303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
HONEY SHINE INC 100 SOUTH BISCAYNE BLVD FLOOR 3 MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HONOR SANTUARY INC 4951 LORRAINE RD BRADENTON, FL 342119269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CENTER ORANGE PARK INC 1276 GANO AVENUE ORANGE PARK, FL 32073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
HOPE CENTER ORANGE PARK INC 1276 GANO AVENUE ORANGE PARK, FL 32073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
HOPE CENTER ORANGE PARK INC 1276 GANO AVENUE ORANGE PARK, FL 32073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CENTER ORANGE PARK INC 1276 GANO AVENUE ORANGE PARK, FL 32073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOPE FOR HAITI INC1021 5TH AVE N NAPLES, FL 34102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE FOUNDATION FOR A BETTER TOMORR 5420 N OCEAN DR APT 1101 RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HELPS INC812 EYRIE DRIVE OVIEDO, FL 32765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOPE HELPS INC812 EYRIE DRIVE OVIEDO, FL 32765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
HOPE HELPS INC812 EYRIE DRIVE OVIEDO, FL 32765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HELPS INC812 EYRIE DRIVE OVIEDO, FL 32765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOPE HELPS INC812 EYRIE DRIVE OVIEDO, FL 32765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE AND COMMUNITY SERVICES 9470 HEALTHPARK CIR FORT MYERS, FL 339083600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOSPICE AND COMMUNITY SERVICES 9470 HEALTHPARK CIR FORT MYERS, FL 339083600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HOPE INTERNATIONAL MINISTRIES INC 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HOPE INTERNATIONAL MINISTRIES INC 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE INTERNATIONAL MINISTRIES INC 11415 HOPE INTERNATIONAL DR TAMPA, FL 33625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HORSE CONNECTIONS INC 8118 PLATHE RD NEW PRT RCHY, FL 346534578	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HORSE SENSE & SENSITIVITY INC PO BOX 2301 JACKSONVILLE, FL 322032301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF CITRUS COUNTY INC 3264 W AUDUBON PARK PATH LECANTO, FL 34461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE OF MARION COUNTY INC PO BOX 4860 OCALA, FL 344784860	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF MARION COUNTY INC 3231 SW 34TH AVE OCALA, FL 34474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF PALM BEACH COUNTY INC 5300 EAST AVE WEST PALM BEACH, FL 33407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
HOSPICE OF PALM BEACH COUNTY INC 5300 EAST AVE WEST PALM BEACH, FL 33407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	528
HOSPICE OF PALM BEACH COUNTY INC 5300 EAST AVE WEST PALM BEACH, FL 33407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT BLVD CLEARWATER, FL 337603407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOUSING AND EDUCATION ALLIANCE INC 9215 N FLORIDA AVENUE SUITE 104 TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOUSING LEADERSHIP COUNCIL OF PALM 2101 VISTA PARKWAY 4027 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING PARTNERSHIP INC 2001 BLUE HERON BLVD WEST RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HPS HELPING PEOPLE SUCCEED FOUNDATI 1601 NE BRAILLE PL JENSEN BEACH, FL 349575345	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
HPS HELPING PEOPLE SUCCEED FOUNDATI 1601 NE BRAILLE PL JENSEN BEACH, FL 349575345	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE FOUNDATION INC PO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
HUBBARD HOUSE FOUNDATION INC PO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUBBARD HOUSE FOUNDATION INC PO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21,000
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	622
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,295
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	391
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	82
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HUBBARD HOUSE INCPO BOX 4909 JACKSONVILLE, FL 322014909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	23
HUGS CHARITIES INC3111 S PINE AVE OCALA, FL 34471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS ADVOCACY CENTER INC PO BOX 2948 CLEARWATER, FL 337572948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY AT LAKEWOOD RANCH IN 26920 GOPHER HILL ROAD MYAKKA CITY, FL 34251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	241
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	364
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FT LAUDERDALE, FL 333125913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF COLLIER COUNTY IN 370 AIRPORT-PULLING ROAD N NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF GR MIAMI DADE CTY 16101 W DIXIE HWY N MIAMI BEACH, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
HUMANE SOCIETY OF GR MIAMI DADE CTY 16101 W DIXIE HWY N MIAMI BEACH, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF GR MIAMI DADE CTY 16101 W DIXIE HWY N MIAMI BEACH, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF MANATEE COUNTY IN 2515 14TH ST W BRADENTON, FL 342056409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF PASCO COUNTY 14949 HARMON DR SPRING HILL, FL 346107622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF PASCO COUNTY 14949 HARMON DR SPRING HILL, FL 346107622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 337592500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 337592500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 337592500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
HUMANE SOCIETY OF PINELLAS INC 3040 STATE ROAD 590 CLEARWATER, FL 337592500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
HUMANE SOCIETY OF SARASOTA COUNTY I 2331 15TH STREET SARASOTA, FL 34237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SARASOTA COUNTY I 2331 15TH STREET SARASOTA, FL 34237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,303
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	124
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TAMPA BAY INC 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,775
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	114
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HUNGER FIGHT INC2935 DAWN RD JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HUSKY HAVEN OF FLORIDA INC PO BOX 195066 WINTER SPRINGS, FL 32719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HAVE A DREAM FOUNDATION OF MIAMI 17749 COLLINS AVENUE TS40 SUNNY ISLES, FL 33160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,590
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M SULZBACHER CENTER FOR THE HOMEL 611 EAST ADAMS STREET JACKSONVILLE, FL 322022847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
IBIS FRIENDS OF VETERANS CHARITABLE 10130 NORTHLAKE BLVD SUITE 214-303 WEST PALM BCH, FL 33412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
IDIGNITY INC424 E CENTRAL BLVD 199 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IM A STAR FOUNDATION INC 3909 SOUTEL DR JACKSONVILLE, FL 322081226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
IM A STAR FOUNDATION INC 3909 SOUTEL DR JACKSONVILLE, FL 322081226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
IM A STAR FOUNDATION INC 3909 SOUTEL DR JACKSONVILLE, FL 322081226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE CHARTER SCHOOL WESTON PAREN 2500 GLADES CIR WESTON, FL 333272253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
IMAGINE CHICAGO 7743 SE LOBLOLLY BAY DR HOBE SOUND, FL 33455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
IMMANUEL LUTHERAN SCHOOL 2913 JOHN MOORE ROAD BRANDON, FL 335117139	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMANUEL LUTHERAN SCHOOL 2913 JOHN MOORE ROAD BRANDON, FL 335117139	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
IMMANUEL LUTHERAN SCHOOL 2913 JOHN MOORE ROAD BRANDON, FL 335117139	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
IMPACT 100 PALM BEACH COUNTY 261 NW 13TH ST BOCA RATON, FL 334321402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	538
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 PALM BEACH COUNTY 261 NW 13TH ST BOCA RATON, FL 334321402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
IMPACT 100 PALM BEACH COUNTY INC 261 NW 13TH ST BOCA RATON, FL 334321402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
IMPACT 100 PALM BEACH COUNTY INC 261 NW 13TH ST BOCA RATON, FL 334321402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 PENSACOLA BAY AREA INC PO BOX 13304 PENSACOLA, FL 325913304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
IMPACT 100 PENSACOLA BAY AREA INC PO BOX 13304 PENSACOLA, FL 325913304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
INDIAN RIVER COMMUNITY FOUNDATION PO BOX 643968 VERO BEACH, FL 329643968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
INDIAN RIVER HOSPITAL FOUNDATION IN 1000 37TH PLACE 101 VERO BEACH, FL 32960	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER HOSPITAL FOUNDATION IN 1000 37TH PLACE 101 VERO BEACH, FL 32960	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
INDIAN RIVER HOSPITAL FOUNDATION IN 1000 37TH PLACE 101 VERO BEACH, FL 32960	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
INDIAN RIVER LAND TR INC 80 ROYAL PALM POINTE SUITE 301 VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN RIVER STATE COLLEGE FDN INC 3209 VIRGINIA AVE FT PIERCE, FL 349815541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
INDIAN RIVER STATE COLLEGE FDN INC 3209 VIRGINIA AVE FT PIERCE, FL 349815541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INDIAN RIVER STATE COLLEGE FDN INC 3209 VIRGINIA AVE FT PIERCE, FL 349815541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 10006 CROSS CREEK BLVD STE 402 TAMPA, FL 33647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
INTERCHURCH COALITION FOR ACTION RE 2650 PARK ST JACKSONVILLE, FL 322044520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
INTERCULTURAL ADVOCACY INSTITUTE 612 FRANKLIN ST CLEARWATER, FL 337565414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF NORTH EAST FLORID 2333 ST JOHNS BLUFF ROAD S JACKSONVILLE, FL 322462308	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
ISLAMIC CENTER OF NORTH EAST FLORID 2333 ST JOHNS BLUFF RD JACKSONVILLE, FL 32246	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
ISRAEL TENNIS CENTERS FOUNDATION IN 3275 W HILLSBORO BLVD STE 102 DEERFIELD BCH, FL 334429410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISRAEL TENNIS CENTERS FOUNDATION IN 3275 WEST HILLSBORO BOULEVARD DEERFIELD BEACH, FL 33442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ITS OUR TURN INC 26284 HONG KONG ROAD PUNTA GORDA, FL 33980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ITS OUR TURN INC 26284 HONG KONG ROAD PUNTA GORDA, FL 33980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J A G A CHARITABLE TRUST 6817 SOUTHPOINT PARKWAY SUITE 1204 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	476
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	426
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	142
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	142
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACK AND JILL CHILDRENS CENTER INC 1315 WEST BROWARD BOULEVARD FORT LAUDERDALE, FL 33312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	142
JACKSON HEALTH FOUNDATION INC 1500 NW 12TH AVENUE SUITE 1117 EAST MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JACKSONVILLE ANIMAL CARE PROTECTIVE 2020 FOREST ST JACKSONVILLE, FL 32204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE ARBORETUM & GARDENS IN PO BOX 350430 JACKSONVILLE, FL 32225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JACKSONVILLE AREA LEGAL AID INC 126 W ADAMS ST JACKSONVILLE, FL 322023849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	458
JACKSONVILLE AREA LEGAL AID INC 126 W ADAMS ST JACKSONVILLE, FL 322023849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA LEGAL AID INC 126 W ADAMS ST JACKSONVILLE, FL 322023849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JACKSONVILLE AREA LEGAL AID INC 126 W ADAMS ST JACKSONVILLE, FL 322023849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	614
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	736
JACKSONVILLE AREA SEXUAL MINORITY Y PO BOX 2973 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE BEACH ELEMENTARY SCHOO 315 10TH ST S JACKSONVILLE BEACH, FL 322503334	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
JACKSONVILLE CHAMBER FOUNDATION INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
JACKSONVILLE CHILDRENS CHORUS INC 225 E DUVAL ST JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE CHILDRENS CHORUS INC 225 E DUVAL ST JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JACKSONVILLE COMMUNITY BAND INC 3510 FLEET ST JACKSONVILLE, FL 322075449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE COUNTRY DAY SCHOOL 10063 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE COUNTRY DAY SCHOOL 10063 BAYMEADOWS ROAD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
JACKSONVILLE ELECTRICAL JOINT APPRE 4951 RICHARD STREET JACKSONVILLE, FL 322077328	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
JACKSONVILLE FIREFIGHTERS CHARITIES 625 STOCKTON ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	704
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE FRATERNAL ORDER OF POL 5530 BEACH BLVD JACKSONVILLE, FL 322075161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE HISTORICAL SOCIETY INC 314 PALMETTO STREET JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JACKSONVILLE HISTORICAL SOCIETY INC 314 PALMETTO STREET JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,801
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,871
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	322
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,464
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
JACKSONVILLE RUGBY FOOTBALL CLUB IN 8472 LYNDA SUE LN E JACKSONVILLE, FL 32217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
JACKSONVILLE SCHOOL FOR AUTISM INC 9000 CYPRESS GREEN DRIVE JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE SYMPHONY ASSOCIATION 300 WATER STREET SUITE 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
JACKSONVILLE WOLFSON CHILDRENS HOSP 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES JONES LEGACY FOUNDATION INC 8004 NW 154TH STREET NUMBER 22 MIAMI, FL 33016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JAMES JONES LEGACY FOUNDATION INC 8004 NW 154TH STREET NUMBER 22 MIAMI, FL 33016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JAMES JONES LEGACY FOUNDATION INC 8004 NW 154TH STREET NUMBER 22 MIAMI, FL 33016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WELDON JOHNSON BRANCH POBOX 2851 JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JAMES WELDON JOHNSON BRANCH PO BOX2851 JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JAMES WELDON JOHNSON BRANCH PO BOX2851 JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JASON TAYLOR FOUNDATION INC 1575 NORTHPARK DR STE 99 WESTON, FL 333263230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 9600 KOGER BLVD SUITE 103 ST PETERSBURG, FL 33702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,018
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3369 PINE RIDGE ROAD SUITE 202 NAPLES, FL 34109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 370 CENTERPOINTE CIRCLE SUITE 1154 ALTAMONTE SPRINGS, FL 32701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 9700 PHILIPS HIGHWAY SUITE 106 JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERICHO ROAD MINISTRIES INC PO BOX 864 BROOKSVILLE, FL 346050864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
JERICHO SCHOOL FOR CHILDREN WITH AU 1351 SPRINKLE DR JACKSONVILLE, FL 322115448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JERICHO SCHOOL FOR CHILDREN WITH AU 1351 SPRINKLE DR JACKSONVILLE, FL 322115448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERICHO SCHOOL FOR CHILDREN WITH AU 1351 SPRINKLE DR JACKSONVILLE, FL 322115448	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
JESUIT HIGH SCHOOL 4701 NORTH HIMES AVENUE TAMPA, FL 33614	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
JESUIT HIGH SCHOOL 4701 NORTH HIMES AVENUE TAMPA, FL 33614	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT HIGH SCHOOL OF TAMPA INC 4701 N HIMES AVE TAMPA, FL 33614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
JESUS HOUSE OF HOPE INC 2484 SE BONITA STREET STUART, FL 34997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JESUS HOUSE OF HOPE INC 2484 SE BONITA STREET STUART, FL 34997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH ADOPTION AND FOSTER CARE OPT 4200 N UNIVERSITY DR SUNRISE, FL 333516210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
JEWISH ASSOCIATION FOR RESIDENTIAL 21160 95TH AVE SOUTH BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
JEWISH ASSOCIATION FOR RESIDENTIAL 21160 95TH AVE S BOCA RATON, FL 33432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE O 2688 FRUITVILLE ROAD SARASOTA, FL 342375223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
JEWISH FAMILY & COMMUNITY SERVICES 8540 BAYCENTER RD JACKSONVILLE, FL 32256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FEDERATION OF SOUTH PALM BEA 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JEWISH FEDERATION OF VOLUSIA & FLAG 470 ANDALUSIA AVE ORMOND BEACH, FL 32174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 902 CLINT MOORE ROAD SUITE 128 BOCA RATON, FL 33487	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JIM DOTSON FOUNDATION PO BOX 8463 JACKSONVILLE, FL 32277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JIM DOTSON FOUNDATION PO BOX 8463 JACKSONVILLE, FL 32277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS PARTNERSHIP OF FLORIDA INC 5336 MILLENIA BLVD BLDG 5 - SUITE 5000 ORLANDO, FL 32839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE DIMAGGIO CHILDRENS HOSPITAL FOU 3329 JOHNSON STREET HOLLYWOOD, FL 33021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JOHN CARROLL HIGH SCHOOL INC 3402 DELAWARE AVE FORT PIERCE, FL 349476114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
JOHNS HOPKINS ALL CHILDRENS FOUNDAT PO BOX 3142 ST PETERSBURG, FL 337313142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS ALL CHILDRENS FOUNDAT 500 7TH AVENUE SAINT PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHNS HOPKINS ALL CHILDRENS FOUNDAT PO BOX 3142 ST PETERSBURG, FL 337313142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHNS HOPKINS ALL CHILDRENS FOUNDAT 500 7TH AVENUE SAINT PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS ISLAND COMMUNITY SERVICE LEAG 4445 A1A SUITE 234 VERO BEACH, FL 32963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
JONATHANS LANDING CARES INC 16823 CAPTAIN KIRLE DR JUPITER, FL 334771299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JORGE M PEREZ ART MUSEUM OF MIAMI D 1103 BISCAYNE BLVD MIAMI, FL 33132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEYS END ANIMAL SANCTUARY INC 1899 MERCERS FERNERY RD DELAND, FL 327202181	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JULINGTON CREEK ELEMENTARY PTO 2316 RACE TRACK RD SAINT JOHNS, FL 322594227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	358
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL FLORI 2121 CAMDEN ROAD ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	201
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF FLORIDA FOUND 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
JUNIOR ACHIEVEMENT OF GREATER MIAMI 301 71ST STREET 2ND FLOOR MIAMI BEACH, FL 33141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF NORTH FLORIDA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF NORTH FLORIDA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTH FLORIDA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
JUNIOR ACHIEVEMENT OF NORTH FLORIDA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA 1130 COCONUT CREEK BOULEVARD COCONUT CREEK, FL 33066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTH FLORIDA 1130 COCONUT CREEK BOULEVARD COCONUT CREEK, FL 33066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF TAMPA BAY 5077 FRUITVILLE ROAD 109-303 SARASOTA, FL 34232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY POBOX 141284 GAINESVILLE FLORIDA 32614 TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF TAMPA BAY 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF TAMPA BAY 5077 FRUITVILLE ROAD 109-303 SARASOTA, FL 34232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
JUNIOR ACHIEVEMENT OF THE PALM BEAC 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	368
JUNIOR ACHIEVEMENT OF THE PALM BEAC 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE PALM BEAC 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF THE SPACE COA 1275 SOUTH PATRICK DR STE E SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF THE SPACE COA 1275 SOUTH PATRICK DR STE E SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE SPACE COA 1275 SOUTH PATRICK DR STE E SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT OF THE SPACE COA 1275 SOUTH PATRICK DR STE E SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT USA 13707 N 22ND STREET TAMPA, FL 33613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 13707 N 22ND ST TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT USA 5077 FRUITVILLE ROAD 109-303 SARASOTA, FL 34232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	346
JUNIOR ACHIEVEMENT USA 13707 N 22ND ST TAMPA, FL 336134412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JUNIOR ACHIEVEMENT USA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT USA 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT USA 1275 SOUTH PATRICK DR STE E SATELLITE BEACH, FL 32937	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
JUNIOR ACHIEVEMENT USA PO BOX 14268 TALLAHASSEE, FL 32317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 6903 VISTA PARKWAY NORTH SUITE 10 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
JUNIOR ACHIEVEMENT USA 4049 WOODCOCK DRIVE SUITE 200 JACKSONVILLE, FL 322072581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT USA 5077 FRUITVILLE ROAD 109-303 SARASOTA, FL 34232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF BOCA RATON INC 261 NW 13TH STREET BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF JACKSONVILLE INC 2165 PARK STREET ATTENTION ASHLEY SANFORD JACKSONVILLE, FL 322043811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	355
JUNIOR LEAGUE OF JACKSONVILLE INC 2165 PARK STREET ATTENTION ASHLEY SANFORD JACKSONVILLE, FL 322043811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF MIAMI FOUNDATION I 713 BILTMORE WAY CORAL GABLES, FL 331347522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUPITER MEDICAL CENTER FOUNDATION I 1210 S OLD DIXIE HWY JUPITER, FL 334587205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUPITER MEDICAL CENTER FOUNDATION I 1210 S OLD DIXIE HWY JUPITER, FL 334587205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
JUPITER POLICE FOUNDATION INC 210 MILITARY TRL JUPITER, FL 334585786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUSTIN BARTLETT ANIMAL RESCUE 10405 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JUSTIN BARTLETT ANIMAL RESCUE 10405 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	97
JUSTIN BARTLETT ANIMAL RESCUE 10405 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUSTIN BARTLETT ANIMAL RESCUE 10405 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	49
JUSTIN BARTLETT ANIMAL RESCUE 10405 SOUTHERN BLVD ROYAL PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
K-8 SCHOOL KK1365 SHETLAND DRIVE SAINT JOHNS, FL 32259	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K-8 SCHOOL KK1365 SHETLAND DRIVE SAINT JOHNS, FL 32259	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	297
K9 SERVICES GERMAN SHEPHERD RESCUE 3913 LITTLE DAIRY RD GREEN CV SPGS, FL 320434834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
K9 SERVICES GERMAN SHEPHERD RESCUE 3913 LITTLE DAIRY RD GREEN CV SPGS, FL 320434834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9 SERVICES GERMAN SHEPHERD RESCUE 3913 LITTLE DAIRY RD GREEN CV SPGS, FL 320434834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
K9 SERVICES GERMAN SHEPHERD RESCUE 3913 LITTLE DAIRY RD GREEN CV SPGS, FL 320434834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,099
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9S FOR WARRIORS INC 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
KAMP KRITTER RESCUE FOUNDATION INC 281 MCDUFF AVE S JACKSONVILLE, FL 322543918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
KANAPAHA MIDDLE SCHOOL 5005 SW 75TH ST GAINESVILLE, FL 32608	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA PSI DELTA ZETA ALUMNI F 9999 NE 2ND AVE STE 219 MIAMI SHORES, FL 331382345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
KAPPA ALPHA PSI DELTA ZETA ALUMNI F 9999 NE 2ND AVE STE 219 MIAMI SHORES, FL 331382345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
KAPPA ALPHA PSI DELTA ZETA ALUMNI F 9999 NE 2ND AVE STE 219 MIAMI SHORES, FL 331382345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATE AMATO FOUNDATION INC 135 PROFESSIONAL DRIVE SUITE 102 PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
KATE AMATO FOUNDATION INC 135 PROFESSIONAL DRIVE SUITE 102 PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
KATE AMATO FOUNDATION INC 135 PROFESSIONAL DRIVE SUITE 102 PONTE VEDRA BEACH, FL 32082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATHLEEN ANDERSON COMPREHENSIVE WOR 1095 BELLE AVE CASSELBERRY, FL 32708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
KATHLEEN ANDERSON COMPREHENSIVE WOR 1095 BELLE AVE CASSELBERRY, FL 32708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
KATHLEEN ANDERSON COMPREHENSIVE WOR 1095 BELLE AVE CASSELBERRY, FL 32708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATHLEEN ANDERSON COMPREHENSIVE WOR 1095 BELLE AVE CASSELBERRY, FL 32708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KATHLEEN ANDERSON COMPREHENSIVE WOR 1095 BELLE AVE CASSELBERRY, FL 32708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KATIE CAPLES FOUNDATION INC 910 S 8TH ST 101 FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEIRA GRACE FOUNDATION FOR CHILDREN 8486 NW 64TH LN GAINESVILLE, FL 326532987	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KEVIN GARCIA SCHOLARSHIP FUND INC 2828 CORAL WAY STE 430 MIAMI, FL 33145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KEY WEST ART & HISTORICAL SOCIETY I 281 FRONT ST KEY WEST, FL 330408313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEY WEST ART & HISTORICAL SOCIETY I 281 FRONT ST KEY WEST, FL 330408313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
KEYSTONE CHALLENGE FUND INC 4200 S FLORIDA AVE LAKELAND, FL 33813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
KIDS COMMUNITY COLLEGE CHARTER SCHO 10030 MATHOG ROAD RIVERVIEW, FL 33578	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS WISH NETWORK INC 4060 LOUIS AVENUE HOLIDAY, FL 34691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
KIDS WISH NETWORK INC 4060 LOUIS AVENUE HOLIDAY, FL 34691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
KIMBERLY HOME INC 1189 NE CLEVELAND ST CLEARWATER, FL 337554815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIMS OPEN DOOR INC 2214 SPANISH MOSS DRIVE JACKSONVILLE, FL 32246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
KINGS ACADEMY INC 8401 BELVEDERE RD WEST PALM BCH, FL 334113226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KIWANIS CLUB OF SEMINOLE BREAKFAST 3562 90TH TER N PINELLAS PARK, FL 337825956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS HORSES AND HANDICAPPED INC PO BOX 551 DANIA, FL 330040551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KRIYA YOGA INSTITUTE INC 24757 SW 167TH AVE HOMESTEAD, FL 330311364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	502
KRIYA YOGA INSTITUTE INC 24757 SW 167TH AVE HOMESTEAD, FL 330311364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,001
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KRIYA YOGA INSTITUTE INC 24757 SW 167TH AVE HOMESTEAD, FL 330311364	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,100
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	518
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
L ARCHE JACKSONVILLE INC 700 ARLINGTON ROAD NORTH JACKSONVILLE, FL 322117306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LABRADOR RETRIEVER RESCUE OF FLORID 1950 NE 6TH STREET 10365 POMPANO BEACH, FL 33060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LAKE CARE INC 2001 WEST OLD HIGHWAY 441 SUITE 1 MOUNT DORA, FL 32757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LAKE HIGHLAND PREPARATORY SCHOOL IN 901 HIGHLAND AVENUE ORLANDO, FL 32803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE OKEECHOBEE REGIONAL ECONOMICAL PO BOX 2077 BELLE GLADE, FL 33430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LAKE ST GEORGE ELEMENTARY SCHOOL 2855 COUNTY ROAD 95 PALM HARBOR, FL 346844439	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
LAKELAND VOLUNTEERS IN MEDICINE INC 600 WEST PEACHTREE STREET LAKELAND, FL 33815	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND XPRESS ALL STARS INC 3711 CENTURY BLVD STE 3 LAKELAND, FL 338111333	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LAKESIDE JUNIOR HIGH SCHOOL 2750 MOODY AVE ORANGE PARK, FL 32073	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
LAMPLIGHTERS INCPO BOX 18403 TAMPA, FL 336798403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LBA CHILDREN & FAMILIES FOUNDATION 11093 NW 138 ST 212 HIALEAH GARDENS, FL 33018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
LEAD BREVARD INC 123 BARTON BLVD STE 101 ROCKLEDGE, FL 329552745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
LEADERSHIP PALM BEACH COUNTY INC 2751 SOUTH DIXIE HIGHWAY SUITE 1A WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARN TO READ INC 40 E ADAMS STREET LL30 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LEARN TO READ OF ST LUCIE COUNTY IN 809 DELAWARE AVE FT PIERCE, FL 349508557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	177
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
LEARNING FOR SUCCESS INC 5532 SW 114TH AVE COOPER CITY, FL 333304564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE BUILDING INDUSTRY ASSOCIATION B 6835 INTERNATIONAL CENTER BLVD 4 FORT MYERS, FL 33912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LEE COUNTY HOUSING DEVELOPMENT CORP 3677 CENTRAL AVE FORT MYERS, FL 33901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LEE MEMORIAL HEALTH SYSTEM FOUNDATI PO BOX 2218 FORT MYERS, FL 339022218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID SOCIETY OF PALM BEACH COU 423 FERN STREET SUITE 200 WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
LEMON BAY JUNIOR GOLF FOUNDATION IN 9600 EAGLE PRESERVE DR ENGLEWOOD, FL 342249172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIBERTY PINES ACADEMY 10901 RUSSELL SAMPSON RD SAINT JOHNS, FL 322592008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY PINES ACADEMY 10901 RUSSELL SAMPSON RD SAINT JOHNS, FL 322592008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	210
LIBERTY PINES ACADEMY 10901 RUSSELL SAMPSON RD SAINT JOHNS, FL 322592008	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	42
LIBERTY PINES ACADEMY PARENT TEACHE 10901 RUSSELL SAMPSON RD ST JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY PINES ACADEMY PARENT TEACHE 10901 RUSSELL SAMPSON RD ST JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LIBERTY PINES ACADEMY PARENT TEACHE 10901 RUSSELL SAMPSON RD ST JOHNS, FL 32259	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
LIFE CONCEPTS INC 1509 E COLONIAL DRIVE SUITE 300 ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CONCEPTS INC 1509 E COLONIAL DRIVE SUITE 300 ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIFE CONCEPTS INC 1509 E COLONIAL DRIVE SUITE 300 ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
LIFT ORLANDO INC2043 JACOBS PLACE ORLANDO, FL 32805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGA CONTRA EL CANCER INC LEAGUE AG 2180 SW 12TH AVE MIAMI, FL 331292615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
LIGA CONTRA EL CANCER INC LEAGUE AG 2180 SW 12TH AVE MIAMI, FL 331292615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	133
LIGA CONTRA EL CANCER INC LEAGUE AG 2180 SW 12TH AVE MIAMI, FL 331292615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHT HOUSE CAFE MINISTRIES OF THE PO BOX 220 PAHOKEE, FL 334760220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LIGHTHOUSE CENTRAL FLORIDA INC 2500 KUNZE AVENUE ORLANDO, FL 32806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LIGHTHOUSE MINISTRIES INC PO BOX 3112 LAKELAND, FL 338023112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTNING FOUNDATION INC 401 CHANNELSIDE DR TAMPA, FL 336025400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LINCOLN HIGH SCHOOL 3838 TROJAN TRL TALLAHASSEE, FL 32311	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
LITERACY VOLUNTEERS OF SOUTH SARASO 300 NOKOMIS AVE S VENICE, FL 34285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BIRTHDAY ANGELS INC 1275 US HWY 1 SUITE 2 PMB 131 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
LITTLE FLOWER CHURCH 1805 PIERCE ST HOLLYWOOD, FL 330204626	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
LITTLE HAITI HOUSING ASSOCIATION IN 181 NE 82ND ST FL 1 MIAMI, FL 331383755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC 7709 S SPARKMAN ST TAMPA, FL 33616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC PO BOX 1086 OLDSMAR, FL 34677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC PO BOX 14955 CLEARWATER, FL 33766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 812701 BOCA RATON, FL 33481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LIZ S LEGACY INCPO BOX 155 WINDERMERE, FL 34786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOAVES AND FISHES INTERNATIONAL INC PO BOX 251 ENGLEWOOD, FL 34295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	389
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES INTERNATIONAL INC PO BOX 251 ENGLEWOOD, FL 34295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
LOCAL INITIATIVES SUPPORT CORPORATI 100 NORTH LAURA STREET SUITE 600 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
LOCAL INITIATIVES SUPPORT CORPORATI 100 NORTH LAURA STREET SUITE 600 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY 1 JUNO BEACH, FL 33408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
LOGGERHEAD MARINELIFE CENTER INC 14200 US HWY ONE JUNO BEACH, FL 334080000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LONDON SANCTUARY INCPO BOX 1914 GLEN ST MARY, FL 32040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONGWOOD FIRST BAPTIST CHURCH 891 STATE ROAD 434 EAST LONGWOOD, FL 327505394	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LORDS PLACE INC 2808 NORTH AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LORETTO ELEMENTARY SCHOOL 3900 LORETTO RD JACKSONVILLE, FL 32223	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS ENDOWMENT FUND INC 3921 ALTON ROAD MIAMI BEACH, FL 33140	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50,000
LOTUS ENDOWMENT FUND INC 3921 ALTON ROAD MIAMI BEACH, FL 33140	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
LOVE FIRST CHRISTIAN CENTER 13194 U S 301 SOUTH SUITE 309 RIVERVIEW, FL 33578	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE FIRST CHRISTIAN CENTER 13194 U S 301 SOUTH SUITE 309 RIVERVIEW, FL 33578	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	90
LOVE FIRST CHRISTIAN CENTER 13194 U S 301 SOUTH SUITE 309 RIVERVIEW, FL 33578	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	70
LOVE INC OF METRO TAMPA PO BOX 172056 TAMPA, FL 336722056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LUTHERAN SOCIAL SERVICES OF NORTHEA 4615 PHILIPS HWY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LYNN UNIVERSITY INC 3601 NORTH MILITARY TRAIL BOCA RATON, FL 33431	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MACDONALD TRAINING CENTER INC 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACTOWN INC151 NE 62ND STREET MIAMI, FL 331385926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
MACTOWN INC151 NE 62ND STREET MIAMI, FL 331385926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
MACTOWN INC151 NE 62ND STREET MIAMI, FL 331385926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADEIRA BEACH FUNDAMENTAL K-8 591 TOM STUART CAUSEWAY MADEIRA BEACH, FL 33708	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
MAGICWASTE FOUNDATION INC 8600 NW 17TH ST STTE 130 DORAL, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAGICWASTE YOUTH FOUNDATION INC 8600 NW 17TH ST STTE 130 DORAL, FL 33126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINSPRING ACADEMY INC 6700 SOUTHPOINT PARKWAY STE 400 JACKSONVILLE, FL 322168005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,310
MAINSPRING ACADEMY INC 6700 SOUTHPOINT PARKWAY STE 400 JACKSONVILLE, FL 322168005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	380
MAINSPRING ACADEMY INC 6700 SOUTHPOINT PARKWAY STE 400 JACKSONVILLE, FL 322168005	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINSPRING ACADEMY INC 6700 SOUTHPOINT PARKWAY STE 400 JACKSONVILLE, FL 322168005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MAINSPRING ACADEMY INC 6700 SOUTHPOINT PARKWAY STE 400 JACKSONVILLE, FL 322168005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 324 N DALE MABRY HWY SUITE 203 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MAKE A WISH FOUNDATION OF SOUTHERN 1020 N ORLANDO AVE 100 MAITLAND, FL 32751	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAKE A WISH FOUNDATION OF SOUTHERN 3430 MAGIC OAK LANE SARASOTA, FL 34232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE MY DONATION INC 4285 SW MARTIN HIGHWAY PALM CITY, FL 34990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
MAKE-A-WISH FOUNDATION OF CENTRAL A 1020 N ORLANDO AVE STE 100 MAITLAND, FL 327514470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
MAKING OF A CHAMPION YOUTH PROGRAM 1820 OPA LOCKA BLVD OPA LOCKA, FL 330544224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALAYALEE ASSOCIATION OF NORTH FLOR 5648 BAXTER LAKE DRIVE JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MALAYALEE ASSOCIATION OF NORTH FLOR 5648 BAXTER LAKE DRIVE JACKSONVILLE, FL 32258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MALIVAI WASHINGTON KIDS FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALIVAI WASHINGTON KIDS FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MALIVAI WASHINGTON KIDS FOUNDATION 1096 WEST 6TH STREET JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MALTZ JUPITER THEATRE INC 1001 EAST INDIANTOWN ROAD JUPITER, FL 334775110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANASOTA BUDS INC 8374 MARKET ST BOX 113 BRADENTON, FL 34202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANASOTA YOUTH SOCCER LEAGUE 1902 6TH ST W PALMETTO, FL 342214318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MANATEE EDUCATION FOUNDATION INC 1023 MANATEE AVE W STE 215 BRADENTON, FL 342057824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANATEE RIVER FAIR ASSOCIATION INC 1303 17TH ST W PALMETTO, FL 342212934	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MANDARIN OAKS ELEMENTARY SCHOOL 10600 HORNETS NEST ROAD JACKSONVILLE, FL 32257	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MANDARIN OAKS ELEMENTARY SCHOOL 10600 HORNETS NEST ROAD JACKSONVILLE, FL 32257	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANDEL JEWISH COMMUNITY CENTER OF T 8500 S JOG RD BOYNTON BEACH, FL 334722972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
MANNA FOOD BANK INCORPORATED 3030 NORTH E STREET PENSACOLA, FL 325013146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 555 WINDERLEY PLACE SUITE 105 MAITLAND, FL 32751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
MARCH OF DIMES INC 405 N REO ST 220 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 405 N REO ST 220 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MARCH OF DIMES INC 1101 BRICKELL AVE SOUTH TOWER 8 FL MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,593
MARCH OF DIMES INC 7750 OKEECHOBEE BLVD SUITE 4-60 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	826
MARCH OF DIMES INC 7750 OKEECHOBEE BLVD SUITE 4-60 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MARCH OF DIMES INC 1101 BRICKELL AVE SOUTH TOWER 8 FL MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	87
MARCH OF DIMES INC 405 N REO ST 220 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
MARCH OF DIMES INC 555 WINDERLEY PLACE SUITE 105 MAITLAND, FL 32751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 7750 OKEECHOBEE BLVD SUITE 4-60 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1101 BRICKELL AVE SOUTH TOWER 8 FL MIAMI, FL 33131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	476
MARCH OF DIMES INC 216 SOUTH TARRAGONA STREET SUITE B PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
MARCH OF DIMES INC 7750 OKEECHOBEE BLVD SUITE 4-60 WEST PALM BEACH, FL 33411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1 FINANCIAL PLZ STE 10 FORT LAUDERDALE, FL 33394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MARCH OF DIMES INC 1101 BRICKELL AVE SOUTH TOWER 8 FL MIAMI, FL 33131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MARCH OF DIMES INC 405 N REO ST 220 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIE SELBY BOTANICAL GARDENS INC 811 S PALM AVE SARASOTA, FL 342367726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARINE TOYS FOR TOTS FOUNDATION 8820 SOMERS RD S JACKSONVILLE, FL 32226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARINE TOYS FOR TOTS FOUNDATION 8820 SOMERS RD S JACKSONVILLE, FL 32226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINELAND CONSERVATION FOUNDATION 9600 OCEANSHORE BLVD ST AUGUSTINE, FL 320808613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MARINELAND CONSERVATION FOUNDATION 9600 OCEANSHORE BLVD ST AUGUSTINE, FL 320808613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARINELAND CONSERVATION FOUNDATION 9600 OCEANSHORE BLVD ST AUGUSTINE, FL 320808613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINER SANDS CHARITY WEEK INC 6500 SE MARINER SANDS DR STUART, FL 349978723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
MARINERS HOSPITAL INC 91500 OVERSEAS HWY TAVERNIER, FL 330702547	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MARTHAS HOUSE INCPO BOX 727 OKEECHOBEE, FL 349730727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTHAS HOUSE INCPO BOX 727 OKEECHOBEE, FL 349730727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARTHAS HOUSE INCPO BOX 727 OKEECHOBEE, FL 349730727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MARTHAS VINEYARD FOUNDATION INC 111 EUCLID ST PENSACOLA, FL 32503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN COUNTY COMMUNITY FOUNDATION 851 SE MONTEREY COMMONS BOULEVARD STUART, FL 34996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARTIN MEMORIAL FOUNDATION INC PO BOX 9010 STUART, FL 349959010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MARTIN MEMORIAL FOUNDATION INC PO BOX 9010 STUART, FL 349959010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS SHELTER OF THE TREASURE COAST 1033 SE 14TH ST STUART, FL 349964002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARYS SHELTER OF THE TREASURE COAST 1033 SE 14TH ST STUART, FL 349964002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MATHEW FORBES ROMER FOUNDATION INC 9858 GLADES ROAD PMB 191 BOCA RATON, FL 334343983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAXX & ME PET RESCUE INC 9620 GRETNA GREEN DR TAMPA, FL 33626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
MAXX & ME PET RESCUE INC 9620 GRETNA GREEN DR TAMPA, FL 33626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	55
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
MAYO CLINIC4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCDONALD TRAINING CENTER FOUNDATION 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
MCDONALD TRAINING CENTER FOUNDATION 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
MCDONALD TRAINING CENTER FOUNDATION 5420 W CYPRESS ST TAMPA, FL 336071706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCKEE BOTANICAL GARDEN INC 350 US HIGHWAY 1 VERO BEACH, FL 329622906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MCKITRICK ELEMENTARY SCHOOL 5503 W LUTZ LAKE FERN RD LUTZ, FL 335589234	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
ME STRONGPO BOX 1353 DELAND, FL 327211353	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ME STRONGPO BOX 1353 DELAND, FL 327211353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
ME STRONGPO BOX 1353 DELAND, FL 327211353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
ME STRONGPO BOX 1353 DELAND, FL 327211353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ME STRONGPO BOX 1353 DELAND, FL 327211353	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MEALS OF HOPE INC 2221 CORPORATION BLVD NAPLES, FL 341092017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MEALS ON WHEELS OF POLK COUNTY INC 620 6TH ST NW WINTER HAVEN, FL 338814011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF POLK COUNTY INC 620 6TH ST NW WINTER HAVEN, FL 338814011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MEALS ON WHEELS OF POLK COUNTY INC 620 6TH ST NW WINTER HAVEN, FL 338814011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MEALS ON WHEELS OF SARASOTA INC 421 NORTH LIME AVENUE SARASOTA, FL 342375124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	143
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
MEALS ON WHEELS OF TAMPA INC 550 W HILLSBOROUGH AVE TAMPA, FL 33603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF THE PALM BEACHES PO BOX 247 WEST PALM BCH, FL 334020247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MEALS ON WHEELS PLUS OF MANATEE INC 811 23RD AVE E BRADENTON, FL 342083735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MELISSA INSTITUTE FOR VIOLENCE PREV 1507 LEVANTE AVENUE - SUITE 331 CORAL GABLES, FL 331462416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL PARK ASSOCIATION INC 1650-302 MARGARET STREET 322 JACKSONVILLE, FL 322040000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MENTAL HEALTH AMERICA OF NORTHEAST 4615 PHILIPS HWY STE 300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
MENTAL HEALTH AMERICA OF NORTHEAST 4615 PHILIPS HWY STE 300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF NORTHEAST 4615 PHILIPS HWY STE 300 JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
MENTORING FAMILIES AND KIDS INC 11671 LADY CLARE CT JACKSONVILLE, FL 32223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MENTORS OF TOMORROW ATHLETIC ASSOCI 380 SMITH ST JACKSONVILLE, FL 322042446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY INTERNATIONAL FOUNDATION INC 3633 BAYSHORE BLVD NE ST PETERSBURG, FL 337035513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METROPOLITAN MINISTRIES FOUNDATION 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
METROPOLITAN MINISTRIES FOUNDATION 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	682
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MINISTRIES INC 2002 N FLORIDA AVE TAMPA, FL 336022204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	197
MIAMI ARTS STUDIO 6-12 AT ZELDA GLA 15015 SW 24TH ST MIAMI, FL 33185	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MIAMI BETHANY COMMUNITY SERVICE INC 2490 NW 35TH ST MIAMI, FL 331425356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI CHILDRENS HOSPITAL FOUNDATION 3100 SW 62 AVENUE MIAMI, FL 331550000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,085
MIAMI CHILDRENS MUSEUM INC 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,082
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MIAMI CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MIAMI COUNTRY DAY SCHOOL INC 601 NE 107 STREET MIAMI, FL 33161	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI DADE COLLEGE FOUNDATION INC 300 NE 2ND AVE RM 1433 MIAMI, FL 331322204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MIAMI GAY AND LESBIAN FILM FESTIVAL 6360 NE 4TH CT MIAMI, FL 33138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MIAMI HOMES FOR ALL INC 1951 NW 7TH AVE MIAMI, FL 33136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI JEWISH MONTESSORI INC 3713 MAIN HIGHWAY MIAMI, FL 33133	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
MIAMI RESCUR MISSION BROWARD OUTREA 3553 NW 50TH STREET MIAMI, FL 33142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICAHS PLACE INCPO BOX 16287 FERNANDINA BEACH, FL 32035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MID-FLORIDA HOUSING PARTNERSHIP INC 1834 MASON AVENUE DAYTONA BEACH, FL 321175101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MIGHTYCAUSE CHARITABLE FOUNDATION PO BOX 160 MARIANNA, FL 32447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 334444416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,475
MILAGRO FOUNDATION INC 695 AUBURN AVE DELRAY BEACH, FL 334444416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MIRA USA INC 8333 W MCNAB RD SUITE 212 TAMARAC, FL 33321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRACLE LEAGUE OF NORTHEAST PENSACO PO BOX 567 CANTONMENT, FL 32533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISSION HAITI INC 3850 S UNIVERSITY DRIVE 290171 DAVIE, FL 333290171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MISSION HOUSE INC800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	364
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION HOUSE INC800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	336
MISSION HOUSE INC800 SHETTER AVE JACKSONVILLE BEACH, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
MOLLYS HOUSE INC 430 SE OSCEOLA STREET STUART, FL 349940000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOLLYS HOUSE INC 430 SE OSCEOLA STREET STUART, FL 349940000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MOLLYS HOUSE INC 430 SE OSCEOLA STREET STUART, FL 349940000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
MOLLYS HOUSE INC 430 SE OSCEOLA STREET STUART, FL 349940000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOLLYS HOUSE INC 430 SE OSCEOLA STREET STUART, FL 349940000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	280
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORNING STAR SCHOOL 725 MICKLER ROAD JACKSONVILLE, FL 32211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
MORTON PLANT MEASE HEALTH CARE FOUN 1200 DRUID ROAD SOUTH CLEARWATER, FL 337561995	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	187
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
MOTHER TERESA OF CALCUTTA CATHOLIC 17524 LAKESHORE ROAD LUTZ, FL 33558	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
MOTORSPORTS CHARITIES INC ONE DAYTONA BLVD 7TH FLOOR DAYTONA BEACH, FL 32114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT MORIAH MISSIONARY BAPTIST CHU 2295 DR HARVEY RILEY ST NE PALM BAY, FL 329052670	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
MOUNT SINAI MEDICAL CENTER FOUNDATI 4300 ALTON RD MIAMI BEACH, FL 331402800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
MULTIPLE SCLEROSIS CENTER OF SOUTHW 3372 WOODS EDGE CIR STE 103 BONITA SPGS, FL 341343436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	371
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MULTIPLE SCLEROSIS FOUNDATION INC 6520 N ANDREWS AVE FORT LAUDERDALE, FL 333092132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	92
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURRAY HILL MINISTRIES INC BOX 380006 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MURRAY HILL MINISTRIES INC BOX 380006 JACKSONVILLE, FL 32205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MUSCULAR DYSTROPHY ASSOCIATION 550 FAIRWAY DRIVE SUITE 201 DEERFIELD BEACH, FL 33441	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 9600 KOGER BLVD 102 ST PETERSBURG, FL 33702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,100
MUSCULAR DYSTROPHY ASSOCIATION 1574-B VILLAGE SQUARE BOULEVARD TALLAHASSEE, FL 32309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MUSEUM OF SCIENCE & HISTORY OF JACK 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NAMI PINELLAS COUNTY FLORIDA INC 8800 49TH STREET NORTH 302 PINELLAS PARK, FL 33782	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI PINELLAS COUNTY FLORIDA INC 8800 49TH STREET NORTH 302 PINELLAS PARK, FL 33782	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
NAMI PINELLAS COUNTY FLORIDA INC 8800 49TH STREET NORTH 302 PINELLAS PARK, FL 33782	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NASSAU COUNTY COUNCIL ON AGING INCO 1901 ISLAND WALK WAY FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASSAU COUNTY ECONOMIC DEVELOPMENT 76346 WILLIAM BURGESS RD YULEE, FL 320975447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NASSAU COUNTY ECONOMIC DEVELOPMENT 76346 WILLIAM BURGESS RD YULEE, FL 320975447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NASSAU COUNTY ECONOMIC DEVELOPMENT 76346 WILLIAM BURGESS RD YULEE, FL 320975447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASSAU HUMANE SOCIETY INC 639 AIRPORT ROAD FERNANDINA BEACH, FL 32034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NAT KING COLE GENERATION HOPE INC 498 CRAWFORD BOULEVARD BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NAT KING COLE GENERATION HOPE INC 498 CRAWFORD BOULEVARD BOCA RATON, FL 33432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAT KING COLE GENERATION HOPE INC 498 CRAWFORD BOULEVARD BOCA RATON, FL 33432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ASSOCIATION OF THE BAHAMAS 11260 SW 138TH ST MIAMI, FL 331766421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NATIONAL AUDUBON SOCIETY INC 1101 AUDUBON WAY MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DEFENSE INDUSTRIAL ASSOCIA PO BOX 410832 MELBOURNE, FL 32941	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL KIDNEY FOUNDATION INC 1040 WOODCOCK RD STE 119 ORLANDO, FL 328033510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 200 TAMPA, FL 33609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 300 TAMPA, FL 336091040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 200 TAMPA, FL 33609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	276
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 200 TAMPA, FL 33609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	448
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PEDIATRIC CANCER FOUNDATIO 5550 W EXECUTIVE DR STE 200 TAMPA, FL 33609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
NATIONAL YOUNGARTS FOUNDATION SUPPO 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	400
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY STE 311 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEASE BAND BOOSTERS INC 2220 CR 210 W STE 208 BOX 140 JACKSONVILLE, FL 322594058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
NEIGHBORHOOD CENTER OF WEST VOLUSIA 434 S WOODLAND BLVD DELAND, FL 32720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF SO 300 NW 12TH AVENUE MIAMI, FL 331281019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEIGHBORHOOD HOUSING SERVICES OF SO 300 NW 12TH AVENUE MIAMI, FL 331281019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEVE MICHAEL CHILDRENS VILLAGE INC POBOX 260067 PEMBROKE PNES, FL 33026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVE MICHAEL CHILDRENS VILLAGE INC POBOX 260067 PEMBROKE PNES, FL 33026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEVE MICHAEL CHILDRENS VILLAGE INC POBOX 260067 PEMBROKE PNES, FL 33026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BIVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BIVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	707
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BIVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BIVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HEIGHTS OF NORTHEAST FLORIDA IN 3311 BEACH BIVD JACKSONVILLE, FL 322073704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
NEW HOPE FOR KIDS544 MAYO AVE MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
NEW HOPE FOR KIDS544 MAYO AVE MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	672
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE FOR KIDS544 MAYO AVE MAITLAND, FL 32751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	336
NEW LIFE CHRISTIAN FELLOWSHIP OF JA 2701 HODGES BLVD JACKSONVILLE, FL 322241264	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
NEW PARADIGM FOUNDATION INC 2800 PLACIDA ROAD UNIT 111 ENGLEWOOD, FL 34224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW PARADIGM FOUNDATION INC 2800 PLACIDA ROAD UNIT 111 ENGLEWOOD, FL 34224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	278
NEW PARADIGM FOUNDATION INC 2800 PLACIDA ROAD UNIT 111 ENGLEWOOD, FL 34224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
NEW PARADIGM FOUNDATION INC 2800 PLACIDA ROAD UNIT 111 ENGLEWOOD, FL 34224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWSOME HIGH SCHOOL 16550 FISHHAWK BLVD LITHIA, FL 335473820	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NO PERFECT PEOPLE INCORPORATED 400 LAKEVIEW DR CORAL SPRINGS, FL 330714087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,542
NONPROFIT LEADERSHIP CENTER OF TAMP 1408 N WEST SHORE BLVD SUITE 140 TAMPA, FL 336074711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 9702 TREE TOPS LAKE RD TAMPA, FL 336264762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
NORTH AMERICA TELUGU SOCIETY INC 9702 TREE TOPS LAKE RD TAMPA, FL 336264762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NORTH BREVARD CHARITIES SHARING CEN 4475 S HOPKINS AVENUE TITUSVILLE, FL 32796	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL FLORIDA HOSPICE INC 4200 NW 90TH BLVD GAINESVILLE, FL 32606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	92
NORTH CENTRAL FLORIDA HOSPICE INC 4200 NW 90TH BLVD GAINESVILLE, FL 32606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
NORTH CENTRAL FLORIDA HOSPICE INC 4200 NW 90TH BLVD GAINESVILLE, FL 32606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CENTRAL FLORIDA HOSPICE INC 4200 NW 90TH BLVD GAINESVILLE, FL 32606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
NORTH FLORIDA LAND TRUST INC 843 W MONROE ST JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTH FLORIDA RESCUE 18534 NE FRANK WILLIAMS LN BLOUNTSTOWN, FL 324244460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FLORIDA SCHOOL OF SPECIAL EDU 223 MILL CREEK ROAD JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NORTHEAST FLORIDA AIDS NETWORK INC 2715 OAK ST JACKSONVILLE, FL 32205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORTHEAST FLORIDA CONSERVATORY INC 11363 SAN JOSE BLVD JACKSONVILLE, FL 322237957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST FLORIDA CONSERVATORY INC 11363 SAN JOSE BLVD JACKSONVILLE, FL 322237957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NORTHEAST FLORIDA CONSERVATORY INC 11363 SAN JOSE BLVD JACKSONVILLE, FL 322237957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
NORTHEAST FLORIDA CONSERVATORY INC 11363 SAN JOSE BLVD JACKSONVILLE, FL 322237957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST FLORIDA CONSERVATORY INC 11363 SAN JOSE BLVD JACKSONVILLE, FL 322237957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
NORTON MUSEUM OF ART INC 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NORTON MUSEUM OF ART INC 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTON MUSEUM OF ART INC 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
NU DECO ENSEMBLE INC 2100 BISCAYNE BLVD MIAMI, FL 331375014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NWFMOA SCHOLARSHIP FUND INC 56 11TH ST SHALIMAR, FL 325791540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NWFMOA SCHOLARSHIP FUND INC 56 11TH ST SHALIMAR, FL 325791540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OAKLEAF VILLAGE ELEMENTARY SCHOOL 410 OAKLEAF VILLAGE PARKWAY ORANGE PARK, FL 32065	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD ARLINGTON INCPO BOX 15304 JACKSONVILLE, FL 322395304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
OLD ARLINGTON INCPO BOX 15304 JACKSONVILLE, FL 322395304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
OLD ARLINGTON INCPO BOX 15304 JACKSONVILLE, FL 322395304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD ARLINGTON INCPO BOX 15304 JACKSONVILLE, FL 322395304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
OMEGA LAMPLIGHTERS1613 HARRIS ST TALLAHASSEE, FL 323105065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
OMS YOGA INC 1227 WILLOW OAKS DR W JAX BCH, FL 322502640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE BY ONE LEADERSHIP FOUNDATION IN PO BOX 5393 IMMOKALEE, FL 341435393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ONE CHURCH USA INC1675 DIXON RD LONGWOOD, FL 32779	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
ONE HEART FOR WOMEN AND CHILDREN IN 2040 N RIO GRANDE AVE ORLANDO, FL 328045649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONEPULSE FOUNDATION INC 125 N LUCERNE CIRCLE E ORLANDO, FL 32801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OPERA ORLANDO INCPO BOX 533974 ORLANDO, FL 32853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERA ORLANDO INCPO BOX 533974 ORLANDO, FL 32853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERA ORLANDO INCPO BOX 533974 ORLANDO, FL 32853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION 300 INCPO BOX 3 PORT SALERNO, FL 349920003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPERATION CATNIP OF GAINESVILLE INC PO BOX 141023 GAINESVILLE, FL 326141023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
OPERATION NEW HOPE 1830 NORTH MAIN STREET JACKSONVILLE, FL 32206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION NEW UNIFORM INC 8825 PERIMETER PARK BLVD SUITE 503 JACKSONVILLE, FL 32216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OPPORTUNITY INC OF PALM BEACH COUNT 1713 QUAIL DRIVE WEST PALM BCH, FL 334094607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ORANGE COUNTY SOCCER CLUB INC 7635 ASHLEY PARK COURT ORLANDO, FL 32835	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGE RIBBONS FOR JAIME INC 6879 NW 65TH TER PARKLAND, FL 330671463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
ORANGE RIBBONS FOR JAIME INC 6879 NW 65TH TER PARKLAND, FL 330671463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
ORANGE RIBBONS FOR JAIME INC 6879 NW 65TH TER PARKLAND, FL 330671463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORLANDO COMMUNITY & YOUTH TRUST INC 595 N PRIMROSE DR ORLANDO, FL 328035014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ORLANDO COMMUNITY & YOUTH TRUST INC 595 N PRIMROSE DR ORLANDO, FL 328035014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD STE 50 ORLANDO, FL 32806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORLANDO HEALTH FOUNDATION INC 3160 SOUTHGATE COMMERCE BLVD SUITE 50 ORLANDO, FL 32806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ORLANDO HEALTH INC 3160 SOUTHGATE COMMERCE BLVD SUITE 50 ORLANDO, FL 32806	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ORLANDO HEALTH INC 3160 SOUTHGATE COMMERCE BLVD SUITE 50 ORLANDO, FL 32806	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORLANDO NEIGHBORHOOD IMPROVEMENT CO 101 S TERRY AVE ORLANDO, FL 328052254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ORLANDO SCIENCE CENTER INC 777 E PRINCETON STREET ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ORLANDO SCIENCE CENTER INC 777 E PRINCETON STREET ORLANDO, FL 32803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSCEOLA FAMILY SPORTS ASSOCIATION 3229 HUNTERS CHASE LOOP KISSIMMEE, FL 347435806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OUR DAILY BREAD OF BRADENTON INC PO BOX 9544 BRADENTON, FL 342069544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
OUR DAILY BREAD OF BRADENTON INC PO BOX 9544 BRADENTON, FL 342069544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR DAILY BREAD OF BRADENTON INC PO BOX 9544 BRADENTON, FL 342069544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR FUND INC1600 NE 26TH ST WILTON MANORS, FL 33305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
OUR FUND INC1600 NE 26TH ST WILTON MANORS, FL 33305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR FUND INC1600 NE 26TH ST WILTON MANORS, FL 33305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
OUR FUND INC1600 NE 26TH ST WILTON MANORS, FL 33305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
OUR FUND INC1600 NE 26TH ST WILTON MANORS, FL 33305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT OF THE BOX ANIMAL RESCUE 1108 E INVERNESS BLVD 107 INVERNESS, FL 34452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OVERTOWN YOUTH CENTER INC 450 NW 14TH STREET MIAMI, FL 331362636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
OVERTOWN YOUTH CENTER INC 450 NW 14TH STREET MIAMI, FL 331362636	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 1400 NW 36TH STREET SUITE 200 MIAMI, FL 33142	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 1028 UNDERWOOD AVE PENSACOLA, FL 32504	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	165
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 1028 UNDERWOOD AVE PENSACOLA, FL 32504	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,030
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	186
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	62
PACE CENTER FOR GIRLS INC 6745 PHILIPS INDUSTRIAL BLVD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
PACE CENTER FOR GIRLS INC 2225 N ANDREWS AVE WILTON MANORS, FL 333113922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE CENTER FOR GIRLS-JAX 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 322113324	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
PACE CENTER FOR GIRLS-JAX 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 322113324	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
PACE CENTER FOR GIRLS-JAX 2933 UNIVERSITY BLVD N JACKSONVILLE, FL 322113324	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM BEACH ATLANTIC UNIVERSITY INC 901 S FLAGLER DR WEST PALM BEACH, FL 334164708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
PALM BEACH COUNTY FIRE RESCUE RETIR 14851 69TH DR N WEST PALM BCH, FL 334181933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PALM BEACH COUNTY FOOD BANK INC 525 GATOR DRIVE LANTANA, FL 33462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM BEACH COUNTY FOOD BANK INC 525 GATOR DRIVE LANTANA, FL 33462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PALM BEACH COUNTY FOOD BANK INC 525 GATOR DRIVE LANTANA, FL 33462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PALM BEACH COUNTY SHERIFFS FOUNDATI 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM BEACH COUNTY SHERIFFS FOUNDATI 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PALM BEACH COUNTY SHERIFFS FOUNDATI 3228 GUN CLUB RD WEST PALM BEACH, FL 33406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,775
PALM BEACH OPERA GUILD INC 1800 S AUSTRALIAN AVENUE SUITE 301 WEST PALM BCH, FL 33409	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALM VALLEY ACADEMY PTO 700 BOBCAT LANE PONTE VEDRA BEACH, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	385
PALM VALLEY ACADEMY PTO 700 BOBCAT LANE PONTE VEDRA BEACH, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PALMER TRINITY PRIVATE SCHOOL INC 7900 SW 176TH ST PALMETTO BAY, FL 331576242	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANTHER ATHLETIC BOOSTER CLUB 6231 PGA BLVD 104-101 PALM BEACH GARDENS, FL 33418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PANTHER RIDGE CONSERVATION CENTER I 2143 D ROAD LOXAHATCHEE GROVES, FL 33470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
PANTHER RIDGE CONSERVATION CENTER I 2143 D ROAD LOXAHATCHEE GROVES, FL 33470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANTHER RIDGE CONSERVATION CENTER I 2143 D ROAD LOXAHATCHEE GROVES, FL 33470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,170
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PANTRY OF BROWARD INC 610 NW 3RD AVENUE FORT LAUDERDALE, FL 33311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PAPANICOLAOU CORPS FOR CANCER RESEA 1191 E NEWPORT CENTER DR STE 107 DEERFIELD BEACH, FL 33442	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARADIGM FLUX INC420 NEPTUNE RD ORANGE PARK, FL 32073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARADIGM FLUX INC420 NEPTUNE RD ORANGE PARK, FL 32073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARENT BOOSTER USA INC 100 KNIGHTS LN SAINT JOHNS, FL 322593055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENTS FAMILIES AND FRIENDS OF LES PO BOX 2971 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKER STREET MINISTRIES INC 719 N MASSACHUSETTS AVENUE LAKELAND, FL 33801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
PARKINSON ASSOCIATION OF SW FL INC 5926 PREMIER WAY 3114 NAPLES, FL 34109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
PASADENA FUNDAMENTAL ELEMENTARY SCH 95 72ND STREET N ST PETERSBURG, FL 33710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASADENA FUNDAMENTAL ELEMENTARY SCH 95 72ND STREET N ST PETERSBURG, FL 33710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
PASCO COUNTY FOSTER ADOPTIVE PARENT PO BOX 4002 HOLIDAY, FL 34692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PASCO COUNTY FOSTER ADOPTIVE PARENT PO BOX 4002 HOLIDAY, FL 34692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASCO HERNANDO STATE COLLEGE FOUNDA 10230 RIDGE ROAD NEW PORT RICHEY, FL 346545199	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
PASS THE BLESSINGS FOUNDATION 5944 CORAL RIDGE DR STE 304 CORAL SPRINGS, FL 33076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PATH2FREEDOM INC 1200 GOODLETTE ROAD NORTH UNIT 9916 NAPLES, FL 341013636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL R NARDONI FOUNDATION INC 7581 MONTE VERDE LN WEST PALM BEACH, FL 334123123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PAW PAWS PET RESCUEPO BOX 1303 YULEE, FL 32041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
PAW PAWS PET RESCUEPO BOX 1303 YULEE, FL 32041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWLICIOUS POOCHIE PET RESCUE INC PO BOX 7895 ST PETERSBURG, FL 337347895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,616
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	97
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	49
PEGGY ADAMS ANIMAL RESCUE LEAGUE OF 3200 N MILITARY TRL W PALM BEACH, FL 334092733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PENSACOLA CATHOLIC HIGH SCHOOL 3043 W SCOTT ST PENSACOLA, FL 325055423	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA CATHOLIC HIGH SCHOOL 3043 W SCOTT ST PENSACOLA, FL 325055423	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 32501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 32501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 32501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PENSACOLA HABITAT FOR HUMANITY INC 300 WEST LEONARD STREET PENSACOLA, FL 32501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PENSACOLA LIGHTHOUSE ASSOCIATION IN 2081 RADFORD BLVD PENSACOLA, FL 325080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA LIGHTHOUSE ASSOCIATION IN 2081 RADFORD BLVD PENSACOLA, FL 325080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PENSACOLA LIGHTHOUSE ASSOCIATION IN 2081 RADFORD BLVD PENSACOLA, FL 325080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PENSACOLA LIGHTHOUSE ASSOCIATION IN 2081 RADFORD BLVD PENSACOLA, FL 325080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENSACOLA LIGHTHOUSE ASSOCIATION IN 2081 RADFORD BLVD PENSACOLA, FL 325080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PENSACOLA OPERA INC 75 S TARRAGONA ST PENSACOLA, FL 325026028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PENSACOLAS PROMISE INC 1000 COLLEGE BLVD BUILDING 98 PENSCAOLA, FL 32504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE ACTING FOR COMMUNITY TOGETHE 9401 BISCAYNE BLVD 215 MIAMI, FL 33138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PEOPLE FOR URBAN AND RURAL EDUCATIO 108 STAPLEHURST DR SAINT JOHNS, FL 322593271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
PEOPLE FOR URBAN AND RURAL EDUCATIO 108 STAPLEHURST DR SAINT JOHNS, FL 322593271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,790
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR URBAN AND RURAL EDUCATIO 108 STAPLEHURST DR SAINT JOHNS, FL 322593271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PEOPLE FOR URBAN AND RURAL EDUCATIO 108 STAPLEHURST DR SAINT JOHNS, FL 322593271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,825
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PET ALLIANCE OF GREATER ORLANDO INC 2727 CONROY RD ORLANDO, FL 328392162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET RESCUE BY JUDY INC 166 PINECREST DR SANFORD, FL 32773	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PET WELFARE ADVISORY COUNCIL PO BOX 1914 EGLIN AFB, FL 325420914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
PET WELFARE ADVISORY COUNCIL PO BOX 1914 EGLIN AFB, FL 325420914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PET WELFARE ADVISORY COUNCIL PO BOX 1914 EGLIN AFB, FL 325420914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
PETS TRUST BROWARD 1011 BUCIDA RD DEL REY BEACH, FL 33483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PHELAN MCDERMID SYNDROME FOUNDATION 200 CAPRI ISLES BLVD UNIT 7F VENICE, FL 342925350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHELAN MCDERMID SYNDROME FOUNDATION 200 CAPRI ISLES BLVD UNIT 7F VENICE, FL 342925350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
PIG ADVOCATES LEAGUE INC 1622 BONDURANT WAY BRANDON, FL 335112261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PINE CASTLE INC 4911 SPRING PARK RD JACKSONVILLE, FL 322077456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE CASTLE INC 4911 SPRING PARK RD JACKSONVILLE, FL 322077456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PINE CREST PREPARATORY SCHOOL INC 1501 NE 62ND STREET FORT LAUDERDALE, FL 33334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PINECREST ENRICHMENT PROGRAMS FUND 10250 SW 57 AVE MIAMI, FL 33156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINECREST YOUTH FOOTBALL INC PO BOX 10 LITHIA, FL 335470010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PINECREST YOUTH FOOTBALL INC PO BOX 10 LITHIA, FL 335470010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
PINECREST YOUTH FOOTBALL INC PO BOX 10 LITHIA, FL 335470010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINECREST YOUTH FOOTBALL INC PO BOX 10 LITHIA, FL 335470010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
PINELLAS CO HABITAT FOR HUMANITY CO 13355 49TH ST N CLEARWATER, FL 337624001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PINELLAS COUNTY EDUCATION FOUNDATIO 12090 STARKEY RD LARGO, FL 337732727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINELLAS COUNTY EDUCATION FOUNDATIO 12090 STARKEY RD LARGO, FL 337732727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PIPERS KIDNEY BEANS FOUNDATION 354 JOHNS CREEK PARKWAY SAINT AUGUSTINE, FL 32092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
PIPERS KIDNEY BEANS FOUNDATION 354 JOHNS CREEK PARKWAY SAINT AUGUSTINE, FL 32092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIPERS KIDNEY BEANS FOUNDATION 354 JOHNS CREEK PARKWAY SAINT AUGUSTINE, FL 32092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
PIT SISTERS INC 14286-19 234 BEACH BLVD JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PIT SISTERS INC 14286-19 234 BEACH BLVD JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIT SISTERS INC 14286-19 234 BEACH BLVD JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
PITSTOP PIT BULL RESCUE TRANSPORT I 1870 ARDEN WAY JAX BCH, FL 322502904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PLACE OF HOPE INC9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLACE OF HOPE INC9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PLACE OF HOPE INC9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PLACE OF HOPE INC9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTH FLORIDA 2300 N FLORIDA MANGO RD WEST PALM BEACH, FL 334096416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD OF SOUTHWEST AND 736 CENTRAL AVE SARASOTA, FL 342364042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF SOUTHWEST AND 736 CENTRAL AVE SARASOTA, FL 342364042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHWEST AND 736 CENTRAL AVE SARASOTA, FL 342364042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD OF SOUTHWEST AND 736 CENTRAL AVE SARASOTA, FL 342364042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PLANT HIGH ROWING ASSOCIATION INC PO BOX 10576 TAMPA, FL 336790576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANT HIGH SCHOOL ATHLETICS FOUNDAT 2415 S HIMES AVENUE TAMPA, FL 33629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
PLANT HIGH SCHOOL ATHLETICS FOUNDAT 2415 S HIMES AVENUE TAMPA, FL 33629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANT HIGH SCHOOL ATHLETICS FOUNDAT 2415 S HIMES AVENUE TAMPA, FL 33629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLATO ACADEMY PINELLAS PARK PTO 9200 49TH ST N PINELLAS PARK, FL 337825231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLENTY OF PITBULLS INCPO BOX 12319 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
PLENTY OF PITBULLS INCPO BOX 12319 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLENTY OF PITBULLS INCPO BOX 12319 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
POLICE UNITY TOUR OF FLORIDA INCORP 4888 DAVIS BOULEVARD SUITE 144 NAPLES, FL 34104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,045
POLK EDUCATION FOUNDATION AND BUSIN 1530 SHUMATE DR BARTOW, FL 338306418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLK MUSEUM OF ART INC POLK MUSEUM OF ART LAKELAND, FL 33801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
POLK STATE COLLEGE FOUNDATION INC 999 AVENUE H NE WINTER HAVEN, FL 338814299	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
POLK STATE COLLEGE FOUNDATION INC 999 AVENUE H NE WINTER HAVEN, FL 338814299	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PONTE VEDRA PALM VALLEY- RAWLINGS E 630 A1A N PONTE VEDRA BEACH, FL 32082	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PONTE VEDRA PALM VALLEY- RAWLINGS E 630 A1A N PONTE VEDRA BEACH, FL 32082	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
PONTE VEDRA PALM VALLEY- RAWLINGS E 610 US HIGHWAY A1A N PONTE VEDRA BEACH, FL 320822746	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PONTE VEDRA-PALM VALLEY PARENT TEAC 630 A1A N PONTE VEDRA, FL 320822746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC PO BOX 951901 LAKE MARY, FL 32795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC 2544 ROBERT STREET JACKSONVILLE, FL 32209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC PO BOX 951901 LAKE MARY, FL 32795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC PO BOX 1872 LAND O LAKES, FL 346391872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
POP WARNER LITTLE SCHOLARS INC 6400 MACY AVE JACKSONVILLE, FL 32211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORCH DE SALOMON CORP PO BOX 10509 TALLAHASSEE, FL 323022509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PRADER-WILLI SYNDROME ASSOCIATION 8588 POTTER PARK DRIVE STE 500 SARASOTA, FL 342385471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PREGNANCY CRISIS CENTER INC 130 NW HILTON AVE LAKE CITY, FL 32055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESERVE EATONVILLE COMMUNITY INC 344 E KENNEDY BLVD EATONVILLE, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROJECT DENTISTS CARE INC 2051 MCGREGOR BLVD FORT MYERS, FL 33901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PROJECT LIFT INC1330 SW 34 STREET PALM CITY, FL 34990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT NANA INC 13122 SW 42ND STREET MIRAMAR, FL 33027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PROJECT PROSPER INC 13575 58TH ST N STE 107 CLEARWATER, FL 33760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT YES INC5275 SUNSET DRIVE MIAMI, FL 331435919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISE INC4105 NORFOLK PARKWAY WEST MELBOURNE, FL 32904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PROMISE TO KATE FOUNDATION 2380 OSPREY LAKE DR JACKSONVILLE, FL 32224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PROTESTANT EPISCOPAL CHURCH DIOCESE PO BOX 13330 PENSACOLA, FL 325913330	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE SCHOOLS OF JACKSONVILLE 2701 HODGES BLVD JACKSONVILLE, FL 322241264	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PTA FLORIDA CONGRESS 1400 SEABREEZE AVE JAX BCH, FL 322503232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
PTA FLORIDA CONGRESS 11005 SW 84TH ST MIAMI, FL 331733804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,070
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 2525 SCHOOL HOUSE RD GAINESVILLE, FL 326088645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PTA FLORIDA CONGRESS 14799 BARTRAM SPRINGS PARKWAY JACKSONVILLE, FL 32258	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PTA FLORIDA CONGRESS 8050 POINT MEADOWS DR JACKSONVILLE, FL 322564556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 14799 BARTRAM SPRINGS PARKWAY JACKSONVILLE, FL 32258	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PTA FLORIDA CONGRESS 9202 HIGHLAND OAK DR TAMPA, FL 336472541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
PTA FLORIDA CONGRESS 9202 HIGHLAND OAK DR TAMPA, FL 336472541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	218
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 11125 PARK AVE WINDERMERE, FL 347867828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PTA FLORIDA CONGRESS 14799 BARTRAM SPRINGS PARKWAY JACKSONVILLE, FL 32258	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
PTA FLORIDA CONGRESS 5720 OSPREY RIDGE DR LITHIA, FL 335473830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA FLORIDA CONGRESS 11125 PARK AVE WINDERMERE, FL 347867828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
PURA VIDA MISSIONS INC 536 DRIFTWOOD RD N PALM BEACH, FL 334084814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
PURA VIDA MISSIONS INC 536 DRIFTWOOD RD N PALM BEACH, FL 334084814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QT QUEENS BASKETBALL CORP 3401 NW 43RD AVENUE LAUDERDALE LAKES, FL 33319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
QT QUEENS BASKETBALL CORP 3401 NW 43RD AVENUE LAUDERDALE LAKES, FL 33319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
QUAIL VALLEY CHARITIES INC 2345 HIGHWAY A1A VERO BEACH, FL 32963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUAIL VALLEY CHARITIES INC 2345 HIGHWAY A1A VERO BEACH, FL 32963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
QUANTUM LEAP FARM INC 10401 WOODSTOCK RD ODESSA, FL 335565017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
R U 4 ME PET RESCUE INC 5307 PIPING ROCK DRIE BOYNTON BEACH, FL 33437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
R U 4 ME PET RESCUE INC 5307 PIPING ROCK DRIE BOYNTON BEACH, FL 33437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HWY COCONUT GROVE, FL 331335903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAYMOND F KRAVIS CENTER FOR THE PER 701 OKEECHOBEE BLVD WEST PALM BCH, FL 334016323	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
READ USA INC 1001 MAYPORT RD 331067 ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
READ USA INC 1001 MAYPORT RD 331067 ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ USA INC 1001 MAYPORT RD 331067 ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
READ USA INC 1001 MAYPORT RD 331067 ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REBUILDING TOGETHER BROWARD COUNTY 4836 NE 12TH AVE OAKLAND PARK, FL 33334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER MIAMI-DADE INC 3628 GRAND AVE MIAMI, FL 33133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
REBUILDING TOGETHER MIAMI-DADE INC 3628 GRAND AVE MIAMI, FL 33133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
REBUILDING TOGETHER NORTH CENTRAL F 4550 SW 41ST BLVD STE 2 GAINESVILLE, FL 326084255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER TAMPA BAY INC 911 E 122ND AVE TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
REBUILDING TOGETHER TAMPA BAY INC 911 E 122ND AVE TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,500
REBUILDING TOGETHER TAMPA BAY INC 911 E 122ND AVE TAMPA, FL 33612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECEPTIONS FOR RESEARCH - THE GREG 200 EAST LAS OLAS BLVD STE 1550 FORT LAUDERDALE, FL 33301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,510
REEF ENVIRONMENTAL EDUCATION FOUNDA 98300 OVERSEAS HIGHWAY KEY LARGO, FL 330370631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REEF RELIEF INCPO BOX 430 KEY WEST, FL 330410430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVENUE NORTH UNITS DE JACKSONVILLE, FL 32254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF NORTHEAST FLO 1116 EDGEWOOD AVE N UNITS D/E JACKSONVILLE, FL 322540000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RELIGIOUS COMMUNITY SERVICES INC 503 S MARTIN LUTHER KING JR AVENUE CLEARWATER, FL 337565607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RENAISSANCE JAX2671 GILMORE ST JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE JUNKIE INC 11372 HOLLINGTON COURT JACKSONVILLE, FL 32246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RESCUE OUTREACH MISSION OF CENTRAL 1701 HISTORIC GOLDSBORO BLVD SANFORD, FL 32771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RESIDENTIAL OPTIONS OF FLORIDA INC 3050 HORSESHOE DRIVE NORTH SUITE 285 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RETHREADED INC820 BARNETT ST JACKSONVILLE, FL 322097666	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
RETHREADED INC820 BARNETT ST JACKSONVILLE, FL 322097666	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
RETIREMENT HOME FOR HORSES INC PO BOX 2100 ALACHUA, FL 326162100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
REVIVED SOLDIERS UKRAINE 9542 TAVISTOCK RD ORLANDO, FL 32827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RHEUMATOID ARTHRITIS FOUNDATION HEL 8815 CONROY WINDERMERE RD SUITE 309 ORLANDO, FL 32835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE PRESBYTERIAN DAY SCHOOL I 830 OAK ST JACKSONVILLE, FL 322043317	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
RIVERSIDE PRESBYTERIAN DAY SCHOOL I 830 OAK ST JACKSONVILLE, FL 322043317	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
RIVERSIDE ROTARY FOUNDATION INC 4530-15 ST JOHNS AVENUE PO BOX 330 JACKSONVILLE, FL 322100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 329631877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 329631877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
RIVERSIDE THEATRE INC 3250 RIVERSIDE PARK DR VERO BEACH, FL 329631877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE-AVONDALE PRESERVATION INC 2623 HERSCHEL ST JACKSONVILLE, FL 32204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIVERVIEW HIGH SCHOOL FOUNDATION IN ONE RAM WAY SARASOTA, FL 342315141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIVERVIEW HIGH SCHOOL FOUNDATION IN 1 RAM WAY SARASOTA, FL 342315141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT E WILLIS ELEMENTARY PTO INC 14705 THE MASTERS AVE BRADENTON, FL 342025906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ROBERT E WILLIS ELEMENTARY PTO INC 14705 THE MASTERS AVE BRADENTON, FL 342025906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROBERT WILLIS ELEMENTARY SCHOOL 14705 THE MASTERS AVE LAKEWOOD RANCH, FL 34202	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND SENIOR DOG RESCUE GANG 5435 PAINTED PONY AVE MELROSE, FL 326668865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	105
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	21
ROLLINS COLLEGE 1000 HOLT AVENUE -- CAMPUS BOX 2754 WINTER PARK, FL 327894499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1600 SW 14TH STREET GAINESVILLE, FL 32608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 401 7TH AVE SOUTH SAINT PETERSBURG, FL 33701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
RONALD MCDONALD HOUSE CHARITIES OF 401 7TH AVE SOUTH SAINT PETERSBURG, FL 33701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RONALD MCDONALD HOUSE CHARITIES OF 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 16100 ROSERUSH CT FORT MYERS, FL 339083634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES OF 1030 N ORANGE AVENUE SUITE 105 ORLANDO, FL 32801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1600 SW 14TH STREET GAINESVILLE, FL 32608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROTARY CLUB OF DEERWOOD CHARITIES I PO BOX 26 MIDDLEBURG, FL 320500026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ROTARY CLUB OF ESTERO FOUNDATION IN PO BOX 743 ESTERO, FL 339290743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF ESTERO FOUNDATION IN PO BOX 743 ESTERO, FL 339290743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROTARY CLUB OF SUNSET KEY WEST PO BOX 5555 KEY WEST, FL 330455555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROTARY DISTRICT 6940 FOUNDATION INC 2633 CENTENNIAL BLVD SUITE 200 TALLAHASSEE, FL 323080605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY YOUTH CAMP INC P O BOX 10426 TALLAHASSEE, FL 32302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RUTH ECKERD HALL INC 1111 N MCMULLEN BOOTH RD CLEARWATER, FL 337593219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
S O S SUPPORT OUR SCHOLARS INC PO BOX 1985 WINTER PARK, FL 327901985	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S P C A INC5850 BRANNEN ROAD S LAKELAND, FL 33813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SACRED HEART FOUNDATION PO BOX 2700 PENSACOLA, FL 325132700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SACRED HEART FOUNDATION PO BOX 2700 PENSACOLA, FL 325132700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOL 5752 BLANDING BLVD JACKSONVILLE, FL 32244	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SAFE ANIMAL SHELTER OF ORANGE PARK 2913 COUNTY ROAD 220 MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
SAFE ANIMAL SHELTER OF ORANGE PARK 2913 COUNTY ROAD 220 MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ANIMAL SHELTER OF ORANGE PARK 2913 COUNTY ROAD 220 MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SAFE HAVENS MINISTRIES INC 12877 MEAD LANDING CT JACKSONVILLE, FL 322232670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE PET RESCUE INCPO BOX 840215 ST AUGUSTINE, FL 320800215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
SAFE PET RESCUE INCPO BOX 840215 ST AUGUSTINE, FL 320800215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SAFE PET RESCUE INCPO BOX 840215 ST AUGUSTINE, FL 320800215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE PLACE AND RAPE CRISIS CENTER I 2139 MAIN ST SARASOTA, FL 342376023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAFESUN INC2427 NW 49TH LN BOCA RATON, FL 334314337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 32086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
SAFETY SHELTER OF ST JOHNS COUNTY I 2450 OLD MOULTRIE RD STE 202 ST AUGUSTINE, FL 320863100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAILFISH POINT FOUNDATION INC 2201 SE SAILFISH POINT BLVD STUART, FL 349961911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAINT AUGUSTINE MONTESSORI COMMUNIT 7 WILLIAMS STREET SAINT AUGUSTINE, FL 32084	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SAINT JOSEPHS EPISCOPAL SCHOOL INC 3300B S SEACREST BLVD BOYNTON BEACH, FL 334350000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PETER LUTHERAN CHURCH 1614 BLANDING BLVD MIDDLEBURG, FL 320684092	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
SAINT PETER LUTHERAN CHURCH 1614 BLANDING BLVD MIDDLEBURG, FL 320684092	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
SAINT PETER LUTHERAN CHURCH 1614 BLANDING BLVD MIDDLEBURG, FL 320684092	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVADOR DALI MUSEUM INC 1 DALI BLVD ST PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SALVADORAN AMERICAN HUMANITARIAN FO 2050 CORAL WAY STE 600 CORAL GABLES, FL 331452682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	181
SANTA FE COLLEGE FOUNDATION INC 3000 NW 83RD ST GAINESVILLE, FL 326066210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA ROSA EDUCATION FOUNDATION INC 6032 HIGHWAY 90 MILTON, FL 325702257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SARAHS KITCHEN OF THE TREASURE COAS 295 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 349831964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SARAHS KITCHEN OF THE TREASURE COAS 295 NW PRIMA VISTA BLVD PORT ST LUCIE, FL 349831964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAHS KITCHEN OF THE TREASURE COAS 295 NW PRIMA VISTA BLVD PORT SAINT LUCIE, FL 349831964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SARASOTA AUDUBON SOCIETY INC 999 CENTER RD SARASOTA, FL 342409546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SARASOTA AUDUBON SOCIETY INC 999 CENTER RD SARASOTA, FL 342409546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARASOTA CREW INC 343 PALMETTO AVE OSPREY, FL 34229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SARASOTA POLICE FOUNDATION INC 5355 MCINTOSH RD UNIT F C/O-MICHAEL EVANOFF SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SARASOTA POLICE FOUNDATION INC 5355 MCINTOSH RD UNIT F C/O-MICHAEL EVANOFF SARASOTA, FL 34233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE FOUNDATION INC 1951 NW 7TH AVENUE STE 600 MIAMI, FL 331361104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
SAVE FOUNDATION INC 1951 NW 7TH AVENUE STE 600 MIAMI, FL 331361104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SAVE FOUNDATION INC 1951 NW 7TH AVENUE STE 600 MIAMI, FL 331361104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE OUR SEABIRDS INC 1708 KEN THOMPSON PKWY SARASOTA, FL 342361000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAVE OUR STRAYS INCPO BOX 1051 SAFETY HARBOR, FL 346951051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAVE THE CHIMPS INCPO BOX 12220 FT PIERCE, FL 349792220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHIMPS INCPO BOX 12220 FORT PIERCE, FL 349792220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAVE THE CHIMPS INCPO BOX 12220 FORT PIERCE, FL 349792220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAVE THE CHIMPS INCPO BOX 12220 FORT PIERCE, FL 349792220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE CHIMPS INCPO BOX 12220 FORT PIERCE, FL 349792220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE MANATEE CLUB INC 500 N MAITLAND AVE STE 210 MAITLAND, FL 327514458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
SCHOLARSHIP FOUNDATION OF INDIAN RI PO BOX 1820 VERO BEACH, FL 329611820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL LUNCH FAIRY LLC 11619 MANATEE BAY LN WELLINGTON, FL 334498386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY 4B2 JUPITER, FL 33458	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SEA GRAPE ARTISTS GALLERY COOPERATI 113 W MARION AVE PUNTA GORDA, FL 339504412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA TURTLE CONSERVANCY 4581 NW 6TH ST STE A GAINESVILLE, FL 32609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SEA TURTLE CONSERVANCY 4581 NW 6TH ST STE A GAINESVILLE, FL 32609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
SEA TURTLE CONSERVANCY 4581 NW 6TH ST STE A GAINESVILLE, FL 32609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEACREST COUNTRY DAY SCHOOL 7100 DAVIS BLVD NAPLES, FL 341045314	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
SEACREST SCHOOL INC 7100 DAVIS BLVD NAPLES, FL 341045314	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SEAFARERS HOUSE INC 2550 EISENHOWER BLVD SUITE 207 FT LAUDERDALE, FL 333164204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEASIDE PLAYGARDEN PRESCHOOL INC 223 8TH AVE S JACKSONVILLE, FL 322506645	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEASIDE SCHOOL CONSORTIUM INC 2865 MAYPORT ROAD JACKSONVILLE, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SEBASTIANSTRONG FOUNDATION PO BOX 661156 MIAMI SPRINGS, FL 33266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF CENTRAL 411 MERCY DRIVE ORLANDO, FL 32805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SEED SOWERS EVANGELISTIC ASSOCIATIO 1745 OLIVE ST LAKELAND, FL 338154047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SEEDS FOR PROGRESS FOUNDATION INC 2333 PONCE DE LEON BOULEVARD ROOM 6 CORAL GABLES, FL 331345422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELFLESS LOVE FOUNDATION INC 1115 HILLSBORO MILE HILLSBORO BCH, FL 330622001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SENIOR HOUNDSABOUND INC 3118 WESSEX ST ORLANDO, FL 32803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SENIOR RESOURCE ASSOCIATION INC 694 14TH STREET VERO BEACH, FL 32960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIORS FIRST INC 5395 LB MCLEOD ROAD ORLANDO, FL 32811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SENIORS FIRST INC 5395 LB MCLEOD ROAD ORLANDO, FL 32811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
SERVICE CORPS OF RETIRED EXECUTIVES 299 E BROWARD BLVD SUITE 123 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANDS JACKSONVILLE FOUNDATION INC 580 WEST 8TH STREET TOWER 1 SUITE 3510 JACKSONVILLE, FL 32209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
SHANDS TEACHING HOSPITAL AND CLINIC PO BOX 100386 GAINESVILLE, FL 32610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
SHANDS TEACHING HOSPITAL AND CLINIC PO BOX 100386 GAINESVILLE, FL 32610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANDS TEACHING HOSPITAL AND CLINIC PO BOX 100386 GAINESVILLE, FL 32610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	33
SHELTER BOX USA 8374 MARKET ST 203 LAKEWOOD RANCH, FL 34202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SHELTER BOX USA 8374 MARKET ST 203 LAKEWOOD RANCH, FL 34202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERIDAN HOUSE FAMILY MINISTRIESINC 1700 S FLAMINGO RD DAVIE, FL 333255852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHINDLER DRIVE BAPTIST CHURCH 7100 SHINDLER DRIVE JACKSONVILLE, FL 32222	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,250
SHOOTING HOOPS NOT GUNS 8467 HUNSTON MILL LN E JACKSONVILLE, FL 322448425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOOTING HOOPS NOT GUNS 8467 HUNSTON MILL LN E JACKSONVILLE, FL 322448425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SHORECREST PREPARATORY SCHOOL 5101 FIRST STREET NE ST PETERSBURG, FL 337033099	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,490
SHORECREST PREPARATORY SCHOOL 5101 FIRST STREET NE ST PETERSBURG, FL 337033099	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,155
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,659
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	269
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	222
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	370
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	202
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	106
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	258
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	144
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	170
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,003
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	72
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	85
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	255
SIERRA CLUB FOUNDATION 1144 24TH ST N JACKSONVILLE, FL 32250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA CLUB FOUNDATION 1144 24TH ST N JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
SIERRA CLUB FOUNDATION 1144 24TH ST N JACKSONVILLE, FL 32250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SINFONIA GULF COAST INC PO BOX 6326 MIRAMAR BEACH, FL 32550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINFONIA GULF COAST INC PO BOX 6326 MIRAMAR BEACH, FL 32550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	295
SOCIETY FOR PREVENTION OF CRUELTY T 7734 CONGRESS ST NEW PRT RCHY, FL 346531110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SOCIETY FOR THE PREVENTION OF CRUEL 9099 130TH AVE LARGO, FL 337731403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 9099 130TH AVE LARGO, FL 337731403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
SOCIETY FOR THE PREVENTION OF CRUEL 9099 130TH AVE LARGO, FL 337731403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SOCIETY FOR THE PREVENTION OF CRUEL 9099 130TH AVE LARGO, FL 337731403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLITAS HOUSE INC 3101 E 7TH AVENUE TAMPA, FL 33605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 657 BOCA RATON, FL 334290657	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOS CHILDRENS VILLAGES FLORIDA INC 3681 NW 59TH PLACE COCONUT CREEK, FL 330734141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	798
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BREVARD SHARING CENTER INC 17 E HIBISCUS BLVD MELBOURNE, FL 32901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SOUTH COUNTY FOOD PANTRY INC 121 WARFIELD AVENUE VENICE, FL 34285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTH FLORIDA PROGRESS FOUNDATION I 1601 BISCAYNE BLVD OMNI INTL MIAMI, FL 331320000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH FLORIDA SCIENCE CENTER & AQUA 4801 DREHER TRAIL NORTH WEST PALM BEACH, FL 334053017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTH LAKE ANIMAL LEAGUE INC PO BOX 121504 CLERMONT, FL 347121504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTH TAMPA ECUMENICAL MINISTRIES I 1340 N CLEARVIEW AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TAMPA ECUMENICAL MINISTRIES I 1340 N CLEARVIEW AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTH TAMPA ECUMENICAL MINISTRIES I 1340 N CLEARVIEW AVE TAMPA, FL 33607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTHEAST GERMAN SHORTHAIRED POINTE 24704 49TH AVE E MYAKKA CITY, FL 342519140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST GERMAN SHORTHAIRED POINTE 24704 49TH AVE E MYAKKA CITY, FL 342519140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTHEASTERN GUIDE DOGS INC 4210 77TH ST E PALMETTO, FL 342219270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN GUIDE DOGS INC ENDOWME 4210 77TH ST E PALMETTO, FL 342219270	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SOUTHEASTERN HEALTHCARE FOUNDATION PO BOX 100386 GAINESVILLE, FL 32610	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	157
SOUTHEASTERN HEALTHCARE FOUNDATION PO BOX 100386 GAINESVILLE, FL 32610	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN SCHOLARSHIP FOUNDATION INC 322 STADIUM DRIVE TALLAHASSEE, FL 32304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTHWEST FLORIDA COMMUNITY FOUNDAT 2031 JACKSON STREET SUITE 100 FORT MYERS, FL 33901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHWEST FLORIDA WOMENS FOUNDATION 27911 CROWN LAKE BLVD STE 223 BONITA SPGS, FL 341354218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPACE COAST CHESS FOUNDATION INC 6770 FLORIDANA AVE MELBOURNE BCH, FL 329513845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPACE COAST HEALTH FOUNDATION INC 1100 ROCKLEDGE BLVD STE 100 ROCKLEDGE, FL 329550000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
SPACE COAST UNITED SOCCER CLUB INC PO BOX 410301 MELBOURNE, FL 329410301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARKING LITERACY INC 675 16TH AVE S NAPLES, FL 34102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPEAK UP FOR KIDS OF PALM BEACH COU PO BOX 1896 WEST PALM BEACH, FL 33402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 2728 LAKE WORTH RD LAKE WORTH, FL 33461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS FLORIDA INC 1915 DON WICKHAM DRIVE CLERMONT, FL 34711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OPERATIONS WARRIOR FOUNDATI 1137 MARBELLA PLAZA DR TAMPA, FL 336197905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
SPECIAL OPERATIONS WARRIOR FOUNDATI 1137 MARBELLA PLAZA DR TAMPA, FL 336197905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SPECIAL OPERATIONS WARRIOR FOUNDATI 1137 MARBELLA PLAZA DR TAMPA, FL 336197905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
SPECIAL OPERATIONS WARRIOR FOUNDATI 1137 MARBELLA PLAZA DR TAMPA, FL 336197905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OPERATIONS WARRIOR FOUNDATI PO BOX 89367 TAMPA, FL 33689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SPRINGTIME TALLAHASSEE FESTIVAL INC 501 EAST TENNESSEE ST SUITE A TALLAHASSEE, FL 32308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST ANASTASIA CATHOLIC SCHOOL 401 S 33RD STREET FT PIERCE, FL 34947	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREW CATHOLIC SCHOOL 9990 NW 29TH STREET CORAL SPRINGS, FL 330656103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST ANDREWS SCHOOL OF BOCA RATON INC 3900 JOG RD BOCA RATON, FL 334344455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST ANDREWS SCHOOL OF BOCA RATON INC 3900 JOG ROAD BOCA RATONE, FL 33434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREWS SCHOOL OF BOCA RATON INC 3900 JOG RD BOCA RATON, FL 334344455	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ST ANTHONY SCHOOL920 NE 3 STREET FORT LAUDERDALE, FL 33301	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,225
ST ANTHONY SCHOOL920 NE 3 STREET FORT LAUDERDALE, FL 33301	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANTHONYS HOSPITAL INC 1200 7TH AVE N ST PETERSBURG, FL 337051300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
ST AUGUSTINE HUMANE SOCIETY PO BOX 133 ST AUGUSTINE, FL 32084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE LIGHTHOUSE & MARITIME 81 LIGHTHOUSE AVENUE SAINT AUGUSTINE, FL 32080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ST AUGUSTINE LIONS FOUNDATION INC 235 SR 207 BOX 6 SAINT AUGUSTINE, FL 320840187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST AUGUSTINE SOCIETY INC 1375 ARAPAHO AVE ST AUGUSTINE, FL 320844921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE SOCIETY INC 1375 ARAPAHO AVE ST AUGUSTINE, FL 320844921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ST AUGUSTINE SOCIETY INC 1375 ARAPAHO AVE ST AUGUSTINE, FL 320844921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST AUGUSTINE SOCIETY INC 1375 ARAPAHO AVE ST AUGUSTINE, FL 320844921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AUGUSTINE YOUTH SERVICES INC 201 SIMONE WAY ST AUGUSTINE, FL 320867750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ST EDWARD'S SCHOOL 1895 SAINT EDWARDS DRIVE VERO BEACH, FL 32963	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,075
ST FRANCIS ANIMAL HOSPITAL INC 2727 ATLANTIC BLVD JACKSONVILLE, FL 322073325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GERARD CAMPUSPO BOX 4382 ST AUGUSTINE, FL 320854382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ST GERARD CAMPUSPO BOX 4382 ST AUGUSTINE, FL 320854382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST JOAN OF ARC CATHOLIC CHURCH & SC 501 SW 3RD AVE BOCA RATON, FL 33432	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN VIANNEY ELEMENTARY SCHOOL 6200 S OBT ORLANDO, FL 32809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST JOHNS COUNTRY DAY SCHOOL 3100 DOCTORS LAKE DR ORANGE PARK, FL 320736926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
ST JOHNS COUNTRY DAY SCHOOL 3100 DOCTORS LAKE DR ORANGE PARK, FL 320736926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS MIDDLE SCHOOL ATHLETIC ASS 450-106 SR13N 412 SAINT JOHNS, FL 322595222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST JOHNS RIVER STATE COLLEGE FOUNDA 5001 SAINT JOHNS AVE PALATKA, FL 321773807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS RIVERKEEPER INC 2800 UNIVERSITY BLVD N JACKSONVILLE, FL 322113321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST JOSEPH CATHOLIC SCHOOL 2990 26TH STREET W BRADENTON, FL 342053738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST JOSEPH CATHOLIC SCHOOL 2990 26TH STREET W BRADENTON, FL 342053738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH CATHOLIC SCHOOL 2990 26TH STREET W BRADENTON, FL 342053738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST JOSEPHS CATHOLIC CHURCH 11730 OLD SAINT AUGUSTINE RD JACKSONVILLE, FL 322582051	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
ST JOSEPHS CATHOLIC CHURCH 11730 OLD SAINT AUGUSTINE RD JACKSONVILLE, FL 322582051	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS CATHOLIC CHURCH 11730 OLD SAINT AUGUSTINE RD JACKSONVILLE, FL 322582051	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	767
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,117
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	484
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	950
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	249
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 1501 W CLEVELAND ST STE 230 TAMPA, FL 336061812	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
ST LUCIE COUNTY EDUCATION FOUNDATIO 9461 BRANDYWINE LANE PORT ST LUCIE, FL 34986	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ST LUKES CATHOLIC CHURCH 1606 BLANDING BLVD MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK COPTIC ORTHODOX CHURCH OF S 19800 ALLAIRE LN FT MYERS, FL 339084828	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARK COPTIC ORTHODOX CHURCH OF S 19800 ALLAIRE LN FT MYERS, FL 339084828	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ST MARKS EPISCOPAL DAY SCHOOL OF JA 4114 OXFORD AVE JACKSONVILLE, FL 32210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEWS HOUSE INC 2001 AIRPORT RD S NAPLES, FL 341124800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST MATTHEWS HOUSE INC 2001 AIRPORT RD S NAPLES, FL 341124800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ST MATTHEWS HOUSE INC 2001 AIRPORT RD S NAPLES, FL 341124800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICKS CATHOLIC CHURCH 601 AIRPORT CENTER DRIVE EAST JACKSONVILLE, FL 322187269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ST PATRICKS CATHOLIC CHURCH 601 AIRPORT CENTER DRIVE EAST JACKSONVILLE, FL 322187269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	485
ST PATRICKS CATHOLIC CHURCH 601 AIRPORT CENTER DRIVE EAST JACKSONVILLE, FL 322187269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICKS CATHOLIC CHURCH 601 AIRPORT CENTER DRIVE EAST JACKSONVILLE, FL 32218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
ST PATRICK'S CATHOLIC SCHOOL 601 AIRPORT CENTER DR EAST JACKSONVILLE, FL 32218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	140
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
ST PAUL CATHOLIC SCHOOL 3121 HYDE PARK ROAD PENSACOLA, FL 325035842	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	513
ST PETERSBURG ARTS ALLIANCE INC 100 2ND AVENUE NORTH 150 ST PETERSBURG, FL 337013300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERSBURG BALLET CONSERVATORY I 7928 39TH TER N ST PETERSBURG, FL 337094234	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST PETERSBURG COLLEGE FOUNDATION IN PO BOX 13489 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
ST PETERSBURG NEIGHBORHOOD HOUSING 1600 DR MARTIN LUTHER KING JR STREET SOUTH ST PETERSBURG, FL 337015707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERSBURG PREGNANCY CENTER INC 1210 22ND ST S ST PETERSBURG, FL 337122259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
ST THERESA SCHOOL 2701 INDIAN MOUND TRAIL CORAL GABLES, FL 33134	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST THOMAS EPISCOPAL PARISH SCHOOL 5690 NORTH KENDALL DRIVE CORAL GABLES, FL 33156	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS EPISCOPAL PARISH SCHOOL 5692 N KENDALL DRIVE CORAL GABLES, FL 331562132	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST THOMAS EPISCOPAL PARISH SCHOOL 5690 NORTH KENDALL DRIVE CORAL GABLES, FL 33156	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS, FL 330546313	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS, FL 330546313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST VINCENT FERRER SCHOOL 810 GEORGE BUSH BLVD DELRAY BEACH, FL 33483	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST VINCENTS FOUNDATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARGARET MARY CATHOLIC CHURCH 526 N PARK AVENUE WINTER PARK, FL 32789	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST PETERSBURG HIGH SCHOOL ATTN PANTRY 2501 5TH AVE N ST PETERSBURG, FL 33713	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
STANTON COLLEGE PREPARATORY 1149 W 13TH ST JACKSONVILLE, FL 322095610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANTON COLLEGE PREPARATORY 1149 W 13TH ST JACKSONVILLE, FL 322095610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
STANTON COLLEGE PREPARATORY 1149 W 13TH ST JACKSONVILLE, FL 322095610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
STARABILITY FOUNDATION INC 5125 CASTELLO DR NAPLES, FL 34103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
START RIGHT NOW INC 1212 W CASS ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
START RIGHT NOW INC 1212 W CASS ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
START RIGHT NOW INC 1212 W CASS ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
START RIGHT NOW INC 1212 W CASS ST TAMPA, FL 33606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STEP BY STEP FOUNDATION INC 2104 TYLER STREET HOLLYWOOD, FL 33020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STEP UP SUNCOAST INC 6428 PARKLAND DRIVE SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP SUNCOAST INC 6428 PARKLAND DRIVE SARASOTA, FL 34243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
STETSON UNIVERSITY INC 1401 61ST STREET SOUTH GULFPORT, FL 337073299	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STETSON UNIVERSITY INC 421 NORTH WOODLAND BLVD UNIT 8286 DELAND, FL 32723	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
STUDENT ACES INC 7750 ARBOR CREST WAY PALM BEACH GARDENS, FL 33412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SUMTER350 TATONKA TERRACE THE VILLAGES, FL 32162	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNCOAST ANIMAL LEAGUE 1030 PENNSYLVANIA AVENUE PALM HARBOR, FL 34683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
SUNCOAST ANIMAL LEAGUE 1030 PENNSYLVANIA AVENUE PALM HARBOR, FL 34683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SUNCOAST ANIMAL LEAGUE 1030 PENNSYLVANIA AVENUE PALM HARBOR, FL 34683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNCOAST CHARITIES FOR CHILDREN INC 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SUNCOAST CHARITIES FOR CHILDREN INC 7015 PROFESSIONAL PARKWAY EAST SARASOTA, FL 34240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SUNCOAST HUMANE SOCIETY INC 6781 SAN CASA DR ENGLEWOOD, FL 342248149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNCOAST HUMANE SOCIETY INC 6781 SAN CASA DR ENGLEWOOD, FL 342248149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUNFLOWER CREATIVE ARTS INC 227 N DIXIE BLVD DELRAY BEACH, FL 33444	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SURFSIDE PLAYERS INCPO BOX 320053 COCOA BEACH, FL 329320053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DRIVE - 5TH FLOOR WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUSAN G KOMEN BREAST CANCER FOUNDAT 1333 SOUTH UNIVERSITY DRIVE STE 204 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	562
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1333 SOUTH UNIVERSITY DRIVE STE 204 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,166
SUSAN G KOMEN BREAST CANCER FOUNDAT 1333 SOUTH UNIVERSITY DRIVE STE 204 PLANTATION, FL 33324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	226
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,289
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
SUSTENTARE INC 24 GRAND BAY ESTATES CIR KEY BISCAYNE, FL 331491930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTENTARE INC 24 GRAND BAY ESTATES CIRCLE KEY BISCAYNE, FL 33149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
SUSTENTARE INC 24 GRAND BAY ESTATES CIR KEY BISCAYNE, FL 331491930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SWAMP HAVEN RESCUE INC 5349 CYPRESS LINKS BLVD ELKTON, FL 320334012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWAMP HAVEN RESCUE INC 5349 CYPRESS LINKS BLVD ELKTON, FL 320334012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SWEET ADELINES INTERNATIONAL 6431 GARLAND COURT NEW PORT RICHEY, FL 34652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	358
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	252
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEETWATER EPISCOPAL ACADEMY INC 251 E LAKE BRANTLEY DR LONGWOOD, FL 327794808	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	84
T LEROY JEFFERSON MEDICAL SOCIETY I 3300 S DIXIE HWY SUITE 1-706 WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TAKE STOCK IN CHILDREN OF MANATEE C PO BOX 325 PALMETTO, FL 34220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLAHASSEE COMMUNITY COLLEGE FOUND 444 APPLEYARD DR TALLAHASSEE, FL 323042815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
TALLAHASSEE LENDERS CONSORTIUM INC 224 OFFICE PLAZA TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TALLAHASSEE SYMPHONY ORCHESTRA INC 515 E PARK AVE TALLAHASSEE, FL 32301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAY ANIMAL HEALTH FOUNDATION 5010 E BROADWAY AVE TAMPA, FL 33619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TAMPA BAY COMMUNITY DEVELOPMENT COR 2139 NE COACHMAN RD STE 1 CLEARWATER, FL 33765	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	74
TAMPA BAY HUMANE SOCIETY FOUNDATION 3607 N ARMENIA AVE TAMPA, FL 336071322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
TAMPA BAY PERFORMING ARTS CENTER 1010 NORTH WC MACINNES PLACE TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAY WAVE INC 500 E KENNEDY BLVD STE 300 TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
TAMPA BAYWATCH INC 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TAMPA BAYWATCH INC 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA BAYWATCH INC 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TAMPA BAYWATCH INC 3000 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TAMPA GENERAL HOSPITAL AUXILIARY IN PO BOX 1289 TAMPA, FL 336011289	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA GENERAL HOSPITAL FOUNDATION I PO BOX 1289 TAMPA, FL 336011289	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
TAMPA GENERAL HOSPITAL FOUNDATION I PO BOX 1289 TAMPA, FL 336011289	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
TAMPA GENERAL HOSPITAL FOUNDATION I PO BOX 1289 TAMPA, FL 336011289	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA METROPOLITAN AREA YOUNG MENS 110 E OAK AVENUE TAMPA, FL 33602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
TAMPA MUSEUM OF ART INC 120 W GASPARILLA PLAZA TAMPA, FL 336021500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TAMPA PREPARATORY SCHOOL INC 727 W CASS ST TAMPA, FL 336061455	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,030
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMPA SCHOOL DEVELOPMENT CORPORATIO 2402 W OSBORNE AVE TAMPA, FL 336031434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TAMPA SCHOOL DEVELOPMENT CORPORATIO 2402 W OSBORNE AVE TAMPA, FL 336031434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TAMPA VENOM ELITE BASEBALL 9107 WOODRIDGE RUN DR TAMPA, FL 33647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 1951 NW 7 AVE SUITE 300 MIAMI, FL 33136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TEACH FOR AMERICA INC 214 NORTH HOGAN STREET SUITE 6010 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
TEACH FOR AMERICA INC 214 NORTH HOGAN STREET SUITE 6010 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 214 NORTH HOGAN STREET SUITE 6010 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
TEACH FOR AMERICA INC 214 NORTH HOGAN STREET SUITE 6010 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
TEACH FOR AMERICA INC 214 NORTH HOGAN STREET SUITE 6010 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CHALLENGE OF FLORIDA INC 1213 HOPE CIRCLE BONIFAY, FL 32425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TEEN CHALLENGE OF FLORIDA INC 1213 HOPE CIRCLE BONIFAY, FL 32425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TEEN CHALLENGE OF FLORIDA INC 1213 HOPE CIRCLE BONIFAY, FL 32425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN MISSIONS INTERNATIONAL INC 885 E HALL RD MERRITT ISLAND, FL 329538418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
TEMPLE BETH ISRAEL OF LONGBOAT KEY 567 BAY ISLES RD LONGBOAT KEY, FL 342283142	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,135
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	685
TEMPLE JUDEA OF PALM BEACH COUNTY I 4311 HOOD RD PALM BCH GDNS, FL 334102177	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,010
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNIS FOR FUN 609 SOUTH SYLVAN DR BRANDON, FL 335103539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
TENNIS FOR FUN 609 SOUTH SYLVAN DR BRANDON, FL 335103539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TENNIS FOR FUN 609 SOUTH SYLVAN DR BRANDON, FL 335103539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNIS FOR FUN 609 SOUTH SYLVAN DR BRANDON, FL 335103539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TENNIS FOR FUN 609 SOUTH SYLVAN DR BRANDON, FL 335103539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TESORI FAMILY FOUNDATION INC 101 MARKETSIDE AVENUE SUITE 404 BOX 345 PONTE VEDRA, FL 32081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	803
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC GATEWAY INC 3932 N 10TH AVE PENSACOLA, FL 32503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE ARC GATEWAY INC 3932 N 10TH AVE PENSACOLA, FL 32503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ARC JACKSONVILLE INC 1050 NORTH DAVIS STREET JACKSONVILLE, FL 322096808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC JACKSONVILLE INC 1050 NORTH DAVIS STREET JACKSONVILLE, FL 322096808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ARC OF INDIAN RIVER COUNTY INC 1375 16TH AVE VERO BEACH, FL 329603768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF PALM BEACH COUNTY INC 1201 AUSTRALIAN AVENUE RIVIERA BEACH, FL 33404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE ARC TAMPA BAY FOUNDATION INC 1501 N BELCHER ROAD STE 244 CLEARWATER, FL 33765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE BEACON COUNCIL ECONOMIC DEVELOP 80 SW 8TH ST STE 2400 MIAMI, FL 33130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOGGY CREEK GANG INC 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BOGGY CREEK GANG INC 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	534
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	11,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
THE BOYS AND GIRLS CLUB OF THE BIG 723 W ORANGE AVENUE TALLAHASSEE, FL 32314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE BOYS AND GIRLS CLUB OF THE BIG 723 W ORANGE AVENUE TALLAHASSEE, FL 32314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BRAIN TUMOR NETWORK INC 816 A1A NORTH SUITE 201 PONTE VEDRA, FL 32082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BREVARD NEIGHBORHOOD DEVELOPMEN 1151 MASTERSON ST MELBOURNE, FL 32935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BUSCH WILDLIFE SANCTUARY INC 2500 JUPITER PARK DR JUPITER, FL 334588962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BUSCH WILDLIFE SANCTUARY INC 2500 JUPITER PARK DR JUPITER, FL 334588962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
THE BUSCH WILDLIFE SANCTUARY INC 2500 JUPITER PARK DR JUPITER, FL 334588962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
THE CENTRE FOR WOMEN INC 305 SOUTH HYDE PARK AVENUE TAMPA, FL 336062233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	353
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTRE FOR WOMEN INC 305 SOUTH HYDE PARK AVENUE TAMPA, FL 336062233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,147
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE CHRIST SCHOOL INC 106 E CHURCH STREET ORLANDO, FL 32801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COALITION OF IMMOKALEE WORKERS PO BOX 603 IMMOKALEE, FL 34143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,328
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FOUNDATION FOR NORTHE 245 RIVERSIDE AVE SUITE 310 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	903
THE CONSERVANCY OF SOUTHWEST FLORID 1495 SMITH PRESERVE WAY NAPLES, FL 341023500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE COOPERATIVE FEEDING PROGRAM INC 1 NW 33RD TER LAUDERHILL, FL 333118460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	157
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COOPERATIVE FEEDING PROGRAM INC 1 NW 33RD TER LAUDERHILL, FL 333118460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE DONNA FOUNDATION INC 11762 MARCO BEACH DRIVE SUITE 6 JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	447
THE EDUCATION FOUNDATION OF ALACHUA 2802 N E 8TH AVENUE GAINESVILLE, FL 32641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDUCATION FOUNDATION OF COLLIER 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
THE EDUCATION FOUNDATION OF COLLIER 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE EDUCATION FOUNDATION OF COLLIER 3606 ENTERPRISE AVE SUITE 150 NAPLES, FL 34104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FACIAL PAIN ASSOCIATION INC 22 SE 5TH AVE SUITE D GAINESVILLE, FL 32601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE FACIAL PAIN ASSOCIATION INC 22 SE 5TH AVE SUITE D GAINESVILLE, FL 32601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
THE FLORIDA THEATRE PERFORMING ARTS 128 E FORSYTH ST SUITE 300 JACKSONVILLE, FL 322023335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR LEE COUNTY PUBLI PO BOX 1608 FORT MYERS, FL 33902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THE FOUNTAINHEAD RESIDENCY INC 5600 N BAYSHORE DR MIAMI, FL 33137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE FOUNTAINHEAD RESIDENCY INC 5600 N BAYSHORE DR MIAMI, FL 33137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOSPICE FOUNDATION OF MARTIN & 1201 SE INDIAN ST STUART, FL 349975688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE HOSPICE FOUNDATION OF MARTIN & 1201 SE INDIAN ST STUART, FL 349975688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE HOSPICE FOUNDATION OF MARTIN & 1201 SE INDIAN ST STUART, FL 349975688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 342382743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 342382743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 342382743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 342382743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE INTERNATIONAL WALDENSTROMS MACR 6144 CLARK CENTER AVE SARASOTA, FL 342382743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE KIWANIS CLUB OF MANATEE SUNRISE PO BOX 1697 BRADENTON, FL 34206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LEAGUE CLUB INC PO BOX 413005-203 NAPLES, FL 341013005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE LITTLE LIGHTHOUSE FOUNDATION IN 100 BISCAYNE BLVD STE 1607 MIAMI, FL 331322308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MEAGAN NAPIER FOUDATION INCORPO PO BOX 974 GULF BREEZE, FL 32562	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MIAMI HERALD CHARITIES INC 3511 NW 91 AVE MIAMI, FL 33172	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
THE NEMOURS FOUNDATION 6900 TAVISTOCK LAKES BLVD SUITE 350 ORLANDO, FL 32827	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALM BEACH COUNTY LITERACY COAL 3651 QUANTUM BLVD BOYNTON BEACH, FL 33426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE PALM BEACH STATE COLLEGE FDN IN 4200 CONGRESS AVE MS 20 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE PALM BEACH STATE COLLEGE FDN IN 4200 S CONGRESS AVE LAKE WORTH, FL 334614705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PALM BEACH STATE COLLEGE FDN IN 4200 CONGRESS AVE MS 20 LAKE WORTH, FL 33461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE PARENT HELP CENTER INC PO BOX 60722 JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
THE PARENT HELP CENTER INC PO BOX 60722 JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 325048910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 325048910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE PENSACOLA STATE COLLEGE FOUNDAT 1000 COLLEGE BLVD PENSACOLA, FL 32504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PEPIN ACADEMIES INC 9304 CAMDEN FIELD PKWY RIVERVIEW, FL 335780520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
THE PEPIN ACADEMIES INC 9304 CAMDEN FIELD PKWY RIVERVIEW, FL 335780520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
THE PEPIN ACADEMIES INC 9304 CAMDEN FIELD PKWY RIVERVIEW, FL 335780520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PERLMAN MUSIC PROGRAM SUNCOAST PO BOX 3407 SARASOTA, FL 34230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE POSSE FOUNDATION INC 1101 BRICKELL AVENUE SUITE 1000N MIAMI, FL 33131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE REDBONE INCP O BOX 273 ISLAMORADA, FL 33036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 416 W COLONIAL DRIVE ORLANDO, FL 32804	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 1204 14TH STREET WEST BRADENTON, FL 34205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY 10291 MCGREGOR BLVD FORT MYERS, FL 33919	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
THE SALVATION ARMY 416 W COLONIAL DRIVE ORLANDO, FL 32804	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMYPO BOX 350370 MIAMI, FL 331350370	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 416 W COLONIAL DRIVE ORLANDO, FL 32804	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMYPO BOX 928 LAKELAND, FL 33802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,499
THE SALVATION ARMY 2100 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 416 W COLONIAL DRIVE ORLANDO, FL 32804	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 328 NORTH OCEAN STREET JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,024
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
THE SHELTER FOR ABUSED WOMEN & CHIL PO BOX 10102 NAPLES, FL 341010102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	24
THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
THE SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 336071435	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
THE SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
THE SOUP KITCHEN INC PO BOX 741155 BOYNTON BEACH, FL 334741155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
THE SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 336755147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 33675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 336755147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SPRING OF TAMPA BAY INC PO BOX 5147 TAMPA, FL 33675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TALLAHASSEE BALLET INC PO BOX 772 TALLAHASSEE, FL 32302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE TOM COUGHLIN JAY FUND FOUNDATIO PO BOX 50798 JACKSONVILLE BEACH, FL 322400798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TWIG CARES INC 826 PINEBROOK ROAD VENICE, FL 342857120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE UNITED WAY OF OKALOOSA WALTON C 112 TUPELO AVE SE FORT WALTON BEACH, FL 325485555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE UNITED WAY OF OKALOOSA WALTON C 112 TUPELO AVE SE FORT WALTON BEACH, FL 325485555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE UNIVERSITY OF NORTH FLORIDA FOU 1 UNF DRIVE BLDG 60/ALUMNI HALL JACKSONVILLE, FL 32224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10415 SAN JOSE BLVD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10423 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10415 SAN JOSE BLVD JACKSONVILLE, FL 32257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10423 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 40 EAST ADAMS STREET SUITE 210 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 6079 BAGLEY ROAD JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
THE YOUNG MENS CHRISTIAN ASSOCIATIO 6079 BAGLEY ROAD JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
THE YOUNG MENS CHRISTIAN ASSOCIATIO 10423 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 6079 BAGLEY ROAD JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE YOUNG MENS CHRISTIAN ASSOCIATIO 6079 BAGLEY ROAD JACKSONVILLE, FL 32209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THEATRE JACKSONVILLE INC 2032 SAN MARCO BLVD JACKSONVILLE, FL 322073214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS JEFFERSON ELEMENTARY 8233 NEVADA STREET JACKSONVILLE, FL 32220	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
THOMAS JEFFERSON ELEMENTARY 8233 NEVADA STREET JACKSONVILLE, FL 32220	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
THOMAS W MCCORMICK SCHOLARSHIP FUND 11 HARBORAGE ISLE DR FORT LAUDERDALE, FL 333160000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIBETAN TERRIER HEALTH AND WELFARE PO BOX 780486 SEBASTIAN, FL 32978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TIBETAN TERRIER HEALTH AND WELFARE PO BOX 780486 SEBASTIAN, FL 32978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TIDEWELL HOSPICE INC 5955 RAND BOULEVARD SARASOTA, FL 34238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDEWELL HOSPICE INC 5955 RAND BLVD SARASOTA, FL 342385160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TIM TEBOW FOUNDATION INC 2220 COUNTY ROAD 210 WEST SUITE 108 PMB 317 JACKSONVILLE, FL 32259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIMUCUAN PARKS FOUNDATION INC 9953 HECKSCHER DRIVE JACKSONVILLE, FL 32226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TIMUCUAN PARKS FOUNDATION INC 9953 HECKSCHER DRIVE JACKSONVILLE, FL 32226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TOUCHING MIAMI WITH LOVE MINISTRIES PO BOX 01-3279 MIAMI, FL 33101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOUCHING MIAMI WITH LOVE MINISTRIES PO BOX 01-3279 MIAMI, FL 33101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TOUCHING MIAMI WITH LOVE MINISTRIES PO BOX 01-3279 MIAMI, FL 33101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREASURE COAST FOOD BANK INCORPORAT 401 ANGLE ROAD FORT PIERCE, FL 34947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TRI COUNTY HUMANE SOCIETY 21287 BOCA RIO RD BOCA RATON, FL 334332203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	97
TRI COUNTY HUMANE SOCIETY 21287 BOCA RIO RD BOCA RATON, FL 334332203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI COUNTY HUMANE SOCIETY 21287 BOCA RIO RD BOCA RATON, FL 334332203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TRINITY BAPTIST CHURCH OF JACKSONVI 1206 CAMP RIDGE LN MIDDLEBURG, FL 32068	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,120
TRINITY CAFE INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY CAFE INC 4702 TRANSPORT DR BLDG 6 TAMPA, FL 33605	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
TRINITY PREPARATORY SCHOOL OF FLORI 5700 TRINITY PREP LN WINTER PARK, FL 327929414	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
TRINITY RESCUE MISSION INCORPORATED PO BOX 61749 JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
TRINITY RESCUE MISSION INCORPORATED PO BOX 61749 JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY RESCUE MISSION INCORPORATED 622 W UNION STREET JACKSONVILLE, FL 32236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
TRUSTBRIDGE FOUNDATION INC 5300 EAST AVE WEST PALM BCH, FL 334072387	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TSIC INC 2050 CIVIC CENTER PLACE RM 213 MIRAMAR, FL 33025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TSIC OF SARASOTA COUNTY INC PO BOX 48186 SARASOTA, FL 34230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TSIC OF SARASOTA COUNTY INC PO BOX 48186 SARASOTA, FL 34230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TSIC OF SARASOTA COUNTY INC PO BOX 48186 SARASOTA, FL 34230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TSR ADVENTURES INC 4708 MONROE ST HOLLYWOOD, FL 330217264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
TSR ADVENTURES INC 4708 MONROE ST HOLLYWOOD, FL 330217264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
TSR ADVENTURES INC 4708 MONROE ST HOLLYWOOD, FL 330217264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	57
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
TWLOHA INCPO BOX 2203 MELBOURNE, FL 32902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
U S CONSTITUTION SCHOLARSHIP FOUNDA 1417 SADLER RD FERNANDINA, FL 320340301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UCOM-URBANSERV INC 3349 ST AUGUSTINE ROAD JACKSONVILLE, FL 322074329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UCOM-URBANSERV INC 3349 ST AUGUSTINE ROAD JACKSONVILLE, FL 322074329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERDOG RESCUE OF FLORIDA INC PO BOX 351 BRADENTON, FL 342060351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNDERDOG RESCUE OF FLORIDA INC PO BOX 351 BRADENTON, FL 342060351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
UNDERDOG RESCUE OF FLORIDA INC PO BOX 351 BRADENTON, FL 342060351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIDOSNOW INC 1750 17TH STREET SUITE C-2 SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNIDOSNOW INC 1750 17TH STREET SUITE C-2 SARASOTA, FL 34234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED AGAINST POVERTY INC 2050 40TH AVE SUITE 9 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED AGAINST POVERTY INC 2050 40TH AVE SUITE 9 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
UNITED AGAINST POVERTY INC 2050 40TH AVE SUITE 9 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
UNITED AGAINST POVERTY INC 150 W MICHIGAN ST ORLANDO, FL 32806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED AGAINST POVERTY INC 2050 40TH AVE SUITE 9 VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
UNITED ARTS OF CENTRAL FLORIDA INC 2450 MAITLAND CENTER PARKWAY SUITE 201 MAITLAND, FL 32751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED CEREBRAL PALSY OF CENTRAL FL 4780 DATA COURT ORLANDO, FL 32817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF CENTRAL FL 4780 DATA COURT ORLANDO, FL 32817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
UNITED CEREBRAL PALSY OF CENTRAL FL 4780 DATA COURT ORLANDO, FL 32817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
UNITED CEREBRAL PALSY OF CENTRAL FL 4780 DATA COURT ORLANDO, FL 32817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY OF CENTRAL FL 4780 DATA COURT ORLANDO, FL 32817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
UNITED MINISTRIES INCPO BOX 9255 PENSACOLA, FL 325139255	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS INC PO BOX 33135 PENSACOLA, FL 32508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 2560 MAYPORT ROAD ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
UNITED SERVICE ORGANIZATIONS INC 2560 MAYPORT ROAD ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
UNITED SERVICE ORGANIZATIONS INC PO BOX 108 JACKSONVILLE, FL 322120108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 2560 MAYPORT ROAD ATLANTIC BEACH, FL 32233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY EMERALD COAST INC 112 TUPELO AVE SE FORT WALTON BEACH, FL 325485555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,124
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,089
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	691
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,238
UNITED WAY OF BREVARD COUNTY INC 1100 ROCKLEDGE BLVD STE 300 ROCKLEDGE, FL 32955	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	346
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,829
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,877
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,131
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF BROWARD COUNTY 1300 SOUTH ANDREWS AVE FT LAUDERDALE, FL 333161838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,066
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	642
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	512
UNITED WAY OF COLLIER COUNTY INC 9015 STRADA STELL CT 204 NAPLES, FL 341094373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	256
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ESCAMBIA COUNTY INC 1301 W GOVERNMENT ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF ESCAMBIA COUNTY INC 1301 W GOVERNMENT ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF HERNANDO COUNTY INC 4028 COMMERCIAL WAY SPRING HILL, FL 346062398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	476
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	921
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	507
UNITED WAY OF INDIAN RIVER COUNTY I 1836 14TH AVENUE VERO BEACH, FL 32960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	279
UNITED WAY OF LAKE AND SUMTER COUNT 32644 BLOSSOM LANE LEESBURG, FL 347883928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	247
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LAKE AND SUMTER COUNT 32644 BLOSSOM LANE LEESBURG, FL 347883928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
UNITED WAY OF LAKE AND SUMTER COUNT 32644 BLOSSOM LANE LEESBURG, FL 347883928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
UNITED WAY OF LAKE AND SUMTER COUNT 32644 BLOSSOM LANE LEESBURG, FL 347883928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	132
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LAKE AND SUMTER COUNT 32644 BLOSSOM LANE LEESBURG, FL 347883928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,590
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,477
UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR FORT MYERS, FL 339082644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MANATEE COUNTY INC 4215 CONCEPT CT BRADENTON, FL 34211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
UNITED WAY OF MANATEE COUNTY INC 4215 CONCEPT CT BRADENTON, FL 34211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF MANATEE COUNTY INC 4215 CONCEPT CT BRADENTON, FL 34211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARION CO INC 1401 NE 2ND ST OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF MARION CO INC 1401 NE 2ND STREET OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF MARION CO INC 1401 NE 2ND ST OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARION CO INC 1401 NE 2ND ST OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF MARION CO INC 1401 NE 2ND ST OCALA, FL 34470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	277
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	612
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	362
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PARKWAY SUITE 101 STUART, FL 34994	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135,000
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,271
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,922
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	333
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,037
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,105
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVE MIAMI, FL 331292712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,236
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,060
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,835
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,802
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,112
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,108
UNITED WAY OF NORTHEAST FLORIDA INC 40 E ADAMS ST 200 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,509
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,977
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,421
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	965
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF PALM BEACH COUNTY INC 477 S ROSEMARY AVE STE 230 WEST PALM BEACH, FL 33401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
UNITED WAY OF PASCO COUNTY INC 17230 CAMELOT COURT LAND O LAKES, FL 34638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PASCO COUNTY INC 17230 CAMELOT COURT LAND O LAKES, FL 34638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
UNITED WAY OF PASCO COUNTY INC 17230 CAMELOT COURT LAND O LAKES, FL 34638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
UNITED WAY OF PASCO COUNTY INC 17230 CAMELOT COURT LAND O LAKES, FL 34638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,538
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,098
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	774
UNITED WAY OF ST JOHNS COUNTY INC PO BOX 1007 ST AUGUSTINE, FL 320851007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ST LUCIE COUNTY INC 4800 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF SUWANNEE VALLEY INC 325 NE HERNANDO AVENUE LAKE CITY, FL 32055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BIG BEND INC 307 EAST 7TH AVE TALLAHASSEE, FL 323035520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF THE FLORIDA KEYS INC PO BOX 2143 KEY WEST, FL 33045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	878
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	636
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	444
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
UNITED WAY OF VOLUSIA-FLAGLER COUNT 3747 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 321241011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WEST FLORIDA INC 1301 W GOVERNMENT ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF WEST FLORIDA INC 1301 W GOVERNMENT ST PENSACOLA, FL 32502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY SUNCOAST INC 1800 2ND ST SUITE 102 SARASOTA, FL 34236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,113
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,831
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY SUNCOAST INC 1800 2ND ST SUITE 102 SARASOTA, FL 34236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	188
UNITED WAY SUNCOAST INC 1800 2ND ST SUITE 102 SARASOTA, FL 34236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,406
UNITED WAY SUNCOAST INC 1800 2ND ST SUITE 102 SARASOTA, FL 34236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD SUITE 600 TAMPA, FL 33609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	726
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAYS OF FLORIDA INC 307-B EAST SEVENTH AVENUE TALLAHASSEE, FL 32303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAYS OF FLORIDA INC 307-B EAST SEVENTH AVENUE TALLAHASSEE, FL 32303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
UNITED WAYS OF FLORIDA INC 307-B EAST SEVENTH AVENUE TALLAHASSEE, FL 32303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY BAPTIST CHURCH 12156 PULASKI ROAD JACKSONVILLE, FL 322183894	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY AREA COMMUNITY DEVELOPME 14013 N 22ND ST TAMPA, FL 336133624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PKWY STE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,476
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	194
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PKWY STE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	117
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,313
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PKWY STE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF CENTRAL FLORIDA FOUND 12424 RESEARCH PARKWAY SUITE 250 ORLANDO, FL 32826	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL FLORIDA RESEA 12201 RESEARCH PKWY STE 501 ORLANDO, FL 328263231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF FLORIDA GIFTS AND RECORDS DEPARTMENT PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	34
UNIVERSITY OF FLORIDA GIFTS AND RECORDS DEPARTMENT PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA GIFTS AND RECORDS DEPARTMENT PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	10
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,882
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,883
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,665
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN 3259 HULL ROAD GAINESVILLE, FL 32611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	497
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	248
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF FLORIDA FOUNDATION IN PO BOX 14425 GAINESVILLE, FL 32604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
UNIVERSITY OF FLORIDA LAW CENTER AS PO BOX 14412 GAINESVILLE, FL 326042412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF FLORIDA NATIONAL ALUM PO BOX 372863 KEY LARGO, FL 33037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY ROOM 105A MIAMI, FL 33149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,500
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY ROOM 105A MIAMI, FL 33149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	101
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF MIAMI PO BOX 025388 - ADVANCEMENT SERVICES MIAMI, FL 33102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 33620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	862
UNIVERSITY OF SOUTH FLORIDA FOUNDAT 4202 E FOWLER AVENUE ALC100 TAMPA, FL 336205455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD BOX H TAMPA, FL 336061490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD BOX H TAMPA, FL 336061490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,550
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD BOX H TAMPA, FL 336061490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
UNIVERSITY OF TAMPA 401 WEST KENNEDY BOULEVARD BOX H TAMPA, FL 336061490	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WEST FLORIDA FOUNDATI 11000 UNIVERSITY PKWY BUILDING 12 PENSACOLA, FL 325145732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF WEST FLORIDA FOUNDATI 11000 UNIVERSITY PKWY BUILDING 12 PENSACOLA, FL 325145732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF WEST FLORIDA FOUNDATI 11000 UNIVERSITY PKWY BUILDING 12 PENSACOLA, FL 325145732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LAND INSTITUTE 500 WEST CYPRESS CREEK ROAD SUITE 120 FORT LAUDERDALE, FL 33309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
URBAN LAND INSTITUTE 500 WEST CYPRESS CREEK ROAD SUITE 120 FORT LAUDERDALE, FL 33309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVE FT LAUDERDALE, FL 333118654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVE FT LAUDERDALE, FL 333118654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF BROWARD COUNTY INCO 560 NW 27TH AVENUE FT LAUDERDALE, FL 333118330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
URBAN LEAGUE OF PALM BEACH COUNTY I 1700 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
URBAN LEAGUE OF PALM BEACH COUNTY I 1700 N AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF PALM BEACH COUNTY I 1700 N AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
URBAN YOUTH IMPACT INC POST OFFICE BOX 222592 WEST PALM BEACH, FL 33422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN YOUTH IMPACT INC 2823 N AUSTRALIAN AVE WEST PALM BCH, FL 334074524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY RIDGE ACADEMY PTO INC VALLEY RIDGE ACADEMY 105 GREENLEAF DR PONTE VEDRA, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VALLEY RIDGE ACADEMY PTO INC VALLEY RIDGE ACADEMY 105 GREENLEAF DR PONTE VEDRA, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	305
VALLEY RIDGE ACADEMY PTO INC VALLEY RIDGE ACADEMY 105 GREENLEAF DR PONTE VEDRA, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	362
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY RIDGE ACADEMY PTO INC VALLEY RIDGE ACADEMY 105 GREENLEAF DR PONTE VEDRA, FL 32081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	164
VAN GOGHS PALETTE INC 4801 78TH AVENUE N PINELLAS PARK, FL 33781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
VERO BEACH CRISIS PREGNANCY CENTER 1503 24TH ST VERO BEACH, FL 329603347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERO BEACH MUSEUM OF ART INC 3001 RIVERSIDE PARK DR VERO BEACH, FL 329631874	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VETERAN CONNECTION INC 343 BRUNELLO DRIVE DAVENPORT, FL 33837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
VETERAN CONNECTION INC 343 BRUNELLO DRIVE DAVENPORT, FL 33837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERAN CONNECTION INC 343 BRUNELLO DRIVE DAVENPORT, FL 33837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
VETERAN CONNECTION INC 343 BRUNELLO DRIVE DAVENPORT, FL 33837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
VETERAN CONNECTION INC 343 BRUNELLO DRIVE DAVENPORT, FL 33837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAMESE ASSOCIATION OF JACKSONVI 9355 JAYBIRD CIR EAST JACKSONVILLE, FL 32257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VILLAGE OF HOPE PALM BEACH COUNTY I C/O PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 334184637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
VILLAGE SCHOOL OF NAPLES INC 6000 GOODLETTE RD N NAPLES, FL 341097206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE SCHOOL OF NAPLES INC 6000 GOODLETTE RD N NAPLES, FL 341097206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	450
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,650
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
VISITING NURSE ASSOCIATION & HOSPIC 1110 35TH LN VERO BEACH, FL 329606549	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA HOSPICE OF INDIAN RIVER COUNTY 1110 35TH LN VERO BEACH, FL 329606549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VOICES FOR CHILDREN OF BROWARD COUN 401 E LAS OLAS BLVD SUITE 130-301 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
VOICES FOR CHILDREN OF BROWARD COUN 401 E LAS OLAS BLVD SUITE 130-301 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR CHILDREN OF BROWARD COUN 401 E LAS OLAS BLVD SUITE 130-301 FORT LAUDERDALE, FL 33301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
VOICES FOR CHILDREN OF TAMPA BAY IN 700 EAST TWIGGS STREET SUITE 750 TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
VOICES FOR CHILDREN OF TAMPA BAY IN 700 EAST TWIGGS STREET SUITE 750 TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR CHILDREN OF TAMPA BAY IN 700 EAST TWIGGS STREET SUITE 750 TAMPA, FL 33602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
VOLUNTEER FLORIDA FOUNDATION INC 1545 RAYMOND DIEHL RD STE 250 TALLAHASSEE, FL 32308	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50,000
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER WAY INC 8061 CONGRESS STREET PORT RICHEY, FL 34668	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
VOLUNTEERS IN MEDICINE JACKSONVILLE 41 EAST DUVAL ST JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VOLUNTEERS IN MEDICINE JACKSONVILLE 41 EAST DUVAL ST JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUSIA LITERACY COUNCIL INC 826 WHITE ST DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VOLUSIA LITERACY COUNCIL INC 826 WHITE ST DAYTONA BEACH, FL 32117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,495
VOLUSIA-FLAGLER COUNTY COALITION FO PO BOX 309 DAYTONA BEACH, FL 32115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUSIAFLAGLER FAMILY YOUNG MENS CH 761 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
VOLUSIAFLAGLER FAMILY YOUNG MENS CH 761 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
VOLUSIAFLAGLER FAMILY YOUNG MENS CH 761 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUSIAFLAGLER FAMILY YOUNG MENS CH 761 E INTERNATIONAL SPEEDWAY BLVD DELAND, FL 32724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
VOUS CHURCH INC 1951 NW 7TH AVE STE 160 355 MIAMI, FL 331361139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WALK-OFF CHARITIES OF JAX INC 12620-3 BEACH BLVD STE 325 JACKSONVILLE, FL 322467130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERFORD CAN 12537 WATERHAVEN CIR ORLANDO, FL 328288700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WATERFRONT RESCUE MISSION INC PO BOX 870 PENSACOLA, FL 325910870	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WATERLEAF ELEMENTARY 450 KERNAN BLVD NORTH JACKSONVILLE, FL 32225	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATOTO CHILD CARE MINISTRY INC 13617 N FLORIDA AVE TAMPA, FL 33613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
WE CARE FOOD PANTRY INC PO BOX 331 HOMOSASSA, FL 34487	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WEBSTER SCHOOL PTO 420 N ORANGE ST ST AUGUSTINE, FL 320849523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLINGTON SOCCER CLUB INC PO BOX 211855 ROYAL PLM BCH, FL 334211855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WEST JUPITER COMMUNITY GROUP INC WEST JUPITER COMMUNITY GROUP JUPITER, FL 33458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WEST JUPITER COMMUNITY GROUP INC WEST JUPITER COMMUNITY GROUP JUPITER, FL 33458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST PALM 100 INC 120 S OLIVE AVE STE 602 WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WEST PALM 100 INC 120 S OLIVE AVE STE 602 WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WEST PALM 100 INC 120 S OLIVE AVE STE 602 WEST PALM BEACH, FL 33401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER CHRISTIAN SCHOOL 6855 SW 152ND ST PALMETTO BAY, FL 33157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WESTMINSTER CHRISTIAN SCHOOL 6855 SW 152ND ST PALMETTO BAY, FL 33157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WESTMINSTER RETIREMENT COMMUNITIES 80 W LUCERNE CIR ORLANDO, FL 328013779	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE CITY UNITED METHODIST CHURCH 810 MIDWAY ROAD FORT PIERCE, FL 34982	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
WINTER HAVEN CHRISTIAN SCHOOL INC 1700 BUCKEYE LOOP RD WINTER HAVEN, FL 338812753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WINTER HAVEN CHRISTIAN SCHOOL INC 1700 BUCKEYE LOOP RD WINTER HAVEN, FL 338812753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINTER PARK HISTORICAL ASSOCIATION PO BOX 51 WINTER PARK, FL 32790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
WINTER PARK IMPROVEMENT FOUNDATION 151 W LYMAN AVE WINTER PARK, FL 327894314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WITH LOVE CHARITY INC 576 SUMMER BREEZE DR N JACKSONVILLE, FL 32218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
WITH LOVE CHARITY INC 576 SUMMER BREEZE DR N JACKSONVILLE, FL 32218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITH LOVE CHARITY INC PO BOX 550811 JACKSONVILLE, FL 32255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
WITH LOVE CHARITY INC 576 SUMMER BREEZE DR N JACKSONVILLE, FL 32218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	595
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
WOBBLY FEET FOUNDATION INC 6014 WINCHESTER PL SARASOTA, FL 342435318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WOLFSON CHILDRENS HOSPITAL OF JACKS 841 PRUDENTIAL DR STE 1300 JACKSONVILLE, FL 322078372	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN DISTRESS OF BROWARD COUNTY PO BOX 50187 LIGHTHOUSE POINT, FL 33074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN RESOURCE CENTER OF MANATEE IN 1926 MANATEE AVE W BRADENTON, FL 342055835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOMENS CENTER OF JACKSONVILLE INC 5644 COLCORD AVE JACKSONVILLE, FL 322117017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOMENS CENTER OF JACKSONVILLE INC 5644 COLCORD AVE JACKSONVILLE, FL 322117017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CIRCLE INCPO BOX 1318 BOYNTON BEACH, FL 33425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOMENS FUND OF MIAMI-DADE INC 1330 SW 22ND ST STE 208 MIAMI, FL 33145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD AFFAIRS COUNCIL OF CENTRAL FL 2910 NORTHWOOD BLVD WINTER PARK, FL 32789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WORLD AFFAIRS COUNCIL OF CENTRAL FL 2910 NORTHWOOD BLVD WINTER PARK, FL 32789	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WORLD AFFAIRS COUNCIL OF JACKSONVIL 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD GOLF FOUNDATION INC 425 S LEGACY TRAIL ST AUGUSTINE, FL 32092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,838
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 10150 HIGHLAND MANOR DRIVE SUITE 330 TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,869
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	232
WOUNDED WARRIOR PROJECT INC 10150 HIGHLAND MANOR DRIVE SUITE 330 TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,583
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
WOUNDED WARRIOR PROJECT INC 10150 HIGHLAND MANOR DRIVE SUITE 330 TAMPA, FL 33610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	284
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 322566033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
WOUNDED WARRIOR PROJECT INC 4899 BELFORT RD JACKSONVILLE, FL 32256	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
WREATHS ACROSS AMERICA SFNC 7145 VIA LEONARDO LAKE WORTH, FL 334675236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYCLIFFE ASSOCIATES INC PO BOX 620143 ORLANDO, FL 328620143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
YEAR UP INC25 NE 2ND STREET 5512 MIAMI, FL 33132	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	130
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YEAR UP INC 101 WEST STATE ST SUITE 3001 JACKSONVILLE, FL 32202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
YOUNG LIFEPO BOX 2173 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG LIFEPO BOX 2289 WINTER PARK, FL 32789	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
YOUNG LIFEPO BOX 2173 JACKSONVILLE, FL 32203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG LIFEPO BOX 2289 WINTER PARK, FL 32789	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOC 165 E INTENDENCIA ST PENSACOLA, FL 325025805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 SE 3RD AVENUE 300 FORT LAUDERDALE, FL 33316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 600 1ST AVENUE NORTH SUITE 201 ST PETERSBURG, FL 33701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2085 S CONGRESS AVE WEST PALM BEACH, FL 33406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
YOUNG MENS CHRISTIAN ASSOCIATION OF 900 SE 3RD AVENUE 300 FORT LAUDERDALE, FL 33316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
YOUR GRATEFUL NATIONPO BOX 55 VALPARAISO, FL 32580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
YOUTH CRISIS CENTER INC 3015 PARENTAL HOME RD JACKSONVILLE, FL 322165704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH CRISIS CENTER INC 3015 PARENTAL HOME RD JACKSONVILLE, FL 322165704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
YOUTH CRISIS CENTER INC 3015 PARENTAL HOME RD JACKSONVILLE, FL 322165704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YOUTH CRISIS CENTER INC 3015 PARENTAL HOME RD JACKSONVILLE, FL 322165704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH CRISIS CENTER INC 3015 PARENTAL HOME RD JACKSONVILLE, FL 322165704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUTH GUIDANCE DONATION FUND OF IND 1028 20TH PLACE VERO BEACH, FL 32960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUTH HAVEN INC 5867 WHITAKER ROAD NAPLES, FL 34112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH IN MOTION INC 1412 GOLFAIR BLVD JACKSONVILLE, FL 322093200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YOUTH IN MOTION INC 1412 GOLFAIR BLVD JACKSONVILLE, FL 322093200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUTH IN MOTION INC 1412 GOLFAIR BLVD JACKSONVILLE, FL 322093200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YOUTH INVESTMENT SHARES INC PO BOX 12686 ST PETERSBURG, FL 33733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ZONTA CLUB OF BONITA SPRINGS INC PO BOX 366836 BONITA SPGS, FL 341366836	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOO MIAMI FOUNDATION INC 12400 SW 152 STREET MIAMI, FL 331771499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
ZOOLOGICAL SOCIETY OF THE PALM BEAC 1301 SUMMIT BOULEVARD WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
ZOOLOGICAL SOCIETY OF THE PALM BEAC 1301 SUMMIT BOULEVARD WEST PALM BEACH, FL 33405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
9161 SCOUTER'S ASSOCIATION 57 BERMUDA CT DALLAS, GA 30157	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ACCESS TO CAPITAL FOR ENTREPRENEURS 504 FAIR STREET SW ATLANTA, GA 30313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ACCESS TO CAPITAL FOR ENTREPRENEURS 504 FAIR STREET SW ATLANTA, GA 30313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVEMENT REWARDS FOR COLLEGE SCI PO BOX 52124 ATLANTA, GA 30355	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,561
ACORNS TO OAKS FOUNDATION INC 2870 PEACHTREE ROAD ROOM 356 ATLANTA, GA 303052918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ADULT DISABILITY MEDICAL HOME INC P O BOX 88534 ATLANTA, GA 30356	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
AGNES SCOTT COLLEGE OFFICE OF DEVELOPMENT 141 EAST COLLEGE AVENUE DECATUR, GA 30030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,275
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 303092955	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AID ATLANTA INC 1605 PEACHTREE ST NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
ALL ABOUT ANIMALS RESCUE INC PO BOX 4331 MACON, GA 312084331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ALL ABOUT ANIMALS RESCUE INC PO BOX 4331 MACON, GA 312084331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,630
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 41 PERIMETER CENTER EAST SUITE 550 ATLANTA, GA 303461906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
AMANA ACADEMY INC 285 SOUTH MAIN ST ALPHARETTA, GA 30004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
AMANI WOMEN CENTER INC 3550 CLARKSTON INDUSTRIAL PKWY SUITE F CLARKSTON, GA 30021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BREAST CANCER ASSOCIATION 113 REDBUD LN MARTINEZ, GA 309071679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
AMERICAN BREAST CANCER ASSOCIATION 113 REDBUD LN MARTINEZ, GA 309071679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	211
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	306
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	506
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	909
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,556
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW SUITE 600 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	428
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3380 CHASTAIN MEADOWS PKWY NW STE 200 KENNESAW, GA 30144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 105 WESTPARK DR STE C ATHENS, GA 30606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 233 12TH ST STE 710 COLUMBUS, GA 31901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,874
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	181
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
AMERICAN CANCER SOCIETY INC 6500 SUGARLOAF PARKWAY 260 DULUTH, GA 30097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,390
AMERICAN CANCER SOCIETY INC 6500 SUGARLOAF PARKWAY 260 DULUTH, GA 30097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	644
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	590
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,130
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	636
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW 4TH FL ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	864
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 6500 SUGARLOAF PARKWAY 260 DULUTH, GA 30097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE 400 ATLANTA, GA 303031032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
AMERICAN CANCER SOCIETY INC 250 WILLIAMS STREET ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 225 PEACHTREE ST NE SUITE 550 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN DIABETES ASSOCIATION INC 225 PEACHTREE ST NE SUITE 550 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 225 PEACHTREE ST NE SUITE 550 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PKWY STE 400 SOUTH TOWER ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PARKWAY SOUTH TOWER SUITE 400 ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PKWY STE 400 SOUTH TOWER ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PARKWAY SOUTH TOWER SUITE 400 ATLANTA, GA 30328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PARKWAY SOUTH TOWER SUITE 400 ATLANTA, GA 30328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 10 GLENLAKE PARKWAY SOUTH TOWER SUITE 400 ATLANTA, GA 30328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DR BRASELTON, GA 305170000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN LUNG ASSOCIATION 2452 SPRING RD SE SMYRNA, GA 300803828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	547
AMERICAN NATIONAL RED CROSS 1955 MONROE DRIVE NE ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS SECOND HARVEST OF COASTAL 2501 E PRESIDENT STREET SAVANNAH, GA 31404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAS WARRIOR PARTNERSHIP INC 1190 INTERSTATE PARKWAY AUGUSTA, GA 309096404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
ANGELS AMONG US PET RESCUE INC PO BOX 821 ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL RESCUE AID CORPORATION 11832 BIG CANOE JASPER, GA 30143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE AID CORPORATION 11832 BIG CANOE JASPER, GA 30143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
ANNUNCIATION DAY SCHOOL 2500 CLAIRMONT RD NE ATLANTA, GA 30329	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
ANNUNCIATION DAY SCHOOL 2500 CLAIRMONT RD NE ATLANTA, GA 30329	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APOGEE GEORGIA SCHOOL CHOICE SCHOLA PO BOX 117183 ATLANTA, GA 303687183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,692
ARCHDIOCESE OF ATLANTA OFFICE OF CA 2401 LAKE PARK DR SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ART PAPERS INC 1083 AUSTIN AVE - STE 206 ATLANTA, GA 303071940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,765
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,335
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,480
ARTHRITIS FOUNDATION INC 1355 PEACHTREE STREET NE SUITE 600 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,650
ASHFORD PARK SCHOOL EDUCATION FOUND 4062 PEACHTREE RD NE STE A-243 BROOKHAVEN, GA 30319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,011
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHENS ACADEMY INC 1281 SPARTAN LANE ATHENS, GA 30606	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ATHENS LAND TRUST INC 685 N POPE STREET ATHENS, GA 30601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ATHENS SCHOOL OF MINISTRY & WORSHIP PO BOX 7953 ATHENS, GA 30604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA BEAGLE RESCUE INC PO 18217 ATLANTA, GA 30316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ATLANTA BELTLINE PARTNERSHIP INC 112 KROG STREET NE SUITE 14 ATLANTA, GA 30307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
ATLANTA BOTANICAL GARDEN INC 1345 PIEDMONT AVENUE NE ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA CENTER FOR SELF SUFFICIENCY 18 WILLIAM HOLMES BORDERS DR NE ATLANTA, GA 30312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ATLANTA CHAMBER MUSIC FESTIVAL INC PO BOX 3793 DECATUR, GA 30031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
ATLANTA CHAMBER MUSIC FESTIVAL INC PO BOX 3793 DECATUR, GA 30031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,682
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ATLANTA CHILDRENS SHELTER INC PO BOX 54322 ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,157
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	668
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	418
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	372
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E LOWERY BLVD NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	186
ATLANTA EDUCATIONAL TELECOMMUNICATI 740 BISMARK RD NE ATLANTA, GA 303244102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ATLANTA GIRLS SCHOOL 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ATLANTA GIRLS SCHOOL INC 3254 NORTHSIDE PKWY NW ATLANTA, GA 303272245	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA HISTORICAL SOCIETY INC 130 WEST PACES FERRY ROAD ATLANTA, GA 303051353	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,038
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,225
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ATLANTA HUMANE SOCIETY & SOCIETY PR 981 HOWELL MILL RD NW ATLANTA, GA 303185512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	243
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA INTERNATIONAL SCHOOL INC 2890 N FULTON DR ATLANTA, GA 303053155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ATLANTA INTERNATIONAL SCHOOL INC 2890 N FULTON DR ATLANTA, GA 303053155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ATLANTA LAB RESCUE INC 303 SPRINGDALE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA LAB RESCUE INC 303 SPRINGDALE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ATLANTA LAND TRUST INC 112 KROG STREET SUITE 14 ATLANTA, GA 30307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
ATLANTA LAND TRUST INC 112 KROG STREET SUITE 14 ATLANTA, GA 30307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA MEMORIAL PARK CONSERVANCY I PO BOX 11609 ATLANTA, GA 30355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ATLANTA MUSIC PROJECT INC 883 DILL AVENUE SW ATLANTA, GA 30310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,033
ATLANTA MUSIC PROJECT INC 883 DILL AVENUE SW ATLANTA, GA 30310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA NEIGHBORHOOD DEVELOPMENT PA 229 PEACHTREE ST NE STE 705 - 7TH FLOOR ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
ATLANTA POLICE FOUNDATION INC 191 PEACHTREE STREET NE SUITE 191 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVE SW ATLANTA, GA 30303	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA PUBLIC SCHOOLS 130 TRINITY AVE SW ATLANTA, GA 30303	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	6
ATLANTA RONALD MCDONALD HOUSE CHARI 795 GATEWOOD ROAD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ATLANTA SHAKESPEARE COMPANY 499 PEACHTREE STREET NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA SHAKESPEARE COMPANY 499 PEACHTREE STREET NE ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ATLANTA SPEECH SCHOOL INC 3160 NORTHSIDE PKWY NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ATLANTA TECHNICAL COLLEGE FOUNDATIO 1560 METROPOLITAN PKWY ATLANTA, GA 30310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA TECHNICAL COLLEGE FOUNDATIO 1560 METROPOLITAN PKWY ATLANTA, GA 30310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ATLANTA UNION MISSION CORPORATION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,292
ATLANTA UNION MISSION CORPORATION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	98
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA UNION MISSION CORPORATION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ATLANTA UNION MISSION CORPORATION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
ATLANTA UNION MISSION CORPORATION 2353 BOLTON ROAD NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA WIND SYMPHONY INC PO BOX 768672 ROSWELL, GA 30076	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ATLANTA WOMENS FOUNDATION INC 3355 LENOX RD NE SUITE 850 ATLANTA, GA 30326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	884
ATLANTA WOMENS FOUNDATION INC 3355 LENOX RD NE SUITE 850 ATLANTA, GA 30326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,086
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA WOMENS FOUNDATION INC 3355 LENOX RD NE SUITE 850 ATLANTA, GA 30326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,875
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	617
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTA-FULTON COUNTY ZOO INC 800 CHEROKEE AVE SE ATLANTA, GA 303151440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	129
AUGUSTA MUSEUM OF HISTORY INC 560 REYNOLDS ST AUGUSTA, GA 309011430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGUSTA SYMPHONY INCPO BOX 579 AUGUSTA, GA 309030579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
AUGUSTA TECHNICAL COLLEGE FOUNDATIO 3200 AUGUSTA TECH DRIVE AUGUSTA, GA 30906	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
AUGUSTA TRAINING SHOP FOR THE HANDI 1704 JENKINS STREET AUGUSTA, GA 309043736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AURORA THEATRE INCPO BOX 2014 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	635
AURORA THEATRE INCPO BOX 2014 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AUSTIN ELEMENTARY EAGLE FOUNDATION 4780 ASHFORD DUNWOODY RD SUITE A602 DUNWOODY, GA 303385564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUXILIARY OF HOSPICE OF THE GOLDEN 122 WORTHING RD ST SIMONS ISLAND, GA 31522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
B R I D G E OF COLUMBUS INC 1022-A SECOND AVENUE COLUMBUS, GA 319021083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BACK ON MY FEET PO BOX 5216 ATLANTA GA 31107 ATLANTA, GA 31107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEET PO BOX 5216 ATLANTA GA 31107 ATLANTA, GA 31107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
BACK ON MY FEET PO BOX 5216 ATLANTA GA 31107 ATLANTA, GA 31107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BACK ON MY FEET PO BOX 5216 ATLANTA GA 31107 ATLANTA, GA 31107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAINBRIDGE-DECATUR COUNTY HUMANE SO 1250 COX AVE BAINBRIDGE, GA 39819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
BAKER ELEMENTARY SCHOOL 2361 BAKER RD NW ACWORTH, GA 301013602	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
BARKVILLE DOG RESCUE INC 100 EAGLES LNDG UNIT 310 JASPER, GA 301438801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARKVILLE DOG RESCUE INC 100 EAGLES LNDG UNIT 310 JASPER, GA 301438801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BARKVILLE DOG RESCUE INC 100 EAGLES LNDG UNIT 310 JASPER, GA 301438801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BEAUTIFULLY MADE U INC 685 TAYLOR SCHOOL DR LAWRENCEVILLE, GA 300431517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELIEF IN MOTION INCPO BOX 2013 LOGANVILLE, GA 300521900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,600
BENEDICTINE MILITARY SCHOOL 6502 SEAWRIGHT DR SAVANNAH, GA 314062752	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENJAMIN FRANKLIN ACADEMY INC 1585 CLIFTON RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BENJAMIN FRANKLIN ACADEMY INC 1585 CLIFTON RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
BERRY COLLEGE INC PO BOX 490069 - ADVANCEMENT OFFICE MOUNT BERRY, GA 30149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERRY COLLEGE INC PO BOX 490069 - ADVANCEMENT OFFICE MOUNT BERRY, GA 30149	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
BETHANYS EQUINE AND AQUATIC THERAPY 1704 WINSTON COURT WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BETHANYS EQUINE AND AQUATIC THERAPY 1704 WINSTON COURT WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHANYS EQUINE AND AQUATIC THERAPY 1704 WINSTON COURT WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BETHLEHEM MINISTRY INC PO BOX 48387 ATHENS, GA 30604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
BETHLEHEM MINISTRY INC PO BOX 48387 ATHENS, GA 30604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE FRONT PORCH INC 4157 LOST SPRINGS TRL DOUGLASVILLE, GA 301358664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
BEYOND THE FRONT PORCH INC 4157 LOST SPRINGS TRL DOUGLASVILLE, GA 301358664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
BEYOND THE FRONT PORCH INC 4157 LOST SPRINGS TRL DOUGLASVILLE, GA 301358664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE FRONT PORCH INC 4157 LOST SPRINGS TRL DOUGLASVILLE, GA 301358664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
BLESSED SACRAMENT SCHOOL 1003 E VICTORY DRIVE SAVANNAH, GA 314052425	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BLESSED SACRAMENT SCHOOL 1003 E VICTORY DRIVE SAVANNAH, GA 314052425	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE SKIES MINISTRIES INC 1000 WHITLOCK AVE STE 320 234 MARIETTA, GA 300645455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
BOOKS FOR KEEPSPO BOX 49761 ATHENS, GA 306040761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOULE FOUNDATION 260 PEACHTREET STREET SUITE 1604 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 399 JEFFERSON, GA 305490399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
BOY SCOUTS OF AMERICA 1361 ZEBULON RD GRIFFIN, GA 30224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4335 CONFEDERATE WAY MACON, GA 312174719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 4335 CONFEDERATE WAY MACON, GA 312174719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PKWY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 1800 CIRCLE 75 PARKWAY SE ATLANTA, GA 303393055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICAPO BOX 399 JEFFERSON, GA 305490399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF LANIER INC PO BOX 691 GAINESVILLE, GA 305030691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF METRO ATLANTA 434 PEEPLES ST SW ATLANTA, GA 303101354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	544
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METRO ATLANTA 434 PEEPLES ST SW ATLANTA, GA 303101354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
BOYS & GIRLS CLUBS OF METRO ATLANTA 1275 PEACHTREE STREET NE SUITE 500 ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF JACKSON COUN 412 GORDON ST JEFFERSON, GA 305496810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	656
BOYS AND GIRLS CLUB OF JACKSON COUN 412 GORDON ST JEFFERSON, GA 305496810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	820
BOYS AND GIRLS CLUB OF JACKSON COUN 412 GORDON ST JEFFERSON, GA 305496810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	164
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CENTRAL GEO 277 MARTIN LUTHER KING JR BLVD MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUBS OF CENTRAL GEO 277 MARTIN LUTHER KING JR BLVD MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUBS OF THE CHATTAH 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF THE CHATTAH 1700 BUENA VISTA ROAD COLUMBUS, GA 31906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BROADWAY DREAMS FOUNDATION CORPORAT 8965 BROCKHAM WAY ALPHARETTA, GA 300225884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BUTTERFLY DREAMS FARM THERAPEUTIC R P O BOX 622 WATKINSVILLE, GA 30677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTTERFLY DREAMS FARM THERAPEUTIC R P O BOX 622 WATKINSVILLE, GA 30677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BUY FROM A BLACK WOMAN 848 OGLETHORPE AVE SW UNIT 10873 ATLANTA, GA 303108006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CALVARY CHILDRENS HOME INC 1430 LOST MOUNTAIN RD POWDER SPGS, GA 301271069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP ELEVATE INC JUMP BIG PO BOX 5161 MARIETTA, GA 300615161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CAMP KESEM NATIONAL 102U TATE STUDENT CENTER 48 ATHENS, GA 30602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CAMP SUNSHINE INC 1850 CLAIRMONT RD DECATUR, GA 300333405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	478
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP TWIN LAKES INC 1100 SPRING ST NW SUITE 406 ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
CAMPUS CLUBS INC 2193 VINEVILLE AVENUE MACON, GA 31204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CAMPUS CLUBS INC 2193 VINEVILLE AVENUE MACON, GA 31204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CANINE ASSISTANTS INC 3160 FRANCIS ROAD MILTON, GA 30004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE PET RESCUE CORP 2625 JONES PHILLIPS RD DACULA, GA 300191813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CARING ABOVE ALL MEASURES INC 2591 NORTHVIEW AVE DECATUR, GA 300324261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
CARING ABOVE ALL MEASURES INC 2591 NORTHVIEW AVE DECATUR, GA 300324261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRIE STEELE PITTS HOME INC 667 FAIRBURN RD NW ATLANTA, GA 30331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CARRIE STEELE PITTS HOME INC 667 FAIRBURN RD NW ATLANTA, GA 30331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CARROLL SAV-A-LIFE CENTER INC 514 TANNER STREET CARROLLTON, GA 30117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL SYMPHONY ORCHESTRA FOUNDATI PO BOX 1756 CARROLLTON, GA 30112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CASA GLYNN INCPO BOX 145 BRUNSWICK, GA 31521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,988
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,650
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	48
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	596
CATHOLIC CHARITIES OF THE ARCHDIOCE 2401 LAKE PARK DR SE SMYRNA, GA 300808862	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC EDUCATION OF NORTH GEORGIA 11320 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
CATHOLIC EDUCATION OF NORTH GEORGIA 11320 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CATHOLIC EDUCATION OF NORTH GEORGIA 11320 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION OF NORTH GEORGIA 11340 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC EDUCATION OF NORTH GEORGIA 11320 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHABAD JEWISH EDUCATION CENTER INC 1480 SHILOH RD NW SUITE 500 KENNESAW, GA 301441792	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPIONS COMMUNITY FOUNDATION INC 9820 NESBIT FERRY RD JOHNS CREEK, GA 300225349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHATTAHOOCHEE RIVERKEEPER INC 916 JOSEPH LOWERY BOULEVARD SUITE 3 ATLANTA, GA 303185280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHEROKEE COUNTY HUMANE SOCIETY INC 5900 BELLS FERRY RD ACWORTH, GA 301021411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEROKEE COUNTY HUMANE SOCIETY INC 5900 BELLS FERRY RD ACWORTH, GA 301021411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHEROKEE COUNTY HUMANE SOCIETY INC 5900 BELLS FERRY RD ACWORTH, GA 301021411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHILDRENS HEALTHCARE OF ATLANTA 3395 NORTHEAST EXPRESSWAY STE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA 3395 NORTHEAST EXPRESSWAY STE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	70
CHILDRENS HEALTHCARE OF ATLANTA 3395 NORTHEAST EXPRESSWAY STE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	8
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,016
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY SUITE 100 ATLANTA, GA 30341	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY STE 100 ATLANTA, GA 30341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
CHILDRENS HEALTHCARE OF ATLANTA INC 3395 NE EXPRESSWAY ATLANTA, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK 231 WEST HANCOCK ST CAMPUS BOX 100 MILLEDGEVILLE, GA 31061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHILDRENS MIRACLE NETWORK 231 WEST HANCOCK ST CAMPUS BOX 100 MILLEDGEVILLE, GA 31061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIS 180 INC 1030 FAYETTEVILLE ROAD ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHRIST COMMUNITY HEALTH SERVICESAUG PO BOX 2344 AUGUSTA, GA 309032344	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHRIST THE KING CATHOLIC SCHOOL 46 PEACHTREE WAY NE ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING CATHOLIC SCHOOL 46 PEACHTREE WAY NE ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHRIST THE KING CATHOLIC SCHOOL 46 PEACHTREE WAY NE ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHRISTIAN CITY INC7345 RED OAK UNION CITY, GA 302910000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOS MINISTRIES INC 5036 VILLAS TERRACE STONE MOUNTAIN, GA 300883787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CITY OF REFUGE INC 1300 JOSEPH E BOONE BLVD NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY SPRINGS THEATRE COMPANY 8601 DUNWOODY PLACE SUITE 136 SANDY SPRINGS, GA 30350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW ATLANTA, GA 303144358	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	467
CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW ATLANTA, GA 303144358	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	735
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK ATLANTA UNIVERSITY INC 223 JAMES P BRAWLEY DR SW ATLANTA, GA 303144358	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
CLEMENT ARTSPO BOX 1142 FORTSON, GA 31808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CLIFF VALLEY SCHOOL 2426 CLAIRMONT ROAD NE ATLANTA, GA 303293330	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOSE TIES LEADERSHIP PROGRAM 660 MCWILLIAMS RD SE ATLANTA, GA 303157544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
COASTAL EMPIRE HABITAT FOR HUMANITY 1106 EAST 70TH STREET SAVANNAH, GA 31416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
COBB COUNTY FOSTER AND ADOPTIVE PAR PO BOX 471 KENNESAW, GA 30156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS PHILHARMONIC GUILD INC PO BOX 1499 COLUMBUS, GA 319021499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	880
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS REGIONAL HEALTHCARE SYSTEM 707 CENTER STREET STE 100 COLUMBUS, GA 319011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
COLUMBUS STATE UNIVERSITY FOUNDATIO 4225 UNIVERSITY AVE COLUMBUS, GA 319070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLUMBUS STATE UNIVERSITY FOUNDATIO 4225 UNIVERSITY AVE COLUMBUS, GA 319070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS STATE UNIVERSITY FOUNDATIO 4225 UNIVERSITY AVE COLUMBUS, GA 319070000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COMMUNITIES IN SCHOOLS OF AUGUSTA R PO BOX 1604 AUGUSTA, GA 309031604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
COMMUNITY HOUSING SERVICES AGENCY I 5513 ABERCORN STREET SAVANNAH, GA 31401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF BOSNIAKS GEORGIA INC 950 GRAYSON HWY LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,860
COMPANION ANIMAL RESCUE INC PO BOX 1209 MADISON, GA 306509209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
COMPANION ANIMAL RESCUE INC PO BOX 1209 MADISON, GA 306509209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPANION ANIMAL RESCUE INC PO BOX 1209 MADISON, GA 306509209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
COMPANION ANIMAL RESCUE INC PO BOX 1209 MADISON, GA 306509209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CONYERS ROCKDALE COUNCIL FOR THE AR PO BOX 852 CONYERS, GA 300120852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS ST NE ATLANTA, GA 303032440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
COOPERATIVE FOR ASSISTANCE AND RELI 151 ELLIS STREET NE ATLANTA, GA 303032420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,030
CORALWOOD FOUNDATION INC 2477 CORALWOOD DR DECATUR, GA 300331322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNWALL COLLEGE ALUMNI ASSOCIATION 10945 STATE BRIDGE RD SUITE 401-107 ALPHARETTA, GA 300228164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORNWALL COLLEGE ALUMNI ASSOCIATION 10945 STATE BRIDGE RD SUITE 401-107 ALPHARETTA, GA 300228164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COVENANT HOUSE GEORGIA INC PO BOX 94465 ATLANTA, GA 30377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35,000
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	53
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	27
CRISTO REY ATLANTA JESUIT HIGH SCHO 222 PIEDMONT AVENUE NE ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13
CROSSROADS COMMUNITY MINISTRIES INC PO BOX 55397 ATLANTA, GA 30308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS COMMUNITY MINISTRIES INC PO BOX 55397 ATLANTA, GA 30308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
CROSSROADS COMMUNITY MINISTRIES INC PO BOX 55397 ATLANTA, GA 30308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CSRA HUMANE SOCIETY INC PO BOX 14667 AUGUSTA, GA 309190667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CURE CHILDHOOD CANCER INC 200 ASHFORD CENTER NORTH SUITE 250 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
CYSTIC FIBROSIS FOUNDATION 57 EXECUTIVE PARK S STE 380 ATLANTA, GA 30329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DALTON STATE COLLEGE FOUNDATION INC 650 COLLEGE DRIVE DALTON, GA 30720	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAMES FERRY ELEMENTARY SCHOOL 545 GA HIGHWAY 18 W GRAY, GA 31032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
DARLINGTON SCHOOL 1014 CAVE SPRING RD ROME, GA 30161	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
DARLINGTON SCHOOL 1014 CAVE SPRING RD ROME, GA 30161	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARLINGTON SCHOOL 1014 CAVE SPRING RD ROME, GA 30161	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
DAVIS DIRECTION FOUNDATION INC 32 NORTH FAIRGOUND ST MARIETTA, GA 300602160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DEKALB ACADEMY OF TECHNOLOGY & THE 1492 KELTON DRIVE STONE MOUNTAIN, GA 30083	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA PHI LAMBDA FOUNDATION 7012 IVY POINTE ROW AUSTELL, GA 301685837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
DESTROY PANCREATIC CANCER RESEARCH 1455 LINCOLN PKWY E STE 350 ATLANTA, GA 303462207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DHS TENNIS BOOSTER CLUB INC 4891 VALLEY VIEW CT DUNWOODY, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIABETES ASSOCIATION OF ATLANTA INC 75 MARIETA STREET NW SUITE 304 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
DIABETES ASSOCIATION OF ATLANTA INC 75 MARIETA STREET NW SUITE 304 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
DIABETES ASSOCIATION OF ATLANTA INC 75 MARIETA STREET NW SUITE 304 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DICKERSON MIDDLE SCHOOL FOUNDATION 855 WOODLAWN DR NE MARIETTA, GA 300684256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DODGEN MIDDLE SCHOOL FOUNDATION INC 1725 BILL MURDOCK RD MARIETTA, GA 300625959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
DRAKE HOUSE INC10500 CLARA DRIVE ROSWELL, GA 30075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRUID HILLS YOUTH SPORTS INC PO BOX 33026 DECATUR, GA 300330026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DUCKS UNLIMITED INC 200 GALLERIA PARKWAY SE STE 1700 ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DUNWOODY CHRISTIAN SCHOOL INC 2250 DUNWOODY CLUB DR SANDY SPRINGS, GA 30350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNWOODY HIGH SCHOOL 5035 VERMACK ROAD DUNWOODY, GA 303384626	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
DUNWOODY HIGH SCHOOL PARENT TEACHER 5035 VERMACK RD DUNWOODY, GA 303384626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	168
E RIVERS EDUCATION FOUNDATION INC 8 PEACHTREE BATTLE AVE ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COBB MIDDLE SCHOOL FOUNDATION PO BOX 9144 MARIETTA, GA 300652144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EAST LAKE FOUNDATION INC 2606 ALSTON DR SE ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
EAST LAKE FOUNDATION INC 2606 ALSTON DR SE ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST VALLEY ELEMENTARY SCHOOL FOUND 2146 ROSWELL ROAD SUITE 108-1012 MARIETTA, GA 300623802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EAST VALLEY ELEMENTARY SCHOOL FOUND 2146 ROSWELL ROAD SUITE 108-1012 MARIETTA, GA 300623802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS SOUTHERN GEORGIA INC 1906 PALMYRA RD ALBANY, GA 317011575	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDWARDS MIDDLE SCHOOL 2633 STANTON RD SE CONYERS, GA 30094	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EL REFUGIO MINISTRY INC PO BOX 3996 DECATUR, GA 300313996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ELBERT MEMORIAL HOSPITAL FOUNDATION 4 MEDICAL DR ELBERTON, GA 306351830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELEPHANT AID INTERNATIONAL 404 LASLIE ROAD ATTAPULGUS, GA 39815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,072
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	245
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,650
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 - OFFICE OF GIFT ACCOUNTING ATLANTA, GA 303221710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	70
EMORY UNIVERSITY 1762 CLIFTON ROAD SUITE 1400 ATLANTA, GA 30322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ENDURING HEARTS INC 3600 DALLAS HIGHWAY SW PMB 350 MARIETTA, GA 300641675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGLISH SPRINGER RESCUE AMERICA INC 1025 ROSE CREEK DR STE 620-305 WOODSTOCK, GA 30189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION OF GEORGIA INC 6065 ROSWELL ROAD SUITE 770 ATLANTA, GA 303284030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ETHNE HEALTHPO BOX 1157 CLARKSTON, GA 30021	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETHNE HEALTHPO BOX 1157 CLARKSTON, GA 30021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
EVERYBODY WINS ATLANTA INC 2221 PEACHTREE ROAD NE SUITE D-459 ATLANTA, GA 30309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
EXTRA SPECIAL PEOPLE INC PO BOX 615 WATKINSVILLE, GA 306770015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITHFUL LOVE INC 5500 FREDERICA RD UNIT 1201 ST SIMONS IS, GA 315229703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE OF AUGUSTA INC 2177 CENTRAL AVE AUGUSTA, GA 309046799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
FAMILY PROMISE OF EFFINGHAM INC PO BOX 964 RINCON, GA 313260964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GREATER SAVANNAH 126 HORIZON PARK DRIVE SAVANNAH, GA 31403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY PROMISE OF HALL COUNTY INC 3606 MCEVER ROAD OAKWOOD, GA 30566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY Y YOUNG MENS CHRISTIAN ASSOC 1058 CLAUSSEN ROAD SUITE 100 AUGUSTA, GA 30907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHERS INCORPORATED 2394 MOUNT VERNON RD STE 210 ATLANTA, GA 303383068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
FATHERS INCORPORATED 2394 MOUNT VERNON RD STE 210 ATLANTA, GA 303383068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
FATHERS INCORPORATED 2394 MOUNT VERNON RD STE 210 ATLANTA, GA 303383068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHERS INCORPORATED 2394 MOUNT VERNON RD STE 210 ATLANTA, GA 303383068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTE SENIOR SERVICES INC 4 CENTER DRIVE FAYETTEVILLE, GA 30214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FEEDING THE VALLEY INCPO BOX 8904 COLUMBUS, GA 31908	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FERNBANK INC767 CLIFTON RD NE ATLANTA, GA 30307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	288
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
FILL MINISTRIES INC 432 A CANTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STEP STAFFING 236 AUBURN AVENUE SUITE 203 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FLUX PROJECTS INC 575 BOULEVARD 30 ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS, GA 30604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS, GA 30604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS, GA 30604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS, GA 30604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORCESUNITED INC 701 GREENE ST STE 104 AUGUSTA, GA 30901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FORE HADLEY FOUNDATION INC 2472 JETT FERRY ROAD SUITE 400-122 DUNWOODY, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FORSYTH COUNTY FAMILY HAVEN INCORPO PO BOX 1160 CUMMING, GA 30028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	256
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH COUNTY FAMILY HAVEN INCORPO PO BOX 1160 CUMMING, GA 30028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
FORSYTH COUNTY FAMILY HAVEN INCORPO PO BOX 1160 CUMMING, GA 30028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
FORSYTH COUNTY HUMANE SOCIETY INC PO BOX 337 CUMMING, GA 300280337	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH COUNTY LIONS CHARITIES INC PO BOX 1317 CUMMING, GA 300281317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FORT BENNING WOUNDED WARRIORS ASSOC PO BOX 51706 FORT BENNING, GA 319951706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
FORT BENNING WOUNDED WARRIORS ASSOC PO BOX 51706 FORT BENNING, GA 319951706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT BENNING WOUNDED WARRIORS ASSOC PO BOX 51706 FORT BENNING, GA 319951706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FORTITUDE FOUNDATION INC P O BOX 492258 LAWRENCEVILLE, GA 30049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,265
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE SUPPORT FOUNDATION INC 3334 TRAILS END RD NE ROSWELL, GA 300756101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FOUNDATION FOR EXCELLENCE IN PUBLIC PO BOX 1708 ATHENS, GA 306031708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION OF WESLEY WOODS INC 1817 CLIFTON RD NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUR SEASONS MONTESSORI SCHOOL PARE 4755 SPOUT SPRINGS RD BUFORD, GA 305195424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
FRANKIE AND ANDYS PLACE INC 653 GAINESVILLE HWY WINDER, GA 306801675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRESH AIR HOME 2 MARSH HARBOR COVE SAVANNAH, GA 31410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREY FOUNDATION 2865 MARS HILL RD NW ACWORTH, GA 301014538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF DISABLED ADULTS AND CHIL 4900 LEWIS ROAD TUCKER, GA 30083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF REFUGEES INC PO BOX 548 CLARKSTON GA 30021 CLARKSTON, GA 30021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE STATE BOTANICAL GARD 2450 S MILLEDGE AVE ATHENS, GA 306051674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FRIENDSHIP BAPTIST CHURCH 80 WALNUT STREET SW ATLANTA, GA 30314	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,400
FRIENDSHIP HOUSE INCP O BOX 794 DALTON, GA 30720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FULL CIRCLE FARM SANCTUARY OF WESTE 961 WHITE HOUSE PKWY WARM SPRINGS, GA 31830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULLER CENTER FOR HOUSING INC 701 S MARTIN LUTHER KING JR BLVD AMERICUS, GA 31719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FULLER CENTER FOR HOUSING INC 701 S MARTIN LUTHER KING JR BLVD AMERICUS, GA 31719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FULLER CENTER FOR HOUSING INC 701 S MARTIN LUTHER KING JR BLVD AMERICUS, GA 31719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULLER CENTER FOR HOUSING INC 701 S MARTIN LUTHER KING JR BLVD AMERICUS, GA 31719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
FULTON SCIENCE ACADEMY PRIVATE SCHO 3035 FANFARE WAY ALPHARETTA, GA 30009	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURKIDS INC1520 UNION HILL RD ALPHARETTA, GA 300053979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURKIDS INC1520 UNION HILL RD ALPHARETTA, GA 300053979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURKIDS INC5235 UNION HILL ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
FURKIDS INC1520 UNION HILL RD ALPHARETTA, GA 300053979	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FUTURE SUCCESSORS INC 711 COSMOPOLITAN DR NE UNIT 309 ATLANTA, GA 303243622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUTURE SUCCESSORS INC 711 COSMOPOLITAN DR NE UNIT 309 ATLANTA, GA 303243622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FUTURE SUCCESSORS INC 711 COSMOPOLITAN DR NE UNIT 309 ATLANTA, GA 303243622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
G R A C E SCHOLARS INC 2401 LAKE PARK DR SE SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WALTON ACADEMY INC 1 BULLDOG DR MONROE, GA 306553201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GEORGE WEST MENTAL HEALTH FOUNDATIO 1961 NORTH DRUID HILLS DRIVE ATLANTA, GA 30329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GEORGIA 4-H CLUB FOUNDATION COOPERA 305 HOKE SMITH ANNEX ATHENS, GA 30602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA 4-H CLUB FOUNDATION COOPERA 305 HOKE SMITH ANNEX ATHENS, GA 30602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
GEORGIA BEHAVIORAL HEALTH SERVICES 277 MARTIN LUTHER KING JR BLVD SUITE 102A MACON, GA 31201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
GEORGIA BEHAVIORAL HEALTH SERVICES 277 MARTIN LUTHER KING JR BLVD SUITE 102A MACON, GA 31201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA CENTER FOR OPPORTUNITY INC 333 RESEARCH COURT SUITE 210 PEACHTREE CORNERS, GA 30092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGIA COLLEGE & STATE UNIVERSITY CAMPUS BOX 096 MILLEDGEVILLE, GA 310610490	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
GEORGIA CONSERVANCY INC 230 PEACHTREE ST NW SUITE 1250 ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA COUNCIL ON ECONOMIC EDUCATI 75 PIEDMONT AVENUE NE SUITE 700 ATLANTA GA 30303 ATLANTA, GA 303011619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGIA ENGLISH BULLDOG RESCUE INC 1616 BISMARCK CIR WINDER, GA 306803391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
GEORGIA ENGLISH BULLDOG RESCUE INC 1616 BISMARCK CIR WINDER, GA 306803391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA EXTENSION 4-H FOUNDATION 1400 PARKER RD STE A CONYERS, GA 300945953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GEORGIA GOAL SCHOLARSHIP PROGRAM IN 3740 DAVINCI CT SUITE 375 PEACHTREE CORNERS, GA 30092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,280
GEORGIA GOAL SCHOLARSHIP PROGRAM IN 3740 DAVINCI CT SUITE 375 PEACHTREE CORNERS, GA 30092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA HOUSE RABBIT SOCIETY INC 2280 SHALLOWFORD RD MARIETTA, GA 300662077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GEORGIA HOUSE RABBIT SOCIETY INC 2280 SHALLOWFORD RD MARIETTA, GA 300662077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GEORGIA INSTITUTE OF TECHNOLOGY 190 NORTH AVENUE NW ATLANTA, GA 30313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA INSTITUTE OF TECHNOLOGY 190 NORTH AVENUE NW ATLANTA, GA 30313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GEORGIA MILITARY COLLEGE FOUNDATION 210 E GREENE STREET MILLEDGEVILLE, GA 310613422	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
GEORGIA MOUNTAIN FOOD BANK INC 1642 CALVARY INDUSTRIAL DR GAINESVILLE, GA 30507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA MUSEUMS INC PO BOX 3070 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GEORGIA MUSEUMS INC 501 MUSEUM DRIVE CARTERSVILLE, GA 301201705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GEORGIA MUSEUMS INC PO BOX 3070 CARTERSVILLE, GA 30120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA STATE UNIVERSITY ALUMNI ASS 60 PIEDMONT AVE NE ATLANTA, GA 303030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
GEORGIA STATE UNIVERSITY ALUMNI ASS 60 PIEDMONT AVE NE ATLANTA, GA 303030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GEORGIA STATE UNIVERSITY ALUMNI ASS 60 PIEDMONT AVE NE ATLANTA, GA 303030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA STATE UNIVERSITY ALUMNI ASS 60 PIEDMONT AVE NE ATLANTA, GA 303030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GEORGIA STATE UNIVERSITY FOUNDATION PO BOX 2668 ATLANTA, GA 303012668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA STUDENT EDUCATIONAL FUND IN 279 MEIGS ST ATHENS, GA 306012427	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
GEORGIA STUDENT SCHOLARSHIP ORGANIZ PO BOX 1752 CUMMING, GA 300281752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
GEORGIA TECH ALUMNI ASSOCIATION INC 190 NORTH AVENUE ATLANTA, GA 303130000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY NW ATLANTA, GA 303320001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGIA TECH FOUNDATION INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	650
GEORGIA TECH FOUNDATION INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH FOUNDATION INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,200
GEORGIA TECH FOUNDATION INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGIA TECH FOUNDATION INC 760 SPRING ST NW ATLANTA, GA 303081028	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
GEORGIA TECH FOUNDATION INC 760 SPRING STREET NW SUITE 400 ATLANTA, GA 30308	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
GEORGIA WORLD CONGRESS CENTER 285 ANDREW YOUNG INTERNATIONAL BLVD NW ATLANTA, GA 303131591	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	333,334
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIDEONS PROMISE INC 101 MARIETTA ST NW SUITE 250 ATLANTA, GA 303032720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GIGIS PLAYHOUSE INC 549 AMSTERDAM AVE NE STE 1 ATLANTA, GA 303063472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
GIRARD LIFESAVER INC 10353 HWY 23 SOUTH GIRARD, GA 304260000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF GREATER ATLANTA INC 2375 SHALLOWFORD RD NE ATLANTA, GA 30345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER ATLANTA INC 5601 NORTH ALLEN ROAD SE MABLETON, GA 30126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
GIRLS GOING GLOBAL 151 ELLIS ST SUITE 129 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
GIRLS GOING GLOBAL 151 ELLIS ST SUITE 129 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS GOING GLOBAL 151 ELLIS ST SUITE 129 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
GIRLS ON THE RUN OF ATLANTA INC 1904 MONROE DR NE SUITE 135 ATLANTA, GA 303244859	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
GLADIATORS ATHLETIC ASSOCIATION INC 5575 STATE BRIDGE RD JOHNS CREEK, GA 300228165	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBE ACADEMY INC 2225 HERITAGE DR NE ATLANTA, GA 303453534	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	280
GOD FIRST ATLANTA GA INC 3402 ROCK CREEK DR REX, GA 30273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GOD FIRST ATLANTA GA INC 3402 ROCK CREEK DR REX, GA 30273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOD FIRST ATLANTA GA INC 3402 ROCK CREEK DR REX, GA 30273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN HARVEST FOOD BANK INC 3310 COMMERCE DRIVE AUGUSTA, GA 30909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GOOD MEWS ANIMAL FOUNDATION INC 3805 ROBINSON RD MARIETTA, GA 30068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
GOOD MEWS ANIMAL FOUNDATION INC 3805 ROBINSON RD MARIETTA, GA 30068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD MEWS ANIMAL FOUNDATION INC 3805 ROBINSON RD MARIETTA, GA 30068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GOOD MEWS ANIMAL FOUNDATION INC 3805 ROBINSON RD MARIETTA, GA 30068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
GOOD SAMARITAN HEALTH CENTER INC 1015 DONALD LEE HOLLOWELL PKWY NW ATLANTA, GA 30318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN HEALTH CENTER INC 1015 DONALD LEE HOLLOWELL PKWY NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PKWY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PKWY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF MIDDLE GEORG 5171 EISENHOWER PKWY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
GOODWILL INDUSTRIES OF THE COASTAL 7220 SALLIE MOOD DRIVE SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
GOODWILL INDUSTRIES OF THE COASTAL 7220 SALLIE MOOD DRIVE SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL OF NORTH GEORGIA INC 2201 LAWRENCEVILLE HIGHWAY SUITE 200 DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
GOODWILL OF NORTH GEORGIA INC 2201 LAWRENCEVILLE HIGHWAY SUITE 200 DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
GOODWILL WORKS FOUNDATION INC 3145 WASHINGTON RD AUGUSTA, GA 30907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GRADY HIGH SCHOOL FORENSICS BOOSTER 929 CHARLES ALLEN DR NE ATLANTA, GA 303094204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRADY HIGH SCHOOL FOUNDATION INC 931 MONROE DRIVE BOX 487 ATLANTA, GA 303081793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,030
GRAY STATION MIDDLE SCHOOL 324 GA HIGHWWAY 18E GRAY, GA 31032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
GREATER ATLANTA CHRISTIAN SCHOOLS I 1575 INDIAN TRAIL ROAD NORCROSS, GA 30093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRIFFIN-SPALDING COUNTY UNITED WAY PO BOX 83 GRIFFIN, GA 302240003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
GRIFFIN-SPALDING COUNTY UNITED WAY PO BOX 83 GRIFFIN, GA 302240003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
GRIFFIN-SPALDING COUNTY UNITED WAY PO BOX 83 GRIFFIN, GA 302240003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRIFFIN-SPALDING COUNTY UNITED WAY PO BOX 83 GRIFFIN, GA 302240003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
GROVE PARK FOUNDATION INC 1566 DONALD LEE HOLLOWELL PARKWAY STE 5 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
GROVE PARK FOUNDATION INC 1566 DONALD LEE HOLLOWELL PARKWAY STE 5 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROVE PARK FOUNDATION INC 1566 DONALD LEE HOLLOWELL PARKWAY STE 5 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
GROVE PARK FOUNDATION INC 1566 DONALD LEE HOLLOWELL PARKWAY STE 5 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
GROVE PARK FOUNDATION INC 1566 DONALD LEE HOLLOWELL PARKWAY STE 5 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT CHILDRENS SHELTER INC PO BOX 527 BUFORD, GA 305150527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GWINNETT CHILDRENS SHELTER INC PO BOX 527 BUFORD, GA 305150527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GWINNETT CHILDRENS SHELTER INC PO BOX 527 BUFORD, GA 305150527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT CLEAN & BEAUTIFUL SERVICES 446 W CROGAN ST STE 225 LAWRENCEVILLE, GA 30046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GWINNETT CLEAN & BEAUTIFUL SERVICES 446 W CROGAN ST STE 225 LAWRENCEVILLE, GA 30046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GWINNETT CLEAN & BEAUTIFUL SERVICES 446 WEST CROGAN STREET SUITE 225 LAWRENCEVILLE, GA 30046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT HUMANE SOCIETY PO BOX 750 LAWRENCEVILLE, GA 300460750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
GWINNETT HUMANE SOCIETY PO BOX 750 LAWRENCEVILLE, GA 300460750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
GWINNETT HUMANE SOCIETY PO BOX 750 LAWRENCEVILLE, GA 300460750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWINNETT TECH FOUNDATION INC 5150 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300435702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABERSHAM COUNTY UNITED WAY INC PO BOX 572 CORNELIA, GA 305310572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
HABERSHAM COUNTY UNITED WAY INC PO BOX 572 CORNELIA, GA 305310572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABERSHAM COUNTY UNITED WAY INC PO BOX 572 CORNELIA, GA 305310572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
HABERSHAM HUMANE SOCIETY INC PO BOX 1442 CLARKESVILLE, GA 305230025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	179
HABERSHAM HUMANE SOCIETY INC PO BOX 1442 CLARKESVILLE, GA 305230025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABERSHAM HUMANE SOCIETY INC PO BOX 1442 CLARKESVILLE, GA 305230025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY IN ATLANTA INC 824 MEMORIAL DR SE ATLANTA, GA 30316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,140
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 646 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2010 CYPRESS ST VALDOSTA, GA 316015010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL P O BOX 657 AUGUSTA, GA 309030657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 7506 WARNER ROBINS, GA 310957506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 296 BRUNSWICK, GA 315210296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2477 DALTON, GA 307222477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 646 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 646 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	415
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 646 LAWRENCEVILLE, GA 30046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
HANDS IN1590 MISTY VALLEY DRIVE LAWRENCEVILLE, GA 30045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY HOUSE DOMESTIC VIOLENCE SHE PO BOX 2925 LAGRANGE, GA 302410060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HARRISON ORCHESTRA BOOSTERS INC 4500 DUE WEST ROAD NW KENNESAW, GA 30152	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
HARRISON ORCHESTRA BOOSTERS INC 4500 DUE WEST ROAD NW KENNESAW, GA 30152	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISON ORCHESTRA BOOSTERS INC 4500 DUE WEST ROAD NW KENNESAW, GA 30152	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HART COUNTY HUMANE SOCIETY INC PO BOX 1062 HARTWELL, GA 306436062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	168
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
HEART OF BENEVOLENCE CORP 178 NATURES DR SAINT MARYS, GA 31558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HELPING HANDS CHARITABLE FOUNDATION PO BOX 337 TALLULAH FLS, GA 305730337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,862
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HANDS CHARITABLE FOUNDATION PO BOX 337 TALLULAH FLS, GA 305730337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	492
HEMOPHILIA OF GEORGIA INC 8607 ROBERTS DRIVE SANDY SPRINGS, GA 303502237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HERITAGE HOMESCHOOLERS INC PO BOX 7549 ATLANTA, GA 303570549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH MEADOWS SCHOOL INC 1055 WILLEO RD ROSWELL, GA 300754131	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HISTORIC MACON FOUNDATION INC PO BOX 13358 MACON, GA 312083358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HISTORIC OAKLAND FOUNDATION INC 248 OAKLAND AVE SE ATLANTA, GA 303122220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY INNOCENTS EPISCOPAL SCHOOL INC 805 MT VERNON HWY NW ATLANTA, GA 303274338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HOLY INNOCENTS EPISCOPAL SCHOOL INC 805 MT VERNON HWY NW ATLANTA, GA 303274338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
HOLY SPIRIT PREPARATORY SCHOOL INC 4449 NORTHSIDE DRIVE ATLANTA, GA 303273600	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMESTRETCH INC89 GROVE WAY ROSWELL, GA 300754532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HOPE CENTER INC 295 MOLLY LANE SUITE 120 WOODSTOCK, GA 30189	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE CENTER INC 295 MOLLY LANE SUITE 120 WOODSTOCK, GA 30189	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HEALS 4279 ROSWELL ROAD NE SUITE 208 270 ATLANTA, GA 30342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE LAUGH PLAY 2275 WAYSIDE DR NE BROOKHAVEN, GA 303194009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	456
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	415
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
HOPE THRU SOAP INC 2650 PLEASANTDALE ROAD SUITE 15 ATLANTA, GA 30340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
HOPEWELL TYRONE UNITED METHODIST CH 351 JENKINS ROAD TYRONE, GA 30290	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS ATLANTA INC 177 N AVE NW 3RD FL 11 ATLANTA, GA 303320001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HORIZONS ATLANTA INC 177 N AVE NW 3RD FL 11 ATLANTA, GA 303320001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOSEA FEED THE HUNGRY AND HOMELESS 8 EAST LAKE DRIVE NE ATLANTA, GA 30317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	98
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSEA FEED THE HUNGRY AND HOMELESS 8 EAST LAKE DRIVE NE ATLANTA, GA 30317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HOSEA FEED THE HUNGRY AND HOMELESS PO BOX 4672 ATLANTA, GA 303024672	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
HOSEA FEED THE HUNGRY AND HOMELESS 8 EAST LAKE DRIVE NE ATLANTA, GA 30317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSEA FEED THE HUNGRY AND HOMELESS PO BOX 4672 ATLANTA, GA 303024672	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
HOSEA FEED THE HUNGRY AND HOMELESS 8 EAST LAKE DRIVE NE ATLANTA, GA 30317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
HOSPICE SAVANNAH INCPO BOX 13190 SAVANNAH, GA 314160190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE SAVANNAH INCPO BOX 13190 SAVANNAH, GA 314160190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HUMANE SOCIETY OF BLUE RIDGE PO BOX 2126 BLUE RIDGE, GA 305130037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF CAMDEN COUNTY INC 950 SOUTH GROVE BLVD KINGSLAND, GA 31548	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES PO BOX 311 DAWSON, GA 39842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HYPERSOMNIA FOUNDATION 4514 CHAMBLEE DUNWOODY ROAD 229 ATLANTA, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
INDIA-AMERICAN CULTURAL ASSOCIATION 1281 COOPER LAKE RD SE SMYRNA, GA 300824720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN FRIENDS OF ATLANTA INC 4080 MCGINNIS FERRY RD BLDG 1300 STE 1305 ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
INDIAN FRIENDS OF ATLANTA INC 4080 MCGINNIS FERRY RD BLDG 1300 STE 1305 ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
INFORMATION TECHNOLOGY SENIOR MANAG 2020 HOWELL MILL ROAD SUITE D356 ATLANTA, GA 303181732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTEGRITY CHLIDRENS FUND INC P O BOX 4402 ALPHARETTA, GA 30023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INTERFAITH CHILDRENS MOVEMENT INC PO BOX 54149 ATLANTA, GA 303080149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ISLANDS FERAL CAT PROJECT 28 TWELVE OAKS DR SAVANNAH, GA 314102216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,490
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,295
ITS THE JOURNEY INC 270 CARPENTER DRIVE NE SUITE 515 ATLANTA, GA 303284949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACK AND JILL LATE STAGE CANCERFOUN 3282 NORTHSIDE PKWY NW SUITE 100 ATLANTA, GA 30327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JAMES L THORNTON MEMORIAL SCHOLARSH PO BOX 2076 LITHONIA, GA 300381602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	562
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	393
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	282
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
JDRF INTERNATIONAL 3525 PIEDMONT RD NE BLDG 6 SUITE 300 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	141
JEANNETTE RANKIN FOUNDATION INC 1 HUNTINGTON RD STE 701 ATHENS, GA 306067214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JETS CURE113 KATIE DR RINCON, GA 31326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JEWISH EDUCATIONAL LOAN FUND INC 4549 CHAMBL DUNWOODY RD ATLANTA, GA 303386210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FAMILY & CAREER SERVICES INC 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 303386210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CAREER SERVICES INC 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 303386210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	402
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
JEWISH FEDERATION OF GREATER ATLANT 1440 SPRING ST NW ATLANTA, GA 303092832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
JEWISH INTEREST FREE LOAN OF ATLANT 5115 NEW PEACHTREE ROAD CHAMBLEE, GA 30341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNSTON ELEMENTARY SCHOOL 2031 E CHEROKEE DR WOODSTOCK, GA 301881701	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	38
JUMP START1261 OAKCREST DR SW ATLANTA, GA 303113053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GEORGIA INC 6001 CHATHAM CENTER DRIVE SUITE 150 SAVANNAH, GA 31405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DR NW BUILDING 3 - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DR NW BUILDING 3 - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DR NW BUILDING 3 - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DR NW BUILDING 3 - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GEORGIA INC 275 NORTHSIDE DRIVE NW BUILDING C - 3RD FLOOR ATLANTA, GA 30314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JUST ONE AFRICA INC 6720 PRESTON GLEN DR ALPHARETTA, GA 300052295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
KEATON FRANKLIN COKER FOUNDATION IN PO BOX 2697 GAINESVILLE, GA 30503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP GEORGIA BEAUTIFUL FOUNDATION 60 EXECUTIVE PARK SOUTH NE ATLANTA, GA 30329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KEMOTRAIL CORPS INC 905 KENNESAW MOUNTAIN DRIVE KENNESAW, GA 30152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN RD NW MD 9102 KENNESAW, GA 301445588	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN RD NW MD 9102 KENNESAW, GA 301445588	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN RD NW MD 9102 KENNESAW, GA 301445588	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
KIDDOS CLUBHOUSE FOUNDATION INC 11539 PARK WOODS CIR STE 502 ALPHARETTA, GA 300052413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDSGYM USA INCORPORATED P O BOX 491414 COLLEGE PARK, GA 30349	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
KIDSGYM USA INCORPORATED P O BOX 491414 COLLEGE PARK, GA 30349	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KINGDOM ADVISORS INC 3301 WINDY RIDGE PARKWAY SE SUITE 50 ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGDOM ADVISORS INC 3301 WINDY RIDGE PARKWAY SE SUITE 50 ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KITTY CITY CAT RESCUE INC 4530 KNIGHT ROAD MACON, GA 31220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
KIWANIS FOUNDATION OF ATLANTA INC PO BOX 14104 ATLANTA, GA 30324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KYLE PEASE FOUNDATION INC 2566 SHALLOWFORD RD NE STE 104 ATLANTA, GA 303451200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LAAMISTAD INC3434 ROSWELL RD NE ATLANTA, GA 30305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
LATIN AMERICAN ASSOCIATION INC 508 E MORRIS ST DALTON, GA 30721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN ASSOCIATION INC 508 E MORRIS ST DALTON, GA 30721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LATIN AMERICAN ASSOCIATION INC 508 E MORRIS ST DALTON, GA 30721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LATIN AMERICAN ASSOCIATION INC 2750 BUFORD HWY ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LAWRENCEVILLE COOPERATIVE MINISTRY PO BOX 1328 LAWRENCEVILLE, GA 300461328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAH MCCAMMON FOUNDATION INC 80 SKIN ALLEY NORCROSS, GA 30071	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,565
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,005
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	655
LEAP OF FAITH EQUINE RESCUE AND SAN 2805 MOUNT OLIVE CHURCH ROAD FLEMING, GA 31309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE THOMPSON YOUNG FOUNDATION INC 3000 OLD ALABAMA ROAD SUITE 119-306 ALPHARETTA, GA 300225259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
LEE THOMPSON YOUNG FOUNDATION INC 3000 OLD ALABAMA ROAD SUITE 119-306 ALPHARETTA, GA 300225259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
LEE THOMPSON YOUNG FOUNDATION INC 3000 OLD ALABAMA ROAD SUITE 119-306 ALPHARETTA, GA 300225259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEE THOMPSON YOUNG FOUNDATION INC 3000 OLD ALABAMA ROAD SUITE 119-306 ALPHARETTA, GA 300225259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEE THOMPSON YOUNG FOUNDATION INC 3000 OLD ALABAMA ROAD SUITE 119-306 ALPHARETTA, GA 300225259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL ROAD SW SUITE 205 LILBURN, GA 30047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL ROAD SW SUITE 205 LILBURN, GA 30047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL ROAD SW SUITE 205 LILBURN, GA 30047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIFE TOOLS COMMUNITY DEVELOPMENT CO 5357 CHAPEL HILL ROAD DOUGLASVILLE, GA 30135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE TOOLS COMMUNITY DEVELOPMENT CO 5357 CHAPEL HILL ROAD DOUGLASVILLE, GA 30135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 303330466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 303330466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE FAMILY RETREAT INC 4470 CHAMBLEE DUNWOODY RD SUITE 200 ATLANTA, GA 30338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LITERACY ACTION INC 231 PEACHTREE STREET NE SUITE M-100 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOAVES AND FISHES MINISTRY OF MACON PO BOX 825 MACON, GA 312020825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOOP IT UP SAVANNAH1106 E 59TH ST SAVANNAH, GA 31404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST-N-FOUND YOUTH INC 2585 CHANTILLY DR ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
LOVE LIKE BEN INC 200 HIGHLAND PARK POINT WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LOVE LIKE BEN INC 200 HIGHLAND PARK POINT WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE LIKE BEN INC 200 HIGHLAND PARK POINT WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LOVE LIKE BEN INC 200 HIGHLAND PARK POINT WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOVE LIKE BEN INC 200 HIGHLAND PARK POINT WOODSTOCK, GA 30188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA GEORGIA 1850 LAKE PARK DR SE STE 101 SMYRNA, GA 30080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MACON ARTS ALLIANCE INC 486 FIRST STREET MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MACON REGIONAL CRIME STOPPERS INC PO BOX 6276 MACON, GA 31208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACON REGIONAL CRIME STOPPERS INC PO BOX 6276 MACON, GA 31208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,700
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GEORGIA I 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MANNA OF HOPE OUTREACH MINISTRY INC PO BOX 2687 MACON, GA 312032687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 315256901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	286
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 315256901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 315256901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 3495 PIEDMONT RD BLDG 12 STE 210 ATLANTA, GA 30305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	269
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,290
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	281
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	507
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	19
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	303
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INCPO BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INCP O BOX 18819 ATLANTA, GA 31126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MARIST SCHOOL 3790 ASHFORD DUNWOODY ROAD NE ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,475
MARTIN LUTHER KING SR COMMUNITY RES 101 JACKSON ST NE ATLANTA, GA 303120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN LUTHER KING SR COMMUNITY RES 101 JACKSON ST NE ATLANTA, GA 303120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
MARTIN LUTHER KING SR COMMUNITY RES 101 JACKSON ST NE ATLANTA, GA 303120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
MARTIN LUTHER KING SR COMMUNITY RES 101 JACKSON ST NE ATLANTA, GA 303120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN LUTHER KING SR COMMUNITY RES 101 JACKSON ST NE ATLANTA, GA 303120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MCCLESKEY MIDDLE SCHOOL 4080 MAYBREEZE ROAD MARIETTA, GA 300662734	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
MCEACHERN MEMORIAL UMC 4075 MACLAND ROAD POWDER SPRINGS, GA 30127	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS ATLANTA INC 1705 COMMERCE DRIVE NW ATLANTA, GA 30318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS ATLANTA INC 1705 COMMERCE DRIVE NW ATLANTA, GA 30318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MEALS ON WHEELS ATLANTA INC 1705 COMMERCE DR NW ATLANTA, GA 303183107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEN STOPPING VIOLENCE INC 2785 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
MEN STOPPING VIOLENCE INC 2785 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MERCY CARE FOUNDATION INC 5134 PEACHTREE ROAD CHAMBLEE, GA 30341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HEALTH CENTER INC 700 OGLETHORPE AVE SUITE C7 ATHENS, GA 30606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
MERCY HOUSING SOUTH EAST 260 PEACHTREE ST SUITE 1800 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
MERCYMED OF COLUMBUS 3702 2ND AVENUE COLUMBUS, GA 31906	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLE GEORGIA ACCESS TO JUSTICE CO 241 THIRD STREET SUITE 200 MACON, GA 312013309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
MIDDLE GEORGIA COMMUNITY FOOD BANK 4490 OCMULGEE EAST BLVD MACON, GA 31217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MIDDLE GEORGIA STATE UNIVERSITY FOU 100 UNIVERSITY PARKWAY MACON, GA 31206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDTOWN INC 1236 WILDWOOD AVENUE COLUMBUS, GA 31901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MIDWEST FOOD BANK NFP INC 220 PARKADE CT PEACHTREE CITY, GA 30269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MIDWEST FOOD BANK NFP INC 220 PARKADE CT PEACHTREE CITY, GA 30269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST FOOD BANK NFP INC 220 PARKADE CT PEACHTREE CITY, GA 30269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MIDWEST FOOD BANK NFP INC 220 PARKADE CT PEACHTREE CITY, GA 30269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MIDWEST FOOD BANK NFP INC 220 PARKADE CT PEACHTREE CITY, GA 30269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL SPRINGS ACADEMY 13660 NEW PROVIDENCE ROAD ALPHARETTA, GA 30004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MIRACLE LEAGUE OF WHITFIELD COUNTY 774 LAFAYETTE RD ROCKY FACE, GA 307409495	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
MISSIONARIES OF THE POOR USA INC 3758 LAVISTA RD STE 100 TUCKER, GA 300845620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MISSIONARIES OF THE POOR USA INC PO BOX 29893 ATLANTA, GA 303590893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAMMED SCHOOLS OF ATLANTA LTD 735 FAYETTEVILLE RD SE ATLANTA, GA 303162309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	194
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
MOREHOUSE COLLEGE 830 WESTVIEW DRIVE S W - OFFICE OF INSTITUTIONAL ADVANCEMENT ATLANTA, GA 303143773	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORNINGSIDE ELEMENTARY SCHOOL FOUND 1053 E ROCK SPRINGS RD NE ATLANTA, GA 30306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MORRIS BRANDON ELEMENTARY SCHOOLFOU 2741 HOWELL MILL ROAD NW ATLANTA, GA 303271331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MOSTLY MUTTS ANIMAL RESCUE AND ADOP 3238 CHEROKEE ST NW KENNESAW, GA 301442901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT BETHEL ELEMENTARY SCHOOL 1210 JOHNSON FERRY ROAD MARIETTA, GA 300681620	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
MOVING IN THE SPIRIT INC PO BOX 170230 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MOVING IN THE SPIRIT INC PO BOX 170230 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVING IN THE SPIRIT INC PO BOX 170230 ATLANTA, GA 30317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MT BETHEL CHRISTIAN ACADEMY INC 4385 LOWER ROSWELL ROAD MARIETTA, GA 300684130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MULLY CHILDRENS FAMILY USA INC 3000 OLD ALABAMA ROAD ALPHARETTA, GA 300225860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2310 PARKLAKE DRIVE SUITE 375 ATLANTA, GA 30345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MUSEUM OF ARTS & SCIENCES INC 4182 FORSYTH ROAD MACON, GA 312104806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MUST MINISTRIES INC 1407 COBB PARKWAY N MARIETTA, GA 30061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUST MINISTRIES INC 1407 COBB PARKWAY N MARIETTA, GA 30061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MUST MINISTRIES INC 1280 FIELD PARKWAY MARIETA, GA 30066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
N H S FOUNDATION FOR EXCELLENCE INC 5300 SPALDING DRIVE NORCROSS, GA 30092	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N H S FOUNDATION FOR EXCELLENCE INC 5300 SPALDING DRIVE NORCROSS, GA 30092	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
NAMI GEORGIA INC 4120 PRESIDENTIAL PARKWAY SUITE 200 ATLANTA, GA 30340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	359
NAMI GWINNETT INCPO BOX 464053 LAWRENCEVILLE, GA 300424053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI GWINNETT INCPO BOX 464053 LAWRENCEVILLE, GA 300424053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NAMI GWINNETT INCPO BOX 464053 LAWRENCEVILLE, GA 300424053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIONAL ASSOCIATION FOR THE ADVANC 970 MLK DR STE 203 ATLANTA, GA 303142962	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF ASIAN AMERI 364 16TH ST NW ATLANTA, GA 30363	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL ASSOCIATION OF ASIAN AMERI 4850 SUGARLOAF PKWY SUITE 209-289 LAWRENCEVILLE, GA 30044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
NATIONAL BLACK M B A ASSOCIATION IN 400 W PEACHTREE ST NW STE 203 ATLANTA, GA 303083568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR CIVIL AND HUMAN 250 WILLIAMS STREET SUITE 2322 ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NATIONAL COALITION OF 100 BLACK WOM 1718 PEACHTREE STREET NW SUITE 970 ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	253
NATIONAL SOCIETY TO PREVENT BLINDNE 270 CARPENTER DRIVE SUITE 606 SANDY SPRINGS, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVICENT HEALTH FOUNDATION INC 777 HEMLOCK ST MSC 78 MACON, GA 31201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NET WORKS COOPERATIVE MINISTRY INC 2380 4TH ST TUCKER, GA 30084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
NET WORKS COOPERATIVE MINISTRY INC 2380 4TH ST TUCKER, GA 30084	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BIRTH CHRISTIAN CENTER INC PO BOX 60038 SAVANNAH, GA 314200038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
NEW BIRTH CHRISTIAN CENTER INC PO BOX 60038 SAVANNAH, GA 314200038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
NEW HEART CHRISTIAN FOUNDATION 1021 ROSSER STREET NW CONYERS, GA 30012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HEART CHRISTIAN FOUNDATION 1021 ROSSER STREET NW CONYERS, GA 30012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEW HEART CHRISTIAN FOUNDATION 1021 ROSSER STREET NW CONYERS, GA 30012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW HEART CHRISTIAN FOUNDATION 1021 ROSSER STREET NW CONYERS, GA 30012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HORIZONS FOR CHILDREN INC PO BOX 801395 ACWORTH, GA 30101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
NEW HORIZONS FOR CHILDREN INC PO BOX 801395 ACWORTH, GA 30101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
NEWNAN CROSSING ELEMENTARY SCHOOL 1267 LOWER FAYETTEVILLE RD NEWNAN, GA 302651134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWNAN CROSSING ELEMENTARY SCHOOL 1267 LOWER FAYETTEVILLE RD NEWNAN, GA 302651134	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
NEWNAN-COWETA HUMANE SOCIETY INC 608 HIGHWAY 29 N NEWNAN, GA 30263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
NEWNAN-COWETA HUMANE SOCIETY INC 608 HIGHWAY 29 N NEWNAN, GA 30263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOAHS ARK ANIMAL REHABILITATION CEN 712 LG GRIFFIN RD LOCUST GROVE, GA 302484317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NOAHS ARK ANIMAL REHABILITATION CEN 712 LG GRIFFIN RD LOCUST GROVE, GA 302484317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
NOAHS ARK ANIMAL REHABILITATION CEN 712 LG GRIFFIN RD LOCUST GROVE, GA 302484317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORCROSS COOPERATIVE MINISTRY INC PO BOX 1489 NORCROSS, GA 300911489	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
NORCROSS COOPERATIVE MINISTRY INC PO BOX 1489 NORCROSS, GA 300911489	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
NORCROSS COOPERATIVE MINISTRY INC PO BOX 1489 NORCROSS, GA 300911489	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COBB HIGH SCHOOL 3400 OLD HIGHWAY 41 KENNESAW, GA 301441072	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	48
NORTH COBB HIGH SCHOOL 3400 OLD HIGHWAY 41 KENNESAW, GA 301441072	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
NORTH COBB HIGH SCHOOL 3400 OLD HIGHWAY 41 KENNESAW, GA 301441072	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
NORTH COBB TOUCHDOWN CLUB INC 3400 HWY 231 NORTH KENNESAW, GA 30144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FULTON CHAMBER OF COMMERCE FO 11605 HAYNES BRIDGE ROAD STE 100 ALPHARETTA, GA 300098669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH FULTON COMMUNITY CHARITIES IN 11270 ELKINS ROAD ROSWELL, GA 30076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NORTH POINT MINISTRIES FOUNDATIONIN 4350 N POINT PKWY ALPHARETTA, GA 300224101	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
NORTHSIDE EDUCATION INC 3260 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE EDUCATION INC 3260 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
NUTCRACKER OF MIDDLE GEORGIA INC PO BOX 5334 MACON, GA 312085334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
NUTCRACKER OF MIDDLE GEORGIA INC PO BOX 5334 MACON, GA 312085334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODISHA SOCIETY OF THE AMERICAS 6300 POWERS FERRY RD STE 600 237 ATLANTA, GA 303392961	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ODYSSEY INC 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
ODYSSEY INC 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD DOG HOME INCPO BOX 81241 CONYERS, GA 30013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OLD FELLA BURKE COUNTY ANIMAL RESCU PO BOX 1437 WAYNESBORO, GA 308302437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OLMSTED ARTS INC 524 RIDGECREST ROAD NE ATLANTA, GA 30307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ONE LOVE ANIMAL RESCUE INC 463 JOHNNY MERCER BLVD STE B 142 SAVANNAH, GA 31410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	745
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE LOVE CENTURY INC 2507 HUGHES COURT ATLANTA, GA 30331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPEN ARMS CLINIC INC 109 BIG A ROAD TOCCOA, GA 30577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
OPEN ARMS INC420 PINE AVENUE ALBANY, GA 31701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN ARMS INC420 PINE AVENUE ALBANY, GA 31701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPEN DOOR HOME5 LEON ST SW ROME, GA 301654021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,432
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPEN HAND ATLANTA INC 181 ARMOUR DRIVE NE ATLANTA, GA 303243925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OPERATION HOMEFRONT INC 731 PEACHTREE ST NE SUITE A ATLANTA, GA 30308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOPE INC 191 PEACHTREE STREET NE SUITE 3840 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
OPERATION HOPE INC 191 PEACHTREE STREET NE SUITE 3840 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
ORA LEE SMITH CANCER RESEARCH FOUND PO BOX 11184 ATLANTA, GA 303100184	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF THE ASSUMPTION CATHOLIC 1320 HEARST DRIVE NE ATLANTA, GA 303192711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
OUR LADY OF THE ASSUMPTION CATHOLIC 1350 HEARST DR NE BROOKHAVEN, GA 303192711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
OUR LADY OF THE ASSUMPTION CATHOLIC 1320 HEARST DRIVE NE ATLANTA, GA 303192711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF THE ASSUMPTION CATHOLIC 1320 HEARST DRIVE NE ATLANTA, GA 303192711	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,000
PACE ACADEMY INC 966 W PACES FERRY RD NW ATLANTA, GA 303272648	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,750
PACK PEOPLE OF ACTION CARING FOR KI 24 LIBERTY CREEK DR SAVANNAH, GA 314063224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAIDEIA SCHOOL INCORPORATED 1509 PONCE DE LEON AVE ATLANTA, GA 30307	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
PAINE COLLEGE1235 15TH STREET AUGUSTA, GA 30901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PAINE COLLEGE1235 15TH STREET AUGUSTA, GA 30901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAINE COLLEGE1235 15TH STREET AUGUSTA, GA 30901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
PARALYZED VETERANS OF AMERICA 4010 DEANS BRIDGE RD HEPHZIBAH, GA 308155616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PARENT BOOSTER USA INCPO BOX 31 DACULA, GA 30019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	188
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK PLACE OUTREACH INC 514 EAST HENRY STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARTNERS FOR CARE INC 2001 BRECKENRIDGE LN ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PARTNERS FOR CARE INC 2001 BRECKENRIDGE LN ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR CARE INC 2001 BRECKENRIDGE LN ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
PARTNERS FOR CARE INC 2001 BRECKENRIDGE LN ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
PARTNERS FOR CARE INC 2001 BRECKENRIDGE LN ALPHARETTA, GA 30005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERSHIP AGAINST DOMESTIC VIOLEN POST OFFICE BOX 170225 ATLANTA, GA 30317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOT LEGACY FUND INC 3920 SUWANEE BEND DR SUWANEE, GA 300246454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	113
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS ATLANTA INCORPORATED 5287 COVINGTON HWY DECATUR, GA 300352202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	43
PAWS HUMANE INC4900 MILGEN RD COLUMBUS, GA 319071345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PCN-KIDS5620 BRADENTON ROAD CUMMING, GA 30040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PCOS CHALLENGE INC 931 MONROE DR NE ATLANTA, GA 30308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACH PITPO BOX 891 FORT VALLEY, GA 31030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PEACH PITPO BOX 891 FORT VALLEY, GA 31030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PEACHTREE CHRISTIAN HEALTH INC 3430 DULUTH PARK LN DULUTH, GA 300963257	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACHTREE ROAD UNITED METHODIST CHU 3180 PEACHTREE ROAD NW ATLANTA, GA 30305	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
PEBBLE TOSSERS INC 1155 MT VERNON HWY NE DUNWOODY, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PEBBLE TOSSERS INC 1155 MT VERNON HWY NE DUNWOODY, GA 30338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDALING FOR KIDS OF GEORGIA INC PO BOX 1776 FORTSON, GA 31808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PEDALING FOR KIDS OF GEORGIA INC PO BOX 1776 FORTSON, GA 31808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PEDALING FOR KIDS OF GEORGIA INC PO BOX 1776 FORTSON, GA 31808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC BRAIN TUMOR FOUNDATION OF 6065 ROSWELL RD NE STE 505 ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
PENFIELD CHRISTIAN HOME INC 1061 MERCER CIRCLE UNION POINT, GA 306692205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
PENFIELD CHRISTIAN HOME INC 1061 MERCER CIRCLE UNION POINT, GA 306692205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PER SCHOLAS INC 231 PEACHTREE STREET NE SUITE M-100 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PIEDMONT C A S A INCPO BOX 605 JEFFERSON, GA 30549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PIEDMONT PARK CONSERVANCY INC PO BOX 7795 ATLANTA, GA 303570795	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLACE OF FORSYTH COUNTY INC 2550 THE PLACE CIRCLE CUMMING, GA 300403589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
POINTS OF LIGHT FOUNDATION 600 MEANS ST NW STE 210 ATLANTA, GA 303185799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225,000
POLK COUNTY WOMENS SHELTER INC PO BOX 1647 CEDARTOWN, GA 301251647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAYING FOR PAWS INC 761 BRIDGES RD MCDONOUGH, GA 302533713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PRAYING FOR PAWS INC 761 BRIDGES RD MCDONOUGH, GA 302533713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
PRAYING FOR PAWS INC 761 BRIDGES RD MCDONOUGH, GA 302533713	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN CHURCH USA 3434 ROSWELL ROAD NW ATLANTA, GA 30305	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
PRO BONO PARTNERSHIP OF ATLANTA INC 999 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PROJECT 82 KENYA INCPO BOX 680003 MARIETTA, GA 30068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT CHIMPSPO BOX 2140 BLUE RIDGE, GA 305130037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT SAFE INCPO BOX 7532 ATHENS, GA 306047532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PROMOTING AN ACTIVE ADOLESCENT LIFE 2238 CRESTWAY CT LAWRENCEVILLE, GA 30043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING AN ACTIVE ADOLESCENT LIFE 2238 CRESTWAY CT LAWRENCEVILLE, GA 30043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PROMOTING AN ACTIVE ADOLESCENT LIFE 2238 CRESTWAY CT LAWRENCEVILLE, GA 30043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROMOTING AN ACTIVE ADOLESCENT LIFE 2238 CRESTWAY CT LAWRENCEVILLE, GA 30043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING AN ACTIVE ADOLESCENT LIFE 2238 CRESTWAY CT LAWRENCEVILLE, GA 30043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PTA GEORGIA CONGRESS 2875 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA GEORGIA CONGRESS 2177 TERRY LANE DOUGLASVILLE, GA 30135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA GEORGIA CONGRESS 929 CHARLES ALLEN DRIVE NE ATLANTA, GA 30309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA GEORGIA CONGRESS 3995 ASHFORD DUNWOODY RD NE ATLANTA, GA 303191855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
QUALITY CARE FOR CHILDREN INC 2751 BUFORD HIGHWAY SUITE 500 ATLANTA, GA 30324	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEST COMMUNITY DEVELOPMENT ORGANIZ 878 ROCK ST NW ATLANTA, GA 303143377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
RAINBOW PARK BAPTIST CHURCH 2941 COLUMBIA DR DECATUR, GA 300344146	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
RALLY FOUNDATION INC 5775 GLENRIDGE DRIVE BLDG B STE 370 ATLANTA, GA 30328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER WARNER ROBINS I 110 OAK GROVE ROAD WARNER ROBINS, GA 31093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
RELEASHED RESCUE INC 8620 WALLACE TATUM RD CUMMING, GA 30028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RENEGADE RESCUE INC 3510 CHATTAHOOCHEE SUMMIT LANE ATLANTA, GA 30339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENEGADE RESCUE INC 3510 CHATTAHOOCHEE SUMMIT LANE ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RENEGADE RESCUE INC 3510 CHATTAHOOCHEE SUMMIT LANE ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
RENEGADE RESCUE INC 3510 CHATTAHOOCHEE SUMMIT LANE ATLANTA, GA 30339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUECATS INCPO BOX 142882 FAYETTEVILLE, GA 302146522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RESCUECATS INCPO BOX 142882 FAYETTEVILLE, GA 302146522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RIVERCENTER INCPO BOX 2425 COLUMBUS, GA 319022425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT W WOODRUFF ARTS CENTER INC 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ROCKDALE COUNTY EMERGENCY RELIEF FU 350 TALL OAKS DR SE CONYERS, GA 30013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ROMAN CATHOLIC ARCHDIOCESE OF ATLAN 2401 LAKE PARK DR SE SMYRNA, GA 300808862	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC ARCHDIOCESE OF ATLAN 2401 LAKE PARK DR SE SMYRNA, GA 300808862	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	875
RONALD MCDONALD HOUSE CHARITIES OF 4710 WATERS AVE SAVANNAH, GA 314046220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ROYCE LEARNING CENTER 4 OGLETHORPE PROFESSIONAL BLVD SAVANNAH, GA 314060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROYCE LEARNING CENTER 4 OGLETHORPE PROFESSIONAL BLVD SAVANNAH, GA 314060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
ROYCE LEARNING CENTER 4 OGLETHORPE PROFESSIONAL BLVD SAVANNAH, GA 314060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ROYCE LEARNING CENTER 4 OGLETHORPE PROFESSIONAL BLVD SAVANNAH, GA 314060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RS ALEXANDER HIGH SCHOOL BAND BOOST 6500 ALEXANDER PKWY DOUGLASVILLE, GA 301353596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RURAL TECHNOLOGY FUND 5145 FLATSTONE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RURAL TECHNOLOGY FUND 5145 FLATSTONE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RURAL TECHNOLOGY FUND 5145 FLATSTONE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
RURAL TECHNOLOGY FUND 5145 FLATSTONE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
RURAL TECHNOLOGY FUND 5145 FLATSTONE DRIVE GAINESVILLE, GA 30504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S P E C T R U MPO BOX 3132 SUWANEE, GA 30024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAFE HOMES OF AUGUSTA INC PO BOX 3187 AUGUSTA, GA 30914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SAFEBEAT INCPO BOX 238 LAKE PARK, GA 31636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFEBEAT INCPO BOX 238 LAKE PARK, GA 31636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SALEM MISSIONARY BAPTIST CHURCH INC PO BOX 817 LILBURN, GA 30048	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
SARAH SMITH EDUCATION FOUNDATION IN 4279 ROSWELL ROAD SUITE 208 NO 226 ATLANTA, GA 30342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH SMITH EDUCATION FOUNDATION IN 4279 ROSWELL ROAD SUITE 208 NO 226 ATLANTA, GA 30342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
SAVANNAH BOOK FESTIVAL INC 37 W FAIRMONT AVE 216 SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	210
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SAVANNAH COUNTRY DAY SCHOOL 824 STILLWOOD DR SAVANNAH, GA 31419	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVANNAH COUNTRY DAY SCHOOL INC 824 STILLWOOD DR SAVANNAH, GA 314192643	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SAVANNAH COUNTRY DAY SCHOOL INC 824 STILLWOOD DR SAVANNAH, GA 314192643	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
SAVANNAH COUNTRY DAY SCHOOL INC 824 STILLWOOD DR SAVANNAH, GA 314192643	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVANNAH JEWISH COUNCIL INC 5111 ABERCORN ST SAVANNAH, GA 314055214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	365
SAVANNAH-CHATHAM COUNTY COURT APPOI 761 WHEATON ST SAVANNAH, GA 31401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SECOND HARVEST OF SOUTH GEORGIA INC 1411 HARBIN CIR VALDOSTA, GA 316016535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST OF SOUTH GEORGIA INC 1411 HARBIN CIR VALDOSTA, GA 316016535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
SECOND HARVEST OF SOUTH GEORGIA INC 1411 HARBIN CIR VALDOSTA, GA 316016535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
SECOND WIND DREAMS INC 10892 CRABAPPLE ROAD ROSWELL, GA 30075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	719
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEQUOYAH INSTRUMENTAL MUSIC FOUNDAT 4485 HICKORY RD CANTON, GA 301154194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARE THE MAGIC FOUNDATION INC 2870 PEACHTREE ROAD 109 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARON ELEMENTARY SCHOOL 3595 OLD ATLANTA RD SUWANEE, GA 30024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NW ATLANTA, GA 303091426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,766
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NW ATLANTA, GA 303091426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
SHEPHERD CENTER FOUNDATION INC 2020 PEACHTREE RD NW ATLANTA, GA 303091426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERD CENTER INC 2020 PEACHTREE RD ATLANTA, GA 303091465	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHEPHERD CENTER INC 2020 PEACHTREE ROAD NW ATLANTA, GA 303091465	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SICKLE CELL FOUNDATION OF GEORGIA I 2391 BENJAMIN E MAYS DR SW ATLANTA, GA 30311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SICKLE CELL FOUNDATION OF GEORGIA I 2391 BENJAMIN E MAYS DR SW ATLANTA, GA 30311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
SICKLE CELL FOUNDATION OF GEORGIA I 2391 BENJAMIN E MAYS DR SW ATLANTA, GA 30311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
SIDE BY SIDE BRAIN INJURY CLUBHOUSE 1001 MAIN ST STONE MTN, GA 300832922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIKH EDUCATIONAL WELFARE ASSOCIATIO 10590 WOODSTOCK RD ROSWELL, GA 300752971	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,650
SIXES ELEMENTARY SCHOOL 20 RIDGE RD CANTON, GA 301147894	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
SKYLARK VOCAL ENSEMBLE INC 2005 PALIFOX DR NE ATLANTA, GA 30307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKYLARK VOCAL ENSEMBLE INC 2005 PALIFOX DR NE ATLANTA, GA 30307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SMITH GILBERT GARDENS FOUNDATION IN 2382 PINE MOUNTAIN ROAD KENNESAW, GA 30152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOCCER IN THE STREETS INC 130 BOULEVARD NE SUITE 4 ATLANTA, GA 30312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCCER IN THE STREETS INC 130 BOULEVARD NE SUITE 4 ATLANTA, GA 30312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SOCIETY OF ST VINCENT DE PAUL GEORG 1815 BLACKWELL RD MARIETTA, GA 30066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOCIETY OF ST VINCENT DE PAUL GEORG 2050 CHAMBLEE TUCKER RD CHAMBLEE, GA 30341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,569
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 310774 ATLANTA, GA 311310774	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
SOUTHEAST CATHOLIC WORLDWIDE MARRIA 1563 BUNGALOW PARK LANE MARIETTA, GA 30066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEAST CATHOLIC WORLDWIDE MARRIA 1563 BUNGALOW PARK LANE MARIETTA, GA 30066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN BRAIN TUMOR FOUNDATION PO BOX 422471 ATLANTA, GA 303429471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON ST NW ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SOUTHERN CENTER FOR HUMAN RIGHTS 60 WALTON ST NW ATLANTA, GA 30303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN COMFORT ANIMAL RESCUE INC 1484 N HIGHWAY 19 GLENWOOD, GA 304284326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOUTHERN OFF-ROAD BICYCLE ASSOCIATI PO BOX 2652 CANTON, GA 30115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SOUTHWEST CHRISTIAN HOSPICE AND HOP 7225 LESTER RD UNION CITY, GA 302912316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPALDING DRIVE ELEMENTARY 130 WEST SPALDING DRIVE ATLANTA, GA 30328	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SPECIAL NEEDS RESPITE INC 105 LAKE TOP CT ROSWELL, GA 300763017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
SPECIAL NEEDS RESPITE INC 105 LAKE TOP CT ROSWELL, GA 300763017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	712
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS GEORGIA INC 6046 FINANCIAL DRIVE NORCROSS, GA 30071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,312
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	140
SPELMAN COLLEGE 350 SPELMAN LANE BOX 1303 ATLANTA, GA 303144399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
SPRINGDALE PARK ELEMENTARY SCHOOL P PO BOX 8246 ATLANTA, GA 311068246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRIKARUNAMAYI RESEARCH INSTITUTE OF 285 JULIE LANE FORSYTH, GA 31029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,719
ST CLARE OF ASSI CATHOLIC CHURCH AC 6301 CEDARCREST RD ACWORTH, GA 30101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,720
ST FRANCIS DAY SCHOOL INC 9375 WILLEO RD ROSWELL, GA 300754743	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH CATHOLIC SCHOOL 958 EPPS BRIDGE PKWY ATHENS, GA 30606	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST JUDE THE APOSTLE CATHOLIC SCHOOL 7171 GLENRIDGE DR NE ATLANTA, GA 303282630	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ST JUDES RECOVERY CENTER INC 139 RENAISSANCE PKWY NE ATLANTA, GA 303082324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDES RECOVERY CENTER INC 139 RENAISSANCE PKWY NE ATLANTA, GA 303082324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
ST JUDES RECOVERY CENTER INC 139 RENAISSANCE PKWY NE ATLANTA, GA 303082324	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTINS EPISCOPAL SCHOOL 3110 ASHFORD DUNWOODY RD NE STE A ATLANTA, GA 30319	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST MARYS FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
ST PETER CHANEL CATHOLIC CHURCH 11330 WOODSTOCK RD ROSWELL, GA 300752548	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP SAVANNAH INC 428 BULL STREET SUITE 208 SAVANNAH, GA 314014963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
STEWART WEBSTER CANCER FUND INC 6381 HAMILTON ST PRESTON, GA 31824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
STRATFORD ACADEMY6010 PEAKE RD MACON, GA 312203938	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRATFORD ACADEMY6010 PEAKE RD MACON, GA 312203938	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
STREETWISE ATLANTAPO BOX 657 DACULA, GA 30019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STRONG ROCK CHRISTIAN SCHOOL INC 4200 STRONG ROCK PKWY LOCUST GROVE, GA 302482908	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRONG ROCK CHRISTIAN SCHOOL INC 4200 STRONG ROCK PKWY LOCUST GROVE, GA 302482908	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55
STRONG ROCK CHRISTIAN SCHOOL INC 4200 STRONG ROCK PKWY LOCUST GROVE, GA 302482908	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
SUMMIT HILL ELEMENTARY PARENT TEACH 13855 PROVIDENCE RD MILTON, GA 300040848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,760
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 1405 SAVANNAH, GA 31402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 3525 PIEDMONT ROAD NE BLDG 5 STE 215 ATLANTA, GA 30305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUTTON MIDDLE SCHOOL 2875 NORTHSIDE DRIVE ATLANTA, GA 30305	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	103
SUWANEE ELEMENTARY SCHOOL 3875 SMITHTOWN ROAD SUWANEE, GA 300242417	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	102
TEAM RED WHITE & BLUE INC 198 14TH ST NW ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TECHBRIDGE INC 100 PEACHTREE ST NW STE 2090 ATLANTA, GA 303031900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
TECHBRIDGE INC 100 PEACHTREE ST NW STE 2090 ATLANTA, GA 303031900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
TECHBRIDGE INC 100 PEACHTREE ST NW STE 2090 ATLANTA, GA 303031900	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	626
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,043
TELFAIR MUSEUM OF ART INC PO BOX 10081 SAVANNAH, GA 31412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	209
TEN THOUSAND REASONS INC 4351 ASHEVILLE LANE SE SMYRNA, GA 30080	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENDERHEART3193 CORINTH RD NEWNAN, GA 302635070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TENDERHEART3193 CORINTH RD NEWNAN, GA 302635070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	267
TENDERHEART3193 CORINTH RD NEWNAN, GA 302635070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE 410 BRIDGE INC 3955 MARCONI DRIVE SUITE 205 ALPHARETTA, GA 30005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	468
THE ALS ASSOCIATION OF GEORGIA INC 5881 GLENRIDGE DR STE 200 ATLANTA, GA 30328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE ATLANTA OPERA INC 1575 NORTHSIDE DR NW BLDG 300 STE 350 ATLANTA, GA 30318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,020
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 303071496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE CENTER FOR CHILDREN AND YOUNG A 2221 AUSTELL ROAD BLDG 1 SUITE 100 MARIETTA, GA 30008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHARIS CIRCLE INC 184 S CANDLER ST DECATUR, GA 30030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
THE CORPORATION OF MERCER UNIVERSIT 1501 MERCER UNIVERSITY DR ATTN TREASURERS OFFICE MACON, GA 31207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
THE CORPORATION OF MERCER UNIVERSIT 1501 MERCER UNIVERSITY DR ATTN TREASURERS OFFICE MACON, GA 31207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DIAN FOSSEY GORILLA FUND INTERN 800 CHEROKEE AVE ATLANTA, GA 303151470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
THE DIAN FOSSEY GORILLA FUND INTERN 800 CHEROKEE AVE ATLANTA, GA 303151470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE ELLIS SCHOOL OF ATLANTA 189 SAMS ST SUITE A-1 DECATUR, GA 30030	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EMPTY STOCKING FUND INC 1975 CENTURY BLVD NE STE 16 ATLANTA, GA 303453316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE ENVIRONMENTAL FUND FOR GEORGIA PO BOX 8688 ATLANTA, GA 311060688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE ENVIRONMENTAL FUND FOR GEORGIA PO BOX 8688 ATLANTA, GA 311060688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ENVIRONMENTAL FUND FOR GEORGIA PO BOX 8688 ATLANTA, GA 311060688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE FULLER CENTER FOR HOUSING INC PO BOX 523 AMERICUS, GA 317090523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
THE GALLOWAY SCHOOL 215 CHASTAIN PARK AVE NW ATLANTA, GA 30342	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GALLOWAY SCHOOL 215 CHASTAIN PARK AVE NW ATLANTA, GA 30342	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
THE GALLOWAY SCHOOL 215 CHASTAIN PARK AVE NW ATLANTA, GA 30342	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
THE GOODE FOUNDATIONPO BOX 1662 FAIRBURN, GA 30213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE SOCIETY FOR GREATER SAVA 7215 SALLIE MOOD DR SAVANNAH, GA 314063922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE NORTHSIDE HOSPITAL FOUNDATION I 1000 JOHNSON FERRY RD NE ATLANTA, GA 303421606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE POSSE FOUNDATION INC 101 MARIETTA STREET NW SUITE 1040 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1384 GREENE STREET AUGUSTA, GA 30901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 3100 MONTGOMERY STREET SAVANNAH, GA 31403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 1000 CENTER PLACE - ATTN DEBORAH MARSHALL NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1000 CENTER PLACE - ATTN DEBORAH MARSHALL NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	522
THE SALVATION ARMY 1000 CENTER PLACE - ATTN DEBORAH MARSHALL NORCROSS, GA 30093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE SAVANNAH COMMUNITY FOUNDATION I 2225 NORWOOD AVENUE SUITE B SAVANNAH, GA 31406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE STEWART FOUNDATION INC 1027 LAUREL VALLEY DRIVE SW MARIETTA, GA 30064	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
THE URBAN LEAGUE OF GREATER ATLANTA PEACHTREE CENTER - INTERNATIONAL TOWER - 229 PEACHTREE STREET NE SUI ATLANTA, GA 303031600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
THE URBAN LEAGUE OF GREATER ATLANTA 229 PEACHTREE ST NE STE 300 ATLANTA, GA 303031600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,310
THE WALKER SCHOOL 700 COBB PARKWAY N MARIETTA, GA 300622404	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,500
THEVI AND MILTON WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA, GA 303272108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEVI AND MILTON WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA, GA 303272108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THEVI AND MILTON WEINSTEIN HOSPICE 3150 HOWELL MILL RD NW ATLANTA, GA 303272108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
THEATRICAL OUTFIT INC THEATRICAL OUTFIT 84 LUCKIE ST NW ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE PAWS ANIMAL RESCUE INC 3328 GLENROSE TRAIL CHAMBLEE, GA 30341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRAVELERS AID OF METROPOLITAN ATLAN 34 PEACHTREE ST SUITE 700 ATLANTA, GA 303030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
TRAVELERS AID OF METROPOLITAN ATLAN 34 PEACHTREE ST SUITE 700 ATLANTA, GA 303030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVELERS AID OF METROPOLITAN ATLAN 34 PEACHTREE ST SUITE 700 ATLANTA, GA 303030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRAVELERS AID OF METROPOLITAN ATLAN 34 PEACHTREE ST SUITE 700 ATLANTA, GA 303030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TRAVELERS AID OF METROPOLITAN ATLAN 34 PEACHTREE ST SUITE 700 ATLANTA, GA 303030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREATMENT RELIEF HELP CORP 4015 WASHINGTON RD STE M MARTINEZ, GA 30907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TREES ATLANTA INC 225 CHESTER AVENUE SE ATLANTA, GA 303161205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TRINITY COMMUNITY MINISTRIES INC 21 BELL ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COMMUNITY MINISTRIES INC 21 BELL ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TRINITY COMMUNITY MINISTRIES INC 21 BELL ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRINITY NORTHWEST ATLANTA EARLY LEA 3003 HOWELL MILL RD NW ATLANTA, GA 303271601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY SCHOOL INC 4301 NORTHSIDE PKWY NW ATLANTA, GA 303273014	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,042
TRINITY SCHOOL INC 4301 NORTHSIDE PKWY NW ATLANTA, GA 303273014	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
TRUE COLORS THEATRE COMPANY 887 MARIETTA ST SUITE J102 ATLANTA, GA 30318	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURN BACK THE BLOCK INC PO BOX 3366 AUGUSTA, GA 309143366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TURNINGPOINT BREAST CANCER REHABILI 8010 ROSWELL RD STE 120 ATLANTA, GA 303507013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNION MISSION INC120 FAHM STREET SAVANNAH, GA 31401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED IN PINK INC 1515 BASS ROAD SUITE H MACON, GA 31210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED IN PINK INC 1515 BASS ROAD SUITE H MACON, GA 31210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED METHODIST CHILDRENS HOME OF 1967 LAKESIDE PARKWAY SUITE 400 TUCKER, GA 30084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
UNITED METHODIST CHURCH & ITS AFFIL 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
UNITED METHODIST COMMITTEE ON RELIE 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST COMMITTEE ON RELIE 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	105
UNITED METHODIST COMMITTEE ON RELIE 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
UNITED METHODIST COMMITTEE ON RELIE 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST COMMITTEE ON RELIE 458 PONCE DE LEON AVE NE ATLANTA, GA 30308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
UNITED MILITARY CARE INC 1220 OLD CANTON RD MARIETTA, GA 300624946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNITED NEGRO COLLEGE FUND INC 229 PEACHTREE STREET NE SUITE 2350 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL GEORGIA INC 277 MARTIN LUTHER KING JR BLVD MACON, GA 312021302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF CENTRAL GEORGIA INC 277 MARTIN LUTHER KING JR BLVD MACON, GA 312021302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
UNITED WAY OF CENTRAL GEORGIA INC 277 MARTIN LUTHER KING JR BLVD MACON, GA 312021302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,570
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,586
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,013
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	298
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,753
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND ST NE ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,923
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST GEORGIA INC 1 HUNTINGTON RD STE 805 ATHENS, GA 30606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	444
UNITED WAY OF NORTHEAST GEORGIA INC 1 HUNTINGTON RD STE 805 ATHENS, GA 30606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
UNITED WAY OF NORTHEAST GEORGIA INC 1 HUNTINGTON RD STE 805 ATHENS, GA 30606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST GEORGIA INC 1 HUNTINGTON RD STE 805 ATHENS, GA 30606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
UNITED WAY OF THE CENTRAL SAVANNAH 1765 BROAD STREET AUGUSTA, GA 30904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	214
UNITED WAY OF THE CENTRAL SAVANNAH 1765 BROAD STREET AUGUSTA, GA 30904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE CENTRAL SAVANNAH 1765 BROAD STREET AUGUSTA, GA 30904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
UNITED WAY OF THE CENTRAL SAVANNAH 1765 BROAD STREET AUGUSTA, GA 30904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
UNITED WAY OF THE COASTAL EMPIRE IN PO BOX 2946 SAVANNAH, GA 31402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COASTAL EMPIRE IN PO BOX 2946 SAVANNAH, GA 31402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF THE COASTAL EMPIRE IN PO BOX 2946 SAVANNAH, GA 31402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
UNITED WAY OF THE COASTAL EMPIRE IN PO BOX 2946 SAVANNAH, GA 31402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COASTAL EMPIRE IN PO BOX 2946 SAVANNAH, GA 31402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,250
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	568
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,500
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,525
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,404
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,100
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	900
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	320
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	905
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10
UNIVERSITY OF GEORGIA FOUNDATION 1 PRESS PLACE SUITE 101 ATHENS, GA 30602	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,325
UNIVERSITY OF WEST GEORGIA FOUNDATI 1601 MAPLE ST CARROLLTON, GA 301180001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WEST GEORGIA FOUNDATI 1601 MAPLE ST CARROLLTON, GA 301180001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF WEST GEORGIA FOUNDATI 1601 MAPLE ST CARROLLTON, GA 301180001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
VALDOSTA STATE UNIVERSITY FOUNDATIO 1500 N PATTERSON ST VALDOSTA, GA 316980100	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY INTERFAITH PROMISE INC PO BOX 1141 COLUMBUS, GA 319021141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
VETTOCEO 1750 PWDER SPRGS RD STE190 PMB219 MARIETTA, GA 300644861	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
VICTOR B JENKINS JR MEMORIAL ATHLET PO BOX 14271 SAVANNAH, GA 314161271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTOR B JENKINS JR MEMORIAL ATHLET PO BOX 14271 SAVANNAH, GA 314161271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
VICTOR B JENKINS JR MEMORIAL ATHLET PO BOX 14271 SAVANNAH, GA 314161271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
VISION SSO INC 6705 HEMPSTEAD COURT SUWANEE, GA 30024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISION SSO INC 6705 HEMPSTEAD COURT SUWANEE, GA 30024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VISION SSO INC 6705 HEMPSTEAD COURT SUWANEE, GA 30024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WAGS RESCUE - WAYNE AND GLYNN SURRO 696 NEW BETHEL ROAD JESUP, GA 31545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAGS RESCUE - WAYNE AND GLYNN SURRO 696 NEW BETHEL ROAD JESUP, GA 31545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WAGS RESCUE - WAYNE AND GLYNN SURRO 696 NEW BETHEL ROAD JESUP, GA 31545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WARRICK DUNN CHARITIES INC 229 PEACHTREE STREET NE SUITE 675 ATLANTA, GA 30303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLSPRING LIVING INC 1040 BOULEVARD SE SUITE M ATLANTA, GA 30082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WELLSTAR FOUNDATION INC 805 SANDY PLAINS RD MARIETTA, GA 300666340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WELLSTAR FOUNDATION INC 805 SANDY PLAINS RD MARIETTA, GA 300666340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY WOODS INC 1817 CLIFTON RD NE ATLANTA, GA 30329	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	605
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,170
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN COLLEGE4760 FORSYTH RD MACON, GA 312104407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
WESLEYAN SCHOOL INC 5405 SPALDING DR PEACHTREE CORNERS, GA 300922614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,120
WESLEYAN SCHOOL INC 5405 SPALDING DR PEACHTREE CORNERS, GA 300922614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN SCHOOL INC 5405 SPALDING DR PEACHTREE CORNERS, GA 300922614	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	280
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
WESTMINSTER SCHOOLS INC 1424 WEST PACES FERRY RD NW ATLANTA, GA 30327	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE FUTURE FUND 1300 JOSEPH E BOONE BLVD NW SUITE 16 ATLANTA, GA 30314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
WHEELER HIGH SCHOOL BAND AND ORCHES 375 HOLT RD NE MARIETTA, GA 300683560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WHITEFIELD ACADEMY INC ONE WHITEFIELD DR MABLETON, GA 301265236	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLF CREEK ELEMENTARY 4440 DERRICK RD COLLEGE PARK, GA 30349	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
WOODSTOCK ELEMENTARY SCHOOL 230 ROPE MILL RD WOODSTOCK, GA 301885014	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
WOODSTOCK ELEMENTARY SCHOOL 230 ROPE MILL RD WOODSTOCK, GA 301885014	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODSTOCK ELEMENTARY SCHOOL 230 ROPE MILL RD WOODSTOCK, GA 301885014	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
WOODWARD ACADEMY INC 1662 RUGBY AVE COLLEGE PARK, GA 303372116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WORLD CAPOEIRA MACULELE ARTS FOUNDA 1111 CLAIREMONT AVE STE B-2 DECATUR, GA 30030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 1349 W PEACHTREE ST NW STE 1800 ATLANTA, GA 303092923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
YEAR UP INC 730 PEACHTREE STREET NE SUITE 900 ATLANTA, GA 30308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30,000
YELLOW RIVER WATER TRAIL INC PO BOX 560 PORTERDALE, GA 30070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOW RIVER WATER TRAIL INC PO BOX 560 PORTERDALE, GA 30070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 915 HAWTHORNE AVENUE ATHENS, GA 30606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 6400 HABERSHAM STREET STE A SAVANNAH, GA 31405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 6400 HABERSHAM STREET STE A SAVANNAH, GA 31405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 915 HAWTHORNE AVENUE ATHENS, GA 30606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 1055 EAST PIEDMONT RD NE MARIETTA, GA 30062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 5600 WEST JONES BRIDGE RD PEACHTREE CORNERS, GA 30092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
YOUNG MENS CHRISTIAN ASSOCIATION OF 569 MARTIN LUTHER KING JR DRIVE NW ATLANTA, GA 30314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 5600 WEST JONES BRIDGE RD PEACHTREE CORNERS, GA 30092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 275 EVA DAVIS WAY ATLANTA, GA 30317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
YOUNG WOMENS CHRISTIAN ORGANIZATION 562 RESEARCH DR ATHENS, GA 306052730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ALOHA UNITED WAY INC 200 N VINEYARD BOULEVARD SUITE 700 HONOLULU, HI 96817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALOHA UNITED WAY INC 200 N VINEYARD BOULEVARD SUITE 700 HONOLULU, HI 96817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	173
ALOHA UNITED WAY INC 200 N VINEYARD BOULEVARD SUITE 700 HONOLULU, HI 96817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
ASSETS SCHOOL1 OHANA NUI WAY HONOLULU, HI 968184414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS HAWAII INC 418 KUWILI ST STE 106 HONOLULU, HI 968175364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRIGHAM YOUNG UNIVERSITY-HAWAII 55-220 KULANUI ST 1955 LAIE, HI 967621293	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
CALEDONIAN SOCIETY OF HAWAII PO BOX4164 HONOLULU, HI 968124164	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EAST HAWAII KIWANIS FOUNDATION 545 KUKUAU ST HILO, HI 967202624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF DIAMOND HEAD CLUBHOUSE 3627 KILAUEA AVE STE 410 HONOLULU, HI 968162317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 922 AUSTIN LANE SUITE C-1 HONOLULU, HI 96817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	515
HAWAII FOODBANK2611 KILIHAU ST HONOLULU, HI 968192021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE STE 200 HONOLULU, HI 968261508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAIIAN HUMANE SOCIETY HAWAIIAN HUMANE SOC 2700 WAIALAE AVENUE HONOLULU, HI 968261806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
HAWAIIAN MISSION CHILDRENS SOCIETY 553 S KING ST HONOLULU, HI 968133002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOLY NATIVITY SCHOOL 5286 KALANIANAOLE HIGHWAY HONOLULU, HI 968211826	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAUAI FOOD BANK INC 3285 WAAPA ROAD LIHUE, HI 967668614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
KAUAI FOOD BANK INC 3285 WAAPA ROAD LIHUE, HI 967668614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KAUAI FOOD BANK INC 3285 WAAPA ROAD LIHUE, HI 967668614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAUAI HIGH SCHOOL3577 LALA ROAD LIHUE, HI 96766	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
KAUAI HUMANE SOCIETYPO BOX 3330 LIHUE, HI 96766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KE ALI I PAUAHI FOUNDATION 567 SOUTH KING ST 160 HONOLULU, HI 968133082	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KE ALI I PAUAHI FOUNDATION 567 SOUTH KING ST 160 HONOLULU, HI 968133082	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
KE ALI I PAUAHI FOUNDATION 567 SOUTH KING ST 160 HONOLULU, HI 968133082	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
LAHAINALUNA HIGH SCHOOL FOUNDATION PO BOX 11617 LAHAINA, HI 967616617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANAI CAT SANCTUARY INC PO BOX 631577 LANAI CITY, HI 96763	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LANAI CAT SANCTUARY INC PO BOX 631577 LANAI CITY, HI 96763	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LANAI CAT SANCTUARY INC PO BOX 631577 LANAI CITY, HI 96763	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYKNOLL SCHOOLS 1526 ALEXANDER ST HONOLULU, HI 968224901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
MAUI HUMANE SOCIETY INC PO BOX 1047 PUUNENE, HI 967841047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO, HI 967419599	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO, HI 967419599	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
OAHU SOCIETY FOR THE PREVENTION OF PO BOX 861673 WAHIAWA, HI 96786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
OAHU SOCIETY FOR THE PREVENTION OF PO BOX 861673 WAHIAWA, HI 96786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC WHALE FOUNDATION 300 MAALAEA RD 211 WAILUKU, HI 967935922	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PAEPAE O HEEIAPO BOX 6355 KANEOHE, HI 967449173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PAEPAE O HEEIAPO BOX 6355 KANEOHE, HI 967449173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAEPAE O HEEIAPO BOX 6355 KANEOHE, HI 967449173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PUBLIC SCHOOLS OF HAWAII FOUNDATION PO BOX 4148 HONOLULU, HI 968124148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 968223336	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
RIVER OF LIFE MISSIONPO BOX 37939 HONOLULU, HI 968370939	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
THE FOOD BASKET INC40 HOLOMUA ST HILO, HI 967205102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOOD BASKET INC40 HOLOMUA ST HILO, HI 967205102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE FOOD BASKET INC40 HOLOMUA ST HILO, HI 967205102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
THE FOOD BASKET INC40 HOLOMUA ST HILO, HI 967205102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 968280270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY SCHOOL OF HAWAII 710 PALEKAUA ST HONOLULU, HI 968164755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
YOUNG MENS CHRISTIAN ASSOCIATION OF 1441 PALI HWY HONOLULU, HI 968132050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
A HEINZ57 PET RESCUE AND TRANSPORT PO BOX 188 DE SOTO, IA 500690188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A HEINZ57 PET RESCUE AND TRANSPORT PO BOX 188 DE SOTO, IA 500690188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
A HEINZ57 PET RESCUE AND TRANSPORT PO BOX 188 DE SOTO, IA 500690188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
A HEINZ57 PET RESCUE AND TRANSPORT PO BOX 188 DE SOTO, IA 500690188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A HEINZ57 PET RESCUE AND TRANSPORT PO BOX 188 DE SOTO, IA 500690188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AGAPE PREGNANCY CENTER 2550 M L KING JR PKWY DES MOINES, IA 503106121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 1730 28TH ST WEST DES MOINES, IA 50266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5000 WESTOWN PKWY SUITE 340 WEST DES MOINES, IA 50266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 5000 WESTOWN PKWY SUITE 340 WEST DES MOINES, IA 50266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE, IA 50037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2116 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LIFELINE OF IOWA INC PO BOX 12 CARLISLE, IA 50047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	99
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANIMAL RESCUE LEAGUE OF IOWA INCORP 5452 NE 22ND STREET DES MOINES, IA 503132528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BETHANY CHRISTIAN SERVICES 123 ALBANY AVE SE ORANGE CITY, IA 51041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHANY MANOR FOUNDATION INC 212 LAFAYETTE AVE STORY CITY, IA 502481454	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,378
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	378
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF CENTRAL 9051 SWANSON BLVD CLIVE, IA 50325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE MIS 130 W 5TH ST DAVENPORT, IA 528011402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,172
CATHOLIC COUNCIL FOR SOCIAL CONCERN 601 GRAND AVE DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
CENTER FOR NATIONAL INDEPENDENCE IN 1153 24TH ST DES MOINES, IA 50311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR NATIONAL INDEPENDENCE IN 1153 24TH ST DES MOINES, IA 50311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
CENTER FOR NATIONAL INDEPENDENCE IN 1153 24TH ST DES MOINES, IA 50311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
CENTER FOR NATIONAL INDEPENDENCE IN 1153 24TH ST DES MOINES, IA 50311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY STREET DES MOINES, IA 503093405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVENUE DES MOINES, IA 50314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COE COLLEGE1220 FIRST AVENUE NE CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTCR INCPO BOX 11186 CEDAR RAPIDS, IA 52410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CYSTIC FIBROSIS FOUNDATION 1501 42ND STREET SUITE 230 WEST DES MOINES, IA 502665901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 1501 42ND STREET SUITE 230 WEST DES MOINES, IA 502665901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,795
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 1501 42ND STREET SUITE 230 WEST DES MOINES, IA 502665901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
DARE TO BE DIFFERENT 3855 ASPEN HILLS DR BETTENDORF, IA 527222183	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
DELTA CHI EDUCATIONAL FOUNDATION IN 314 CHURCH ST IOWA CITY, IA 52244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DES MOINES COMMUNITY PLAYHOUSE 831 42ND STREET DES MOINES, IA 50312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO ROAD WEST DES MOINES, IA 50265	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	973
DRAKE UNIVERSITY 2507 UNIVERSITY AVE DES MOINES, IA 503114516	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEAL SOCIETY OF IOWA INC 401 NE 66TH AVENUE DES MOINES, IA 50313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
EASTER SEAL SOCIETY OF IOWA INC 401 NE 66TH AVENUE DES MOINES, IA 50313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
EASTERN IOWA ARTS ACADEMY 1841 E AVENUE NE CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN IOWA ARTS ACADEMY 1841 E AVENUE NE CEDAR RAPIDS, IA 52402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
EDMUNDSON ART FOUNDATION INC 4700 GRAND AVE DES MOINES, IA 50312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
ELIM CHRISTIAN FELLOWSHIP OF DES MO 525 E 9TH ST DES MOINES, IA 503095503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RESOURCES INC 2800 EASTERN AVE DAVENPORT, IA 528032012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
FIGGE ART MUSEUM225 W 2ND ST DAVENPORT, IA 528011804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,125
FIGGE ART MUSEUM225 W 2ND ST DAVENPORT, IA 528011804	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF IOWAPO BOX 1517 DES MOINES, IA 50305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FOOD BANK OF IOWAPO BOX 1517 DES MOINES, IA 50305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN RD DES MOINES, IA 50310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM FOR YOUTH MINISTRIES 2301 HICKMAN RD DES MOINES, IA 50310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRENCH BULLDOG SECOND CHANCE RESCUE 2938 AVENUE F COUNCIL BLFS, IA 515012011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIGIS PLAYHOUSE INC 835B GORDON DRIVE SIOUX CITY, IA 51101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILDAS CLUB QUAD CITIES 1234 E RIVER DR DAVENPORT, IA 52803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GRACELAND UNIVERSITY DEVELOPMENT OFFICE 1 UNIVERSITY PLACE LAMONI, IA 501401641	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
GRACELAND UNIVERSITY DEVELOPMENT OFFICE 1 UNIVERSITY PLACE LAMONI, IA 501401641	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 350 6TH AVE SE CEDAR RAPIDS, IA 524012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID AVE DES MOINES, IA 503173607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID AVE DES MOINES, IA 503173607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 350 6TH AVE SE CEDAR RAPIDS, IA 524012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 2200 E EUCLID AVE DES MOINES, IA 503173607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES OF OAKRIDGE HUMAN SERVICES 1401 CENTER ST DES MOINES, IA 50314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOMES OF OAKRIDGE HUMAN SERVICES 1401 CENTER ST DES MOINES, IA 50314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE MINISTRIESPO BOX 862 DES MOINES, IA 50304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
HUMILITY OF MARY SHELTER INC 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HUMILITY OF MARY SHELTER INC 3805 MISSISSIPPI AVENUE DAVENPORT, IA 52807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN CHRISTIAN ORTHODOX NETWORK C P O BOX 552 BETTENDORF, IA 52722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INDIAN CHRISTIAN ORTHODOX NETWORK C P O BOX 552 BETTENDORF, IA 52722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERFAITH ALLIANCE OF IOWA PO BOX 41086 DES MOINES, IA 503110502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA CHAPTER OF THE LUPUS FOUNDATIO PO BOX 13174 DES MOINES, IA 503100174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
IOWA ENVIRONMENTAL COUNCIL 505 5TH AVE STE 850 DES MOINES, IA 503092317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IOWA HEALTHIEST STATE INITIATIVE 301 GRAND AVENUE DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA HISTORICAL FOUNDATION 600 EAST LOCUST STREET DES MOINES, IA 503191006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
IOWA JAG INC 1111 9TH STREET SUITE 268 DES MOINES, IA 503142527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
IOWA LAW SCHOOL FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA LAW SCHOOL FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
IOWA LAW SCHOOL FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
IOWA LEGAL AID1111 9TH ST STE 230 DES MOINES, IA 503142527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA PUBLIC RADIO INC 2111 GRAND AVE STE 100 DES MOINES, IA 503125393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
IOWA SPECIAL OLYMPICS INC PO BOX 620 GRIMES, IA 501110620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,050
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
IWLC3106 INGERSOLL AVE DES MOINES, IA 50312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1026 A AVENUE NE BOX 3026 CEDAR RAPIDS, IA 52406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
JUNIOR ACHIEVEMENT OF CENTRAL IOWA 6100 GRAND AVENUE DES MOINES, IA 50312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS FIRST LAW CENTER 420 6TH ST SE STE 160 CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC 2112 ARLINGTON AVE DAVENPORT, IA 52803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 2112 ARLINGTON AVE DAVENPORT, IA 52803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHER COLLEGE700 COLLEGE DR DECORAH, IA 521011041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
LUTHER COLLEGE700 COLLEGE DR DECORAH, IA 521011041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
LUTHER COLLEGE700 COLLEGE DR DECORAH, IA 521011041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN CHURCH OF HOPE 925 JORDAN CRK PKWY WDM, IA 502665952	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
LUTHERAN CHURCH OF HOPE 925 JORDAN CRK PKWY WDM, IA 502665952	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
LUTHERAN CHURCH OF HOPE 925 JORDAN CRK PKWY WDM, IA 502665952	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SERVICES IN IOWA INC 3125 COTTAGE GROVE AVE DES MOINES, IA 50311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MANY HANDS FOR HAITIPO BOX 204 PELLA, IA 502190204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MARCH OF DIMES INC 3315 WILLIAMS BLVD SW STE 2 CEDAR RAPIDS, IA 52404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 3315 WILLIAMS BLVD SW STE 2 CEDAR RAPIDS, IA 52404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MEALS FROM THE HEARTLAND 357 LINCOLN STREET WEST DES MOINES, IA 50265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MEALS FROM THE HEARTLAND 357 LINCOLN STREET WEST DES MOINES, IA 50265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT MERCY UNIVERSITY 1330 ELMHURST DR NE CEDAR RAPIDS, IA 524024797	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NEIGHBORHOOD FINANCE CORPORATION 1912 SIXTH AVENUE DES MOINES, IA 503143331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPERATION BARNABAS OF DES MOINES 405 NW STURBRIDGE ANKENY, IA 50023	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORCHARD PLACE2116 GRAND AVE DES MOINES, IA 503125310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
P E O STAR SCHOLARSHIP 3700 GRAND AVE DES MOINES, IA 503122806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
P E O STAR SCHOLARSHIP 3700 GRAND AVE DES MOINES, IA 503122806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P E O STAR SCHOLARSHIP 3700 GRAND AVE DES MOINES, IA 503122806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PLANNED PARENTHOOD OF THE HEARTLAND 818 5TH AVENUE NO 200 DES MOINES, IA 503091307	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
PLANNED PARENTHOOD OF THE HEARTLAND 818 5TH AVENUE NO 200 DES MOINES, IA 503091307	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLK COUNTY HOUSING TRUST FUND 505 - 5TH AVENUE SUITE 1000 DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
RAPTOR RESOURCE PROJECT PO BOX 16 DECORAH, IA 52101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
RIVER BEND FOOD RESERVOIR 4010 KIMMEL DRIVE DAVENPORT, IA 52802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SAVING OUR AVIAN RESOURCES S O A R 25494 320TH ST DEDHAM, IA 514408554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING OUR AVIAN RESOURCES S O A R 25494 320TH ST DEDHAM, IA 514408554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SCIENCE CENTER OF IOWA 401 W MARTIN LUTHER KING JR PARKWAY DES MOINES, IA 50309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SIGMA LAMBDA GAMMA EDUCATION FOUNDA PO BOX 395 NORTH LIBERTY, IA 52317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA LAMBDA GAMMA EDUCATION FOUNDA PO BOX 395 NORTH LIBERTY, IA 52317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	265
SIGMA LAMBDA GAMMA EDUCATION FOUNDA PO BOX 395 NORTH LIBERTY, IA 52317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
SIGMA LAMBDA GAMMA EDUCATION FOUNDA PO BOX 395 NORTH LIBERTY, IA 52317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AMBROSE UNIVERSITY 518 W LOCUST ST DAVENPORT, IA 528032829	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52242	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52242	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 522444550	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
TABLE TO TABLE FOOD DISTRIBUTION NE 840 S CAPITOL ST IOWA CITY, IA 522401538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TANAGER PLACE2309 C ST SW CEDAR RAPIDS, IA 524043707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TANAGER PLACE2309 C ST SW CEDAR RAPIDS, IA 524043707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,450
THE COMMUNITY FOUNDATION OF THE GRE 852 MIDDLE ROAD SUITE 100 BETTENDORF, IA 527227604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF GRINNELL COLLEGE 733 BROAD ST GRINNELL, IA 501121690	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF GRINNELL COLLEGE 733 BROAD ST GRINNELL, IA 501121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
TRUSTEES OF GRINNELL COLLEGE 733 BROAD ST GRINNELL, IA 501121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 503142527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	890
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 503142527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	660
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 503142527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 503142527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL IOWA 1111 NINTH STREET DES MOINES, IA 503142527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 524012007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 524012007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EAST CENTRAL IOWA 317 7TH AVE SE STE 401 CEDAR RAPIDS, IA 524012007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY THE QUAD CITIES AREA 852 MIDDLE ROAD SUITE 401 BETTENDORF, IA 52722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
UNITED WAY THE QUAD CITIES AREA 852 MIDDLE ROAD SUITE 401 BETTENDORF, IA 52722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN DREAMS601 FOREST AVE DES MOINES, IA 503142801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
VARIETY THE CHILDRENS CHARITY OF IO 505 FIFTH AVENUE SUITE 310 DES MOINES, IA 50309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WALDORF LUTHERAN COLLEGE FOUNDATION 106 S 6TH STREET FOREST CITY, IA 50436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYPOINT SERVICES FOR WOMEN CHILDRE 318 5TH ST SE CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,383
WAYPOINT SERVICES FOR WOMEN CHILDRE 318 5TH ST SE CEDAR RAPIDS, IA 52401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WINGS OF HOPE CANCER SUPPORT CENTER 427 E KANESVILLE BLVD STE 202 COUNCIL BLFS, IA 515034403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 GRAND AVENUE DES MOINES, IA 503092406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 GRAND AVENUE DES MOINES, IA 503092406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION OF 501 GRAND AVENUE DES MOINES, IA 503092406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
YOUTH EMERGENCY SERVICES & SHELTER 918 SE 11TH ST DES MOINES, IA 503095324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ADVOCATES FOR THE WEST INC PO BOX 1612 BOISE, ID 837011612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 5371 W FRANKLIN ROAD BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 5371 W FRANKLIN ROAD BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN WHEELCHAIR FOUNDATION 2600 E SELTICE WAY SUITE A172 POST FALLS, ID 83854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET IDAHO INC501 S 8TH STREET BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
BALLET SUN VALLEY INCPO BOX 555 SUN VALLEY, ID 833533049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BIG BROTHERS BIG SISTERS OF SOUTHWE 7609 EMERALD STREET BOISE, ID 83704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTHWE 7609 EMERALD STREET BOISE, ID 83704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BISHOP KELLY FOUNDATION INC 7009 FRANKLIN RD BOISE, ID 837090922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BISHOP KELLY FOUNDATION INC 7009 FRANKLIN RD BOISE, ID 837090922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOISE BULLY BREED RESCUE 1670 S WILLOW LAKE WAY EAGLE, ID 836166354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
BOISE PUBLIC SCHOOLS EDUCATION FOUN 8169 WEST VICTORY ROAD BOISE, ID 83709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOISE RESCUE MISSION 308 SOUTH 24TH STREET BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHAM YOUNG UNIVERSITY-IDAHO 591 NORTH 2ND EAST REXBURG, ID 834601655	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BRIGHAM YOUNG UNIVERSITY-IDAHO 591 NORTH 2ND EAST REXBURG, ID 834601655	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
CARROUSEL PLAYERS OF THE COEUR D AL 4951 NORTH BUILDING DRIVE 105 COEUR DALENE, ID 83815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITABLE ASSISTANCE TO COMMUNITYS 503 S AMERICANA BLVD BOISE, ID 837027066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS MUSEUM OF THE MAGIC VALLE 475 ROSEWOOD DR E TWIN FALLS, ID 83301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS VILLAGE INCORPORATED 1350 W HANLEY COEUR DALENE, ID 83815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS VILLAGE INCORPORATED 1350 W HANLEY COEUR DALENE, ID 83815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS VILLAGE INCORPORATED 1350 W HANLEY COEUR DALENE, ID 83815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COEUR DALENE JR TACKLE FOOTBALL INC PO BOX 658 COEUR D ALENE, ID 838160658	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF LEWIS CLARK VALLE PO BOX 1555 LEWISTON, ID 83501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEED THE GAP INCPO BOX 5511 BOISE, ID 837050511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF CAMAS NATIONAL WILDLIFE 2150 E 2350 N HAMER, ID 834255030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CELEBRATION LUTHERAN CHU 765 E CHINDEN BLVD MERIDIAN, ID 836465243	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
FRIENDSHIP FOUNDATION INC 3122 W TREASURE DR BOISE, ID 837035024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
GIRL SCOUTS OF SILVER SAGE COUNCIL 8948 WEST BARNES STREET BOISE, ID 83709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6571 BOISE, ID 837076571	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HOSPICE AND PALLIATIVE CARE OF THE PO BOX 4320 KETCHUM, ID 83340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE AND PALLIATIVE CARE OF THE PO BOX 4320 KETCHUM, ID 83340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HOSPICE AND PALLIATIVE CARE OF THE PO BOX 4320 KETCHUM, ID 83340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOSPICE OF NORTH IDAHO INC 2290 W PRAIRIE AVENUE COEUR DALENE, ID 83815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
IDAHO FOODBANK WAREHOUSE 3562 S TK AVE BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
IDAHO SHAKESPEARE FESTIVAL INC PO BOX 9365 BOISE, ID 83707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDAHO WOMENS CHARITABLE FOUNDATION 9454 W FAIRVIEW AVE STE 120 BOISE, ID 837040517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	645
JUNIOR ACHIEVEMENT OF IDAHO INC 1365 N ORCHARD ST STE 380 BOISE, ID 83706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF IDAHO INC 1365 N ORCHARD ST STE 380 BOISE, ID 83706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWIS CLARK ANIMAL SHELTER INC 6 SHELTER RD LEWISTON, ID 835017899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIGHTHOUSE MINISTRY WORLDWIDE INC PO BOX 1694 MERIDIAN, ID 836801694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,260
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERIDIAN CANINE RESCUE 501 E SCENERY LN STE 100 MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 6485 W INTERCHANGE LANE SUITE 101 BOISE, ID 83709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
MUSCULAR DYSTROPHY ASSOCIATION 6485 W INTERCHANGE LANE SUITE 101 BOISE, ID 83709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
NORTH IDAHO COLLEGE FOUNDATION INC 1000 WEST GARDEN AVENUE COEUR DALENE, ID 838142161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERA IDAHO INC513 S 8TH ST BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEREGRINE FUND INC 5668 W FLYING HAWK LN BOISE, ID 83709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PEREGRINE FUND INC 5668 W FLYING HAWK LN BOISE, ID 83709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REDSIDE FOUNDATION INCPO BOX 333 SALMON, ID 83467	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST ALPHONSUS FOUNDATION INC 1055 N CURTIS RD BOISE, ID 83706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SUN VALLEY PERFORMING ARTS CENTER I PO BOX 3092 KETCHUM, ID 83353	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 834220247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,248
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 834220247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
TETON REGIONAL LAND TRUST PO BOX 247 DRIGGS, ID 834220247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF IDAHO INC 2112 CLEVELAND BLVD BOX 49 CALDWELL, ID 83605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,400
THE COLLEGE OF IDAHO INC 2112 CLEVELAND BLVD BOX 49 CALDWELL, ID 83605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,942
THE EDUCATION FOUNDATION FOR JOINT 1303 EAST CENTRAL DRIVE MERIDIAN, ID 83642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MOMENTUM GROUP 2513 S FEDERAL WAY STE 104 BOISE, ID 83705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 1765 W GOLF COURSE RD COEUR DALENE, ID 83815	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 1765 W GOLF COURSE RD COEUR DALENE, ID 83815	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY1220 21ST ST LEWISTON, ID 83501	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	25
THE YOUNG MENS CHRISTIAN ASSOCIATIO 1177 W STATE ST BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 1177 W STATE ST BOISE, ID 83702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF IDAHO FALLS & BONNEVI 330 SHOUP 202 IDAHO FALLS, ID 83405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF IDAHO FALLS & BONNEVI 330 SHOUP 202 IDAHO FALLS, ID 83405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
UNITED WAY OF IDAHO FALLS & BONNEVI 330 SHOUP 202 IDAHO FALLS, ID 83405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF IDAHO FOUNDATION INC 875 PERIMETER DR MS 3143 MOSCOW, ID 838443143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WOMENS AND CHILDRENS ALLIANCE INC 720 WEST WASHINGTON BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
WOMENS AND CHILDRENS ALLIANCE INC 720 WEST WASHINGTON BOISE, ID 83702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CENTER INC 850 N 4TH STREET COEUR DALENE, ID 83814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
360 YOUTH SERVICES 1305 OSWEGO RD NAPERVILLE, IL 605406249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
3ARTS INC180 N MICHIGAN AVE CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4 PAW LUV RESCUE NFP 33 FOXHURST LN NEWARK, IL 605419567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
5 PURPLE ORANGES 1912 HAZELWOOD DRIVE LINDENHURST, IL 60046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
5 PURPLE ORANGES 1912 HAZELWOOD DRIVE LINDENHURST, IL 60046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
5 PURPLE ORANGES 1912 HAZELWOOD DRIVE LINDENHURST, IL 60046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
5 PURPLE ORANGES 1912 HAZELWOOD DRIVE LINDENHURST, IL 60046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
A SAFE HAVEN FOUNDATION 2750 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ABRAHAM LINCOLN HEALTHCARE FOUNDATI 200 STAHLHUT DRIVE LINCOLN, IL 62656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ACCESS LIVING OF METROPOLITAN CHICA 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION CHICAGO INC 135 N KEDZIE AVE CHICAGO, IL 606121823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN ST STE 720 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	249
ACTUARIAL FOUNDATION 475 N MARTINGALE RD STE 600 SCHAUMBURG, IL 601732265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADLER PLANETARIUM 1300 S LAKE SHORE DR CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 605151206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AFRICA HOPE MISSION 1032 HEATHERFIELD LN GLENVIEW, IL 600253331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH ST CHICAGO, IL 606017504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
AFTER SCHOOL MATTERS INC 66 EAST RANDOLPH ST CHICAGO, IL 606017504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
AGING CARE CONNECTIONS 111 W HARRIS AVE LAGRANGE, IL 605252336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGING CARE CONNECTIONS 111 W HARRIS AVE LAGRANGE, IL 605252336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
AGING CARE CONNECTIONS 111 W HARRIS AVE LAGRANGE, IL 605252336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AIDAN SHEA FOUNDATION 817 S FAIRFIELD AVE ELMHURST, IL 601264708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDAN SHEA FOUNDATION 817 S FAIRFIELD AVE ELMHURST, IL 601264708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AIDAN SHEA FOUNDATION 817 S FAIRFIELD AVE ELMHURST, IL 601264708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AIDS FOUNDATION OF CHICAGO 200 W MONROE STE 1150 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY PARK COMMUNITY CENTER INC 5101 N KIMBALL AVE CHICAGO, IL 60625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALEXANDER LEIGH CENTER FOR AUTISM 4100 VETERANS PKWY MCHENRY, IL 600508350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ALEXANDER LEIGH CENTER FOR AUTISM 4100 VETERANS PKWY MCHENRY, IL 600508350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALICIAS HOUSEPO BOX 1232 BEECHER, IL 604011232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
ALIVE RESCUEPO BOX 39111 CHICAGO, IL 60639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
ALLIANCE FOR THE GREAT LAKES 150 N MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA KAPPA ALPHA EDUCATIONAL ADVAN 5656 S STONY ISLAND AVE 3RD FLR CHICAGO, IL 606371906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ALPHONSUS ACADEMY & CENTER FOR THE 1439 W WELLINGTON AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ALTHOFF CATHOLIC HIGH SCHOOL 5401 WEST MAIN STREET BELLEVILLE, IL 622264734	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	715
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,980
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	870
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	680
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,855
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	348
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,398
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	655
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	755
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	646
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,015
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,355
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,107
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	278
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,990
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 225 NORTH MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 225 N MICHIGAN AVENUE SUITE 1700 CHICAGO, IL 606017652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ALZHEIMERS DISEASE AND RELATED DISO 207 S PROSPECT RD STE1 BLOOMINGTON, IL 61704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ACADEMY OF DERMATOLOGY INC 9500 W BRYN MAWR AVE ROSEMONT, IL 60018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
AMERICAN BAR ASSOCIATION FUND FOR J 321 N CLARK STREET CHICAGO, IL 60654	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30,000
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W BRYN MAWR AVE SUITE 550 CHICAGO, IL 60631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 17060 OAK PARK AVENUE TINLEY PARK, IL 60477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,135
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1801 MEYERS ROAD OAK TERRACE, IL 60181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AMERICAN CANCER SOCIETY INC 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	127
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	23
AMERICAN HEART ASSOCIATION INC 2141 W WHITE OAKS DR STE A SPRINGFIELD, IL 627047414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN HEART ASSOCIATION INC 300 S RIVERSIDE PLAZA STE 1200 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HUMANIST ASSOCIATION 601 ROOSEVELT DR OSWEGO, IL 605437417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HUMANIST ASSOCIATION 601 ROOSEVELT DR OSWEGO, IL 605437417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HUMANIST ASSOCIATION 601 ROOSEVELT DR OSWEGO, IL 605437417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,718
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
AMERICAN NATIONAL RED CROSS ONE WESTPORT COURT BLOOMINGTON, IL 61704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS THE RAUNER CENTER 2200 WEST HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS THE RAUNER CNTR 2200 W HARRISON ST CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1045 OUTER PARK DRIVE SPRINGFILED, IL 62704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,684
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1045 OUTER PARK DRIVE SPRINGFILED, IL 62704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,584
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,088
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	524
AMERICAN NATIONAL RED CROSS 311 WEST JOHN H GWYNN AVE PEORIA, IL 61605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2200 WEST HARRISON STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN TELANGANA ASSOCIATION 44 WOOD OAKS DR S BARRINGTON, IL 600101092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN TELANGANA ASSOCIATION 44 WOOD OAKS DR S BARRINGTON, IL 600101092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN VETERINARY MEDICAL FOUNDAT 1931 N MEACHAM RD SCHAUMBURG, IL 601734364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMOS ALONZO STAGG HIGH SCHOOL 8015 W 111TH ST PALOS HILLS, IL 604652291	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 220 WEST HURON STREET SUITE 4003 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ANDERSON ANIMAL SHELTER 1000 SOUTH LA FOX ROUTE 31 SOUTH ELGIN, IL 601772304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,306
ANDREW WEISHAR FOUNDATION 4948 145TH STREET MIDLOTHIAN, IL 60445	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ANGELMAN SYNDROME FOUNDATION INC 75 EXECUTIVE DRIVE STE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANGELMAN SYNDROME FOUNDATION OF OHI 75 EXECUTIVE DRIVE SUITE 327 AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CARE LEAGUE1013 GARFIELD OAK PARK, IL 603041828	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANIMAL HOUSE SHELTER INC 13005 ERNESTI RD HUNTLEY, IL 60142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL HOUSE SHELTER INC 13005 ERNESTI RD HUNTLEY, IL 60142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL PROTECTIVE LEAGUE OF SPRINGF 1001 TAINTOR RD SPRINGFIELD, IL 627021766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL PROTECTIVE LEAGUE OF SPRINGF 1001 TAINTOR RD SPRINGFIELD, IL 627021766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANIMALS DESERVING OF PROPER TREATME 420 INDUSTRIAL DRIVE NAPERVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	132
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS DESERVING OF PROPER TREATME 420 INDUSTRIAL DRIVE NAPERVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ANIMALS DESERVING OF PROPER TREATME 420 INDUSTRIAL DRIVE NAPERVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ANN & ROBERT H LURIE CHILDRENS HOSP 225 EAST CHICAGO AVENUE BOX 4 CHICAGO, IL 606112605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60614	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 282 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE BOX 282 CHICAGO, IL 606112991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANN & ROBERT H LURIE CHILDRENS HOSP 225 E CHICAGO AVE CHICAGO, IL 606112991	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	86
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
ANTI-CRUELTY SOCIETY 157 W GRAND AVE CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
ARLINGTON HEIGHTS JUNIOR WOMANS CLU PO BOX 1512 ARLINGTON HEIGHTS, IL 600061512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ART INSTITUTE OF CHICAGO 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AS GOOD AS GOLD-GOLDEN RETRIEVER RE 518 S ROUTE 31 SUITE 178 MCHENRY, IL 60050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,696
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,612
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	464
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	522
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF ILLINOIS1815 S WOLF RD HILLSIDE, IL 60162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	58
ASSOCIATION HOUSE OF CHICAGO 1116 NORTH KEDZIE AVENUE CHICAGO, IL 606514152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ASSOCIATION OF HORIZON INC 3712 N BROADWAY STE 335 CHICAGO, IL 606134192	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDIENCE OF ONE INC 111 LAMPLIGHTER LOOP SE POPLAR GROVE, IL 61065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
AUDIENCE OF ONE INC 111 LAMPLIGHTER LOOP SE POPLAR GROVE, IL 61065	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
AUGUSTANA COLLEGE ADVANCEMENT SERVICES OFFICE - 639 38TH STREET ROCK ISLAND, IL 612012296	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGUSTANA COLLEGE ADVANCEMENT SERVICES OFFICE - 639 38TH STREET ROCK ISLAND, IL 612012296	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
AURORA AREA INTERFAITH FOOD PANTRY PO BOX 2602 AURORA, IL 60507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUSTIN SPECIAL CHICAGO 5318 N ELSTON AVE CHICAGO, IL 606301611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN SPECIAL CHICAGO 5318 N ELSTON AVE CHICAGO, IL 606301611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
AUTISM FAMILY FOUNDATION 2595 CLARA AVE AURORA, IL 60502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM FAMILY FOUNDATION 2595 CLARA AVE AURORA, IL 60502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM FAMILY FOUNDATION 2595 CLARA AVE AURORA, IL 60502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUXILIARY BOARD OF NORTHWESTERN MEM 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
AVERY COONLEY SCHOOL 1400 MAPLE AVENUE DOWNERS GROVE, IL 605154849	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVERY COONLEY SCHOOL 1400 MAPLE AVENUE DOWNERS GROVE, IL 605154849	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
B E D S INC9601 OGDEN AVENUE LA GRANGE, IL 60525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
B E D S INC9601 OGDEN AVENUE LA GRANGE, IL 60525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
B E D S INC9601 OGDEN AVENUE LA GRANGE, IL 60525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
B E D S INC9601 OGDEN AVENUE LA GRANGE, IL 60525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
B E D S INC9601 OGDEN AVENUE LA GRANGE, IL 60525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
B U I L D INCORPORATED 5100 W HARRISON ST CHICAGO, IL 606445101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BALLET CHICAGO COMPANY 17 N STATE ST STE 1900 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BALTZ LIBRARY OF CHATSWORTH TOWNSHI 501 EAST SCHOOL STREET CHATSWORTH, IL 60921	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARRINGTON CHILDRENS CHARITIES 145 W MAIN ST STE 204 BARRINGTON, IL 600103084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,750
BEAR NECESSITIES PEDIATRIC CANCER F 55 W WACKER DR STE 1100 CHICAGO, IL 606011653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
BEAR NECESSITIES PEDIATRIC CANCER F 55 W WACKER DR STE 1100 CHICAGO, IL 606011653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAR NECESSITIES PEDIATRIC CANCER F 55 W WACKER DR STE 1100 CHICAGO, IL 606011653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
BEAR NECESSITIES PEDIATRIC CANCER F 55 W WACKER DR STE 1100 CHICAGO, IL 606011653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
BELLEVILLE AREA HUMANE SOCIETY 1301 SOUTH 11TH STREET BELLEVILLE, IL 62226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVILLE HIGH SCHOOL-WEST 4063 FRANK SCOTT PARKWAY BELLEVILLE, IL 62223	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENET ACADEMY2200 MAPLE AVENUE LISLE, IL 60532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,691
BEST BUDDIES INTERNATIONAL INC 101 WEST GRAND AVE SUITE 400 CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 62035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 62035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 62035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BEVERLY FARM FOUNDATION 6301 HUMBERT ROAD GODFREY, IL 62035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND HUNGER848 LAKE ST OAK PARK, IL 60301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	303
BICKERDIKE REDEVELOPMENT CORPORATIO 2550 WEST NORTH AVENUE CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
BIG BROTHERS BIG SISTERS OF MCHENRY 630 N IL ROUTE 31 CRYSTAL LAKE, IL 60012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTHWE 2900 FRANK SCOTT PARKWAY WEST SUITE 956 BELLEVILLE, IL 62223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF SOUTHWE 2900 FRANK SCOTT PARKWAY WEST SUITE 956 BELLEVILLE, IL 62223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	74
BIG BROTHERS BIG SISTERS OF SOUTHWE 2900 FRANK SCOTT PARKWAY WEST SUITE 956 BELLEVILLE, IL 62223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BIG BROTHERS-BIG SISTERS OF METROPO 560 W LAKE ST FL 5 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BIG SHOULDERS FUND 212 W VAN BUREN SUITE 900 CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLACK ENSEMBLE THEATER CORPORATION 4450 N CLARK STREET CHICAGO, IL 606405519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BLACKBURN UNIVERSITY 700 COLLEGE AVE CARLINVILLE, IL 626261454	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,250
BLACKBURN UNIVERSITY 700 COLLEGE AVE CARLINVILLE, IL 626261454	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 135 S LASALLE ST SUITE 1921 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BLESSINGS IN A BACKPACK INC 135 S LASALLE ST SUITE 1921 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BLOOMINGTON-NORMAL YMCA CHARITABLE 602 S MAIN ST BLOOMINGTON, IL 61701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMINGTON-NORMAL YMCA CHARITABLE 602 S MAIN ST BLOOMINGTON, IL 61701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
BN SUNRISE ROTARY FOUNDATION INC 217 E WASHINGTON ST BLOOMINGTON, IL 617014038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 1218 W ADAMS ST CHICAGO, IL 606072802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 850 FOREST EDGE DRIVE VERNON HILLS, IL 60061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BOY SCOUTS OF AMERICA 850 FOREST EDGE DRIVE VERNON HILLS, IL 60061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA 617 E GOLF ROAD SUITE 101 ARLINGTON HEIGHTS, IL 60005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
BOY SCOUTS OF AMERICA 1218 W ADAMS ST CHICAGO, IL 606072802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BOY SCOUTS OF AMERICA 415 N 2ND ST ST CHARLES, IL 601741254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 1218 WEST ADAMS STREET CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYLAN CENTRAL CATHOLIC HIGH SCHOOL 4000 SAINT FRANCIS DR ROCKFORD, IL 611031661	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF BLOOMINGTON- N 1615 ILLINOIS ST BLOOMINGTON, IL 617014727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
BOYS & GIRLS CLUBS OF CHICAGO INC 2102 W MONROE STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
BOYS & GIRLS CLUBS OF CHICAGO INC 2102 W MONROE STREET CHICAGO, IL 60612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CHICAGO INC 2102 W MONROE STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF CHICAGO INC 2102 W MONROE STREET CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOYS HOPE GIRLS HOPE 1100 N LARAMIE AVENUE WILMETTE, IL 60091	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BR RICE HIGH SCHOOL 10001 S PULASKI ROAD CHICAGO, IL 60655	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,250
BR RICE HIGH SCHOOL 10001 S PULASKI ROAD CHICAGO, IL 60655	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 616259989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN RESEARCH FOUNDATION 111 WEST WASHINGTON STREET STE 1460 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
BRAIN RESEARCH FOUNDATION 111 WEST WASHINGTON STREET STE 1460 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BRAIN RESEARCH FOUNDATION 111 WEST WASHINGTON STREET STE 1460 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN RESEARCH FOUNDATION 111 WEST WASHINGTON STREET STE 1460 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREHM PREPARATORY SCHOOL FOUNDATION 950 S BREHM LN CARBONDALE, IL 629015854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BREMEN CHSD 22815233 PULASKI RD MIDLOTHIAN, IL 604453799	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREWING OPPORTUNITIES NFP C/O NATALIE GRIFFIN 1303 W WATLING ST ARLINGTON HTS, IL 600044559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BRIAR GLEN PARENT TEACHER COUNCIL 1800 BRIARCLIFFE BLVD WHEATON, IL 601898499	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRIDGE COMMUNITIES INC 505 CRESCENT BOULEVARD GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVE CHICAGO, IL 606322845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BROOK PARK COUNCIL OF PARENTS & TEA 1214 RAYMOND AVE LAGRANGE PARK, IL 60526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BUNKER LABS NFP INC125 S CLARK ST CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUNKER LABS NFP INC125 S CLARK ST CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BUNKER LABS NFP INC125 S CLARK ST CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
BURR RIDGE COMMUNITY PARK FOUNDATIO 15W400 HARVESTER DR BURR RIDGE, IL 605275997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURR RIDGE COMMUNITY PARK FOUNDATIO 15W400 HARVESTER DR BURR RIDGE, IL 605275997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BURR RIDGE COMMUNITY PARK FOUNDATIO 15W400 HARVESTER DR BURR RIDGE, IL 605275997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BURR RIDGE COMMUNITY PARK FOUNDATIO 15W400 HARVESTER DR BURR RIDGE, IL 605275997	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BY THE HAND CLUB FOR KIDS 415 N LARAMIE AVE CHICAGO, IL 606441907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
BY THE HAND CLUB FOR KIDS PO BOX 10043 CHICAGO, IL 60610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CAIR-CHICAGO 17 N STATE ST STE 1500 CHICAGO, IL 606023295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALS ALL STAR ANGEL FOUNDATION INC 2422 W MAIN STREET 3B ST CHARLES, IL 60175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CAMP RAMAH IN WISCONSIN INC 67 E MADISON ST STE 1905 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
CANCER WELLNESS CENTER 215 REVERE DR NORTHBROOK, IL 600621556	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE THERAPY CORPS INC 3918 W FULLERTON AVE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARA PROGRAM237 S DESPLAINES CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,025
CARE FOR FRIENDS 530 W FULLERTON PKWY CHICAGO, IL 606145919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CATHOLIC HIGH SCHOOL 1 CARMEL PARKWAY MUNDELEIN, IL 600602499	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
CARMEL CATHOLIC HIGH SCHOOL ONE CARMEL PKY MUNDELEIN, IL 600602499	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL CATHOLIC SCHOOL 111 4TH STREET LINCOLN, IL 626562611	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CASA CENTRAL SOCIAL SERVICES CORPOR 1343 N CALIFORNIA AVE CHICAGO, IL 606222803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CASA CENTRAL SOCIAL SERVICES CORPOR 1343 N CALIFORNIA AVE CHICAGO, IL 606222803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA LAKE COUNTY INC 700 FOREST EDGE DR VERNON HILLS, IL 600613172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CASA LAKE COUNTY INC 700 FOREST EDGE DR VERNON HILLS, IL 600613172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CASA OF THE TENTH JUDICIAL CIRCUIT 324 MAIN ST STE 215 PEORIA, IL 616022334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	436
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 671 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	312
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CATHOLIC CHARITIES OF THE ARCHDIOCE 671 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CATHOLIC CHARITIES OF THE ARCHDIOCE 671 SOUTH LEWIS AVENUE WAUKEGAN, IL 60085	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 721 N LASALLE ST CHICAGO, IL 60654	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 16555 WEBER RD CREST HILL, IL 60403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	194
CATHOLIC CHARITIES OF THE DIOCESE O 16555 WEBER RD CREST HILL, IL 60403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF THE DIOCESE O 16555 WEBER RD CREST HILL, IL 60403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 16555 WEBER RD CREST HILL, IL 60403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC EDUCATION FOUNDATION OF TH 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,650
CATHOLIC EDUCATION FOUNDATION OF TH 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC EDUCATION FOUNDATION OF TH 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
CATHOLIC THEOLOGICAL UNION AT CHICA 5401 S CORNELL AVE CHICAGO, IL 606155664	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC URBAN PROGRAMS NFP 7 VIEUX CARRE DR E SAINT LOUIS, IL 622031957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDILLE CHICAGO NFP 1205 WEST BALMORAL AVENUE CHICAGO, IL 606401308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CEDILLE CHICAGO NFP 1205 WEST BALMORAL AVENUE CHICAGO, IL 606401308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CENTER FOR ENRICHED LIVING 280 SAUNDERS RD RIVERWOODS, IL 600153835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR INDEPENDENT FUTURES 1015 DAVIS STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR YOUTH AND FAMILY SOLUTIO 2610 WEST RICHWOODS BLVD PEORIA, IL 616047112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER ON HALSTED 3656 N HALSTED STREET CHICAGO, IL 606135974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CENTRAL CATHOLIC HIGH SCHOOL 1201 AIRPORT ROAD BLOOMINGTON, IL 61704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
CHABAD OF CHAMPAIGN-URBANA NFP 509 S FOURTH ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,358
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPAIGN COUNTY HUMANE SOCIETY INC 1911 E MAIN ST URBANA, IL 618022857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHICAGO CANINE RESCUE FOUNDATION 5272 N ELSTON AVE CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHICAGO CARES INC 2 NORTH RIVERSIDE PLAZA STE 1800 CHICAGO, IL 606065107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHESED FUND INC 7045 N RIDGEWAY AVE LINCOLNWOOD, IL 60712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
CHICAGO CHESED FUND INC 7045 N RIDGEWAY AVE LINCOLNWOOD, IL 60712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
CHICAGO CHILDRENS ADVOCACY CENTER 1240 S DAMEN AVE CHICAGO, IL 606081122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CHILDRENS CHOIR 78 EAST WASHINGTON STREET 5TH FLOOR CHICAGO, IL 606024801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST STE 720 CHICAGO, IL 606015963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CHICAGO COALITION FOR THE HOMELESS 70 E LAKE ST STE 720 CHICAGO, IL 606015963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO COLLEGIATE INC 11816 S INDIANA AVE CHICAGO, IL 60628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHICAGO COMMUNITY FOUNDATION 225 N MICHIGAN AVE 2200 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHICAGO COMMUNITY LOAN FUND 29 EAST MADISON STREET SUITE 1700 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CUBS CHARITIES 1060 W ADDISON CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHICAGO CUBS CHARITIES 1060 W ADDISON CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHICAGO CUBS CHARITIES 1060 W ADDISON CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO CUBS CHARITIES 1060 W ADDISON CHICAGO, IL 60613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHICAGO ENGLISH BULLDOG RESCUE INC PO BOX 300824 CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
CHICAGO ENGLISH BULLDOG RESCUE INC PO BOX 300824 CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ENGLISH BULLDOG RESCUE INC PO BOX 300824 CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHICAGO ENGLISH BULLDOG RESCUE INC PO BOX 300824 CHICAGO, IL 60630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST STE 400 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST STE 400 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHICAGO FOUNDATION FOR WOMEN 140 S DEARBORN ST STE 400 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE ST STE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO FRENCH BULLDOG RESCUE INC N 201 W LAKE ST STE 118 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO GAY MENS CHORUS 5756 N RIDGE AVE STE 1 CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD GLENCOE, IL 60022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
CHICAGO HUMANITIES FESTIVAL 500 NORTH DEARBORN CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CHICAGO INDEPENDENT RADIO PROJECT 4045 N ROCKWELL ST CHICAGO, IL 606183720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO INDEPENDENT RADIO PROJECT 4045 N ROCKWELL ST CHICAGO, IL 606183720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	70
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHICAGO METROPOLITAN BATTERED WOMEN ONE EAST WACKER DR STE 1630 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CHICAGO NEIGHBORHOOD INITIATIVES IN 1000 E 111TH STREET 10TH FLOOR CHICAGO, IL 60628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO POLICE MEMORIAL FOUNDATION 10343 SOUTH PULASKI ROAD CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	873
CHICAGO POLICE MEMORIAL FOUNDATION 10343 SOUTH PULASKI ROAD CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CHICAGO POLICE MEMORIAL FOUNDATION 10343 SOUTH PULASKI ROAD CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC EDUCATION FUND 200 W ADAMS ST SUITE 2150 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CHICAGO PUBLIC EDUCATION FUND 200 W ADAMS ST SUITE 2150 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CHICAGO PUBLIC EDUCATION FUND 200 W ADAMS ST SUITE 2150 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC LIBRARY FOUNDATION 20 NORTH MICHIGAN AVENUE SUITE 520 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE NAVY PIER CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
CHICAGO PUBLIC MEDIA INC 848 E GRAND AVE CHICAGO, IL 606113509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHICAGO RUN3611 N KEDZIE AVE CHICAGO, IL 60618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CHICAGO SCHOLARS FOUNDATION 247 S STATE ST SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CHICAGO SHAKESPEARE THEATER 800 EAST GRAND AVENUE CHICAGO, IL 606115461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
CHICAGO SYMPHONY ORCHESTRA 220 S MICHIGAN AVENUE CHICAGO, IL 606042596	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CHICAGO TYAGARAJA UTSAVAM 129 N ARDMORE AVE VILLA PARK, IL 601812350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVE CHICAGO, IL 60653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CHICAGO WOMENS HEALTH CENTER INC 1025 W SUNNYSIDE AVE STE 201 CHICAGO, IL 606405684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
CHICAGO YOUTH SHAKESPEARE INC 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 605130719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 605130719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 605130719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 605130719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHICAGOLAND TOYS FOR TOTS MOTORCYCL PO BOX 388500 CHICAGO, IL 606388500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILD ABUSE COUNCIL524 15TH ST MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,000
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	325
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	325
CHILDRENS HOME & AID SOCIETY FOUNDA 125 S WACKER DR FL 14 CHICAGO, IL 606064448	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
CHILDRENS HOME & AID SOCIETY OF ILL 125 SOUTH WACKER DRIVE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DR CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DR CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME & AID SOCIETY OF ILL 125 S WACKER DR CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
CHILDRENS HOSPITAL OF ILLINOIS MEDI 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL OF ILLINOIS MEDI 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF ILLINOIS MEDI 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL OF ILLINOIS MEDI 800 NE GLEN OAK AVE PEORIA, IL 616033255	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CHILDRENS ONCOLOGY SERVICES INC 213 W INSTITUTE PL STE 306 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES INC 213 W INSTITUTE PL STE 306 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHINESE AMERICAN SERVICE LEAGUE INC 2141 S TAN COURT CHICAGO, IL 60616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CHOOSE CHICAGO FOUNDATION 301 EAST CERMAK ROAD CHICAGO, IL 606161578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING JESUIT COLLEGE PREP 5088 W JACKSON BLVD CHICAGO, IL 606444324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHRIST THE KING SCHOOL FOUNDATION 9235 SOUTH HAMILTON CHICAGO, IL 60643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN HERITAGE ACADEMY 315 WAUKEGAN ROAD NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN LIFE CENTER ASSEMBLIES OF 3409 GROVE AVE BERWYN, IL 604023637	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHRISTMAS WITHOUT CANCER NFP 9735 S UTICA AVE EVERGREEN PK, IL 608053150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHRISTOPHER HOUSE 1611 W DIVISION STREET SUITE 207 CHICAGO, IL 60622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CIRCESTEEM INC4730 N SHERIDAN RD CHICAGO, IL 606405022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIRCESTEEM INC4730 N SHERIDAN RD CHICAGO, IL 606405022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CITIZENS UNITED FOR RESEARCH IN EPI PO BOX 74008164 CHICAGO, IL 606748164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CITIZENSHIP EDUCATION FUND 930 EAST 50TH STREET CHICAGO, IL 60615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY COLLEGES OF CHICAGO FOUNDATION 180 N WABASH AVE CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY-WIDE TAX ASSISTANCE PROGRAM 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
CODE PLATOON 125 SOUTH CLARK STREET 17TH FLOOR CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CODERDOJO CHICAGO NFP 3432 W DIVERSEY AVE CHICAGO, IL 606471221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE MENTORING EXPERIENCE 5800 W ADAMS ST CHICAGO, IL 606444660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
COLLEGE MENTORING EXPERIENCE 5800 W ADAMS ST CHICAGO, IL 606444660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLLEGE MENTORING EXPERIENCE 5800 W ADAMS ST CHICAGO, IL 606444660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA CUSD 4 5 VETERANS PARKWAY COLUMBIA, IL 622361130	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,000
COMMUNITIES IN SCHOOLS OF CHICAGO 815 WEST VAN BUREN STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITIES IN SCHOOLS OF CHICAGO 815 WEST VAN BUREN STREET SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ANIMAL RESCUE EFFORT INC PO BOX 691 SKOKIE, IL 60077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COMMUNITY ANIMAL RESCUE EFFORT INC PO BOX 691 SKOKIE, IL 60077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMUNITY ANIMAL RESOURCE EDUCATION 2661 N ILLINOIS STREET PMB 133 SWANSEA, IL 62226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF THE QUINCY 4531 MAINE STREET SUITE A QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,128
COMMUNITY FOUNDATION OF THE QUINCY 4531 MAINE STREET SUITE A QUINCY, IL 62305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
COMMUNITY FOUNDATION OF WILL COUNTY 701 ESSINGTON RD SUITE 103 JOLIET, IL 60435	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH CARE CLINIC INC 900 FRANKLIN AVE NORMAL, IL 617613510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
COMMUNITY HEALTH NFP 2611 W CHICAGO AVE CHICAGO, IL 606224519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,125
COMMUNITY HOUSE415 W 8TH ST HINSDALE, IL 605214451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY INVESTMENT CORP 222 SOUTH RIVERSIDE PLAZA SUITE 380 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK INC1665 N 4TH ST BREESE, IL 622301791	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
COMMUNITY LINK INC1665 N 4TH ST BREESE, IL 622301791	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY LINK INC1665 N 4TH ST BREESE, IL 622301791	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY WORKSHOP & TRAINING CENTE 3215 N UNIVERSITY ST PEORIA, IL 616041318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COMMUNITY WORKSHOP & TRAINING CENTE 3215 N UNIVERSITY ST PEORIA, IL 616041318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY WORKSHOP & TRAINING CENTE 3215 N UNIVERSITY ST PEORIA, IL 616041318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORDIA UNIVERSITY FOUNDATION 7400 AUGUSTA ST RIVER FOREST, IL 603051402	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
CONNECTIONS FOR THE HOMELESS INC 2121 DEWEY AVENUE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNOR HUNT MEMORIAL FOUNDATION 496 PRAIRIE KNOLL DR NAPERVILLE, IL 60565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNOR HUNT MEMORIAL FOUNDATION 496 PRAIRIE KNOLL DR NAPERVILLE, IL 60565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CONNOR HUNT MEMORIAL FOUNDATION 496 PRAIRIE KNOLL DR NAPERVILLE, IL 60565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONNOR HUNT MEMORIAL FOUNDATION 496 PRAIRIE KNOLL DR NAPERVILLE, IL 60565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSUMER CREDIT COUNSELING SERVICE 400 RUSSEL CT WOODSTOCK, IL 60098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COUNCIL FOR JEWISH ELDERLY 3003 W TOUHY AVE CHICAGO, IL 606452833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COUNCIL OF ISLAMIC ORGANIZATIONS OF 231 S STATE STREET SUITE 300 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	220
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,482
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CRADLE FOUNDATION2049 RIDGE AVE EVANSTON, IL 602012713	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	617
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,468
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	638
CRADLES TO CRAYONS INC 4141 W GEORGE STREET CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CENTER FOR SOUTH SUBURBIA PO BOX 39 TINLEY PARK, IL 604770039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
CRISIS CENTER FOR SOUTH SUBURBIA PO BOX 39 TINLEY PARK, IL 604770039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
CRISIS CENTER FOR SOUTH SUBURBIA PO BOX 39 TINLEY PARK, IL 604770039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CENTER FOR SOUTH SUBURBIA PO BOX 39 TINLEY PARK, IL 604770039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9
CRITTENTON CENTERS 442 W JOHN H GWYNN JR AVE PEORIA, IL 616052476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CRYSTAL LAKE FOOD PANTRY INC PO BOX 1071 CRYSTAL LAKE, IL 600391071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 150 N MICHIGAN AVE SUITE 1550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION PO BOX 9206 PEORIA, IL 61612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTINOSIS RESEARCH NETWORK INCORPO 302 WHYTEGATE CT LAKE FOREST, IL 600454705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTINOSIS RESEARCH NETWORK INCORPO 302 WHYTEGATE CT LAKE FOREST, IL 600454705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTINOSIS RESEARCH NETWORK INCORPO 302 WHYTEGATE CT LAKE FOREST, IL 600454705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
CYSTINOSIS RESEARCH NETWORK INCORPO 302 WHYTEGATE CT LAKE FOREST, IL 600454705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTINOSIS RESEARCH NETWORK INCORPO 302 WHYTEGATE CT LAKE FOREST, IL 600454705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
DARUL QASIM550 REGENCY DR GLENDALE HEIGHTS, IL 60139	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	316
DAYEMI TARIQAT 100 E JACKSON STREET CARBONDALE, IL 629011503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEBORAHS PLACE2822 WEST JACKSON CHICAGO, IL 606123653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DEBORAHS PLACE2822 WEST JACKSON CHICAGO, IL 606123653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	455
DEBORAHS PLACE2822 WEST JACKSON CHICAGO, IL 606123653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL COLLEGE PREP FOUNDATION 3633 N CALIFORNIA AVE CHICAGO, IL 606184602	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
DEPAUL UNIVERSITY 1 E JACKSON BLVD - ADVANCEMENT OFFICE CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
DEPAUL UNIVERSITY 1 E JACKSON BLVD - ADVANCEMENT OFFICE CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL UNIVERSITY 1 E JACKSON BLVD - ADVANCEMENT OFFICE CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
DEPAUL UNIVERSITY 1 E JACKSON BLVD - ADVANCEMENT OFFICE CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DEPAUL UNIVERSITY 1 E JACKSON BLVD - ADVANCEMENT OFFICE CHICAGO, IL 60604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPRESSION AND BIPOLAR SUPPORT ALLI 55 E JACKSON BLVD SUITE 490 CHICAGO, IL 606044396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	755
DEPRESSION AND BIPOLAR SUPPORT ALLI 55 E JACKSON BLVD SUITE 490 CHICAGO, IL 606044396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
DEPRESSION AND BIPOLAR SUPPORT ALLI 55 E JACKSON BLVD SUITE 490 CHICAGO, IL 606044396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPRESSION AND BIPOLAR SUPPORT ALLI 55 E JACKSON BLVD SUITE 490 CHICAGO, IL 606044396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
DIABETES EDUCATION RESEARCH FOUNDAT 55 E MONROE STREET SUITE 3420 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DISTRICT 39 EDUCATIONAL FOUNDATION 615 LOCUST ROAD WILMETTE, IL 60091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DO IT STEVIES WAY 2 19 FOUNDATION N 10527 WILLOW AVE MOKENA, IL 604481781	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOMINICAN UNIVERSITY 7900 W DIVISION ST POWER 119 RIVER FOREST, IL 60305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DON MOYER BOYS & GIRLS CLUB 201 E PARK ST CHAMPAIGN, IL 61820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM ON EDUCATIONPO BOX 409117 CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DUPAGE HOMEOWNERSHIP CENTER INC 1600 E ROOSEVELT RD WHEATON, IL 60187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
DUPAGE HOMEOWNERSHIP CENTER INC 1600 E ROOSEVELT RD WHEATON, IL 60187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUPAGE P A D S INC601 W LIBERTY DR WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
DYSTONIA MEDICAL RESEARCH FOUNDATIO ONE E WACKER DR SUITE 1730 CHICAGO, IL 606011980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DYSTONIA MEDICAL RESEARCH FOUNDATIO ONE E WACKER DR SUITE 1730 CHICAGO, IL 606011980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS CENTRAL ILLINOIS 507 E ARMSTRONG AVE PEORIA, IL 616033201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,203
EASTER SEALS CENTRAL ILLINOIS 507 E ARMSTRONG AVE PEORIA, IL 616033201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS DUPAGE AND THE FOX VAL 830 S ADDISON AVE VILLA PARK, IL 601812877	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN ILLINOIS UNIVERSITY ALUMNI 1548 4TH ST CHARLESTON, IL 619203317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
EASTERN ILLINOIS UNIVERSITY FOUNDAT 600 LINCOLN AVE CHARLESTON, IL 619202405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ECONOMIC AWARENESS COUNCIL 1136 S DELANO CT CHICAGO, IL 60505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDGEBROOK SCHOOL FOUNDATION 6525 N HIAWATHA AVE CHICAGO, IL 606462938	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,750
EDISON PARENT-TEACHER ORGANIZATION 4929 N SAWYER AVE CHICAGO, IL 60625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL VALOR CORPORATION 1850 W 21ST ST CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ELGIN SHARKS TRACK CLUB 500 LAUREL ST ELGIN, IL 601206627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELIM CHRISTIAN SERVICES 13020 S CENTRAL AVE PALOS HEIGHTS, IL 604632410	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELKS NATIONAL FOUNDATION INC 2750 N LAKEVIEW AVE CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
ELMHURST COLLEGE 190 PROSPECT AVENUE ELMHURST, IL 601263271	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
ELMHURST SYMPHONY ASSOCIATION INC 149 W BRUSH HILL ROAD ELMHURST, IL 60126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELMHURST SYMPHONY ASSOCIATION INC 149 W BRUSH HILL ROAD ELMHURST, IL 60126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ELMHURST SYMPHONY ASSOCIATION INC 149 W BRUSH HILL ROAD ELMHURST, IL 60126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ELYSSAS MISSION NFP 900 SKOKIE BLVD STE 120 NORTHBROOK, IL 600624014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMANUEL CONGREGATION 5959 N SHERIDAN RD CHICAGO, IL 606603643	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,860
EMERALD CITY THEATRE COMPANY 2936 N SOUTHPORT AVE CHICAGO, IL 60657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMMAUS MINISTRIESPO BOX 431 WHEATON, IL 601870431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENLACE CHICAGO2756 S HARDING CHICAGO, IL 606234407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ENLACE CHICAGO2756 S HARDING CHICAGO, IL 606234407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
EPILEPSY FOUNDATION OF GREATER CHIC 17 NORTH STATE STREET SUITE 650 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF GREATER CHIC 17 NORTH STATE STREET SUITE 650 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
ERIE NEIGHBORHOOD HOUSE 1701 W SUPERIOR ST CHICAGO, IL 606425722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 600268022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,502
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,750
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,250
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 600268022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 600268022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 600268022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
EVANS SCHOLARS FOUNDATION 2501 PATRIOT BLVD GLENVIEW, IL 600268022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,100
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
EVANSTON COMMUNITY FOUNDATION INC 1560 SHERMAN AVENUE SUITE 535 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSTON PUBLIC LIBRARY FRIENDS PO BOX 8001 EVANSTON, IL 602048001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVANSTON SCHOLARS 1234 SHERMAN AVENUE SUITE 214 EVANSTON, IL 60202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EVANSTON TOWNSHIP HIGH SCHOOL DISTR 1600 DODGE AVE EVANSTON, IL 602043450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSTON TOWNSHIP HIGH SCHOOL DISTR 1600 DODGE AVE EVANSTON, IL 602043450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FACING FORWARD TO END HOMELESSNESS 642 NORTH KEDZIE AVENUE CHICAGO, IL 606121028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FACING FORWARD TO END HOMELESSNESS 642 NORTH KEDZIE AVENUE CHICAGO, IL 606121028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FACING FORWARD TO END HOMELESSNESS 642 NORTH KEDZIE AVENUE CHICAGO, IL 606121028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
FAITH LUTHERAN CHURCH 520 E HIGHWAY 50 O FALLON, IL 622692810	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
FAITH LUTHERAN CHURCH 520 E HIGHWAY 50 O FALLON, IL 622692810	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	166
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
FAMILIES OF SMA925 BUSSE ROAD ELK GROVE VILLAGE, IL 60007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FAMILY MATTERS INC 7731 N MARSHFIELD AVE CHICAGO, IL 60626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY RESCUEPO BOX 17528 CHICAGO, IL 60617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY SERVICE OF LAKE COUNTY 777 CENTRAL AVENUE HIGHLAND PARK, IL 600353240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FASMAN YESHIVA HIGH SCHOOL 7135 CARPENTER RD SKOKIE, IL 60077	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	62
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,511
FEED MY STARVING CHILDREN 555 EXCHANGE COURT AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	874
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	805
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,674
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	127
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500,000
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,158
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	878
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	98
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	801
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
FEEDING AMERICA 35 E WACKER DRIVE SUITE 2000 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
FELINES INC6379 N PAULINA ST CHICAGO, IL 606601125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINES INC6379 N PAULINA ST CHICAGO, IL 606601125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FELLOWSHIP HOUSING CORPORATION 2200 W HIGGINS RD STE 130 HOFFMAN EST, IL 601692422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
FENWICK HIGH SCHOOL 505 WASHINGTON BLVD OAK PARK, IL 60302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIELD SCHOOL931 LAKE ST OAK PARK, IL 603011203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FIELD SCHOOL931 LAKE ST OAK PARK, IL 603011203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FILL A HEART 4 KIDS INC 400 E ILLINOIS RD LAKE FOREST, IL 600452355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL INNOVATIONS CENTER INC 135 S LA SALLE ST STE 2125 CHICAGO, IL 606034401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	142,000
FIRST LOVE INTERNATIONAL MINISTRIES PO BOX 15836 LOVES PARK, IL 611325836	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FIRST UNITED METHODIST CHURCH 100 W COSSITT AVE LAGRANGE, IL 60525	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH OF EV 516 CHURCH ST EVANSTON, IL 60201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
FLEISCHER FOUNDATION NFP 4334 N HAZEL STREET SUITE 405 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
FOOD FOR GREATER ELGIN INC 1553 COMMERCE DRIVE ELGIN, IL 60123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTUNATE POCHES & LAB RESCUE INC PO BOX 1296 PALATINE, IL 600781296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
FOUNDATION FIGHTING BLINDNESS INC 977 LAKEVIEW PARKWAY SUITE 140 VERNON HILLS, IL 60061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOUNDATION FOR ANGELMAN SYNDROME TH 1512 ROYAL OAK ROAD DARIEN, IL 60561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR ANGELMAN SYNDROME TH 1512 ROYAL OAK ROAD DARIEN, IL 60561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR ANGELMAN SYNDROME TH 1512 ROYAL OAK ROAD DARIEN, IL 60561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	643
FOUNDATION FOR CHILDREN IN NEED INC 725 N PINE AVE ARLINGTON HEIGHTS, IL 60004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR SARCOIDOSIS RESEARCH 1820 W WEBSTER AVE SUITE 304 CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FOUNDATION FOR WOMENS CANCER 230 W MONROE ST SUITE 710 CHICAGO, IL 60606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
FOUNDATION FOR WOMENS CANCER 230 W MONROE ST STE 710 CHICAGO, IL 606064902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUR PAWS ANIMAL FOUNDATION PO BOX 8260 BARTLETT, IL 601038260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
FOX VALLEY PREGNANCY CENTER 101 E STATE ST S ELGIN, IL 601772048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FRANCISCAN OUTREACH 717B WEST 18TH STREET CHICAGO, IL 60616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN OUTREACH 717B WEST 18TH STREET CHICAGO, IL 60616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRANKFORT SCHOOL DISTRICT 157C FOUN 10594 CHARMAINE DR FRANKFORT, IL 60423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FREE SPIRIT MEDIA NFP 906 S HOMAN AVE CHICAGO, IL 60624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BELL SCHOOL 3730 N OAKLEY AVE CHICAGO, IL 606184813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
FRIENDS OF BLAINE1420 W GRACE ST CHICAGO, IL 606132802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
FRIENDS OF JONES700 S STATE ST CHICAGO, IL 606052109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LAKE FOREST PARKS AND RE 400 HASTINGS RD LAKE FOREST, IL 600452119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
FRIENDS OF LAKE FOREST PARKS AND RE 400 HASTINGS RD LAKE FOREST, IL 600452119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF LANE2501 W ADDISON ST CHICAGO, IL 606185902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,915
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LANE2501 W ADDISON ST CHICAGO, IL 606185902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FRIENDS OF LANE2501 W ADDISON ST CHICAGO, IL 606185902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF OSCAR MAYER SCHOOL 2250 NORTH CLIFTON AVE CHICAGO, IL 606140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PAYTON ASSOCIATION 1034 N WELLS ST CHICAGO, IL 606102513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
FRIENDS OF THE DUPAGE COUNTY ANIMAL 120 COUNTY FARM ROAD WHEATON, IL 60187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE DUPAGE COUNTY ANIMAL 120 COUNTY FARM ROAD WHEATON, IL 60187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE DUPAGE COUNTY ANIMAL 120 COUNTY FARM ROAD WHEATON, IL 60187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE FOREST PRESERVE DIST 3S580 NAPERVILLE RD WHEATON, IL 601898761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE FOREST PRESERVES 411 S WELLS ST STE 300 CHICAGO, IL 606073927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GLENCOE PUBLIC LIBRA 320 PARK AVENUE GLENCOE, IL 60022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE HISTORIC GENESEE THE 203 N GENESEE ST WAUKEGAN, IL 600854221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
FRIENDS OF THE PARKS 17 N STATE ST STE 1450 ATTN DIRECTOR OF NEIGHBORHOOD PARKS CHICAGO, IL 606024072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PARKS 17 N STATE ST STE 1450 ATTN DIRECTOR OF NEIGHBORHOOD PARKS CHICAGO, IL 606024072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP MANOR INC 1209 21ST AVE ROCK ISLAND, IL 612017900	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FUTURE FOUNDERS FOUNDATION 222 W MERCHANDISE MART PLAZA SUITE 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARFIELD PARK CONSERVATORY ALLIANCE 300 N CENTRAL PARK AVENUE CHICAGO, IL 606241945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GATEWAY CONFLUENCE WHEELCHAIR SPORT 402 W OAK ST MILLSTADT, IL 62260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GATEWAY FOR CANCER RESEARCH INC 500 REMINGTON ROAD SCHAUMBURG, IL 60173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

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Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATEWAY FOR CANCER RESEARCH INC 500 REMINGTON ROAD SCHAUMBURG, IL 60173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
GATEWAY FOR CANCER RESEARCH INC 500 REMINGTON ROAD SCHAUMBURG, IL 60173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GCC MIDWEST INC 166 N HUMPHREY AVE OAK PARK, IL 60302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
GIFT OF ADOPTION FUND INC PO BOX 567 TECHNY, IL 60082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
GIGIS PLAYHOUSE INC3906 38TH AVE MOLINE, IL 61265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 2350 W HIGGINS RD HOFFMAN EST, IL 601692413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,500
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GIRL SCOUTS OF GREATER CHICAGO & NO 20 S CLARK STREET SUITE 200 CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	631
GIRLFORWARDPO BOX 607516 CHICAGO, IL 60660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN CHICAGO INC 1415 N DAYTON ST STE 112 CHICAGO, IL 606422600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
GLEN ELLYN CHILDRENS CHORUS 501 HILL AVE STE 207 GLEN ELLYN, IL 60137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GLENCOE JUNIOR HIGH PROJECT PO BOX 322 GLENCOE, IL 600220322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENCOE PTOPO BOX 243 GLENCOE, IL 600220243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GLOBAL EMERGENCY CARE INC 419 N HARVEY AVE OAK PARK, IL 60302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GLOBEMED NFP 1800 SHERMAN AVE STE 3-000 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN APPLE FOUNDATION FOR EXCELLE 8 SOUTH MICHIGAN AVENUE SUITE 700 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GOOD SAMARITAN HOUSE OF GRANITE CIT 1825 DELMAR AVE PO BOX 53 GRANITE CITY, IL 620404508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GOOD SHEPHERD LUTHERAN CHURCH 1300 BELTLINE RD COLLINSVILLE, IL 622344373	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD LUTHERAN CHURCH 1300 BELTLINE RD COLLINSVILLE, IL 622344373	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	88
GOOD SHEPHERD LUTHERAN CHURCH SCHOO 1300 BELTLINE RD COLLINSVILLE, IL 622344373	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	16
GRAFTON TOWNSHIP FOOD PANTRY PO BOX 1074 HUNTLEY, IL 601421074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRATITUDE GENERATION INC 940 IVY LANE DEERFIELD, IL 60015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,618
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,324
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	966
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	604
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	388
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
GREYHOUNDS ONLY INC 335 E GENEVA RD STE 173 CAROL STREAM, IL 601882438	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROWING HOME INC 825 W 69TH STREET 2ND FLOOR CHICAGO, IL 60621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
GUNNERS RUN RESCUE INC 699 W MILL ST RUMA, IL 622782713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GUS GIORDANOS JAZZ DANCE CHICAGO IN 1754 NORTH CLARK STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY CHICAGO 1100 W CERMAK ROAD SUITE 404 CHICAGO, IL 60608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 2300 SYCAMORE RD 44 DEKALB, IL 601152067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 1600 E ROOSEVELT ROAD WHEATON, IL 601875207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 5183 HARLEM ROAD SUITE 3 LOVES PARK, IL 611113448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY OF MCLEAN COUN 103 W JEFFERSON ST BLOOMINGTON, IL 617013904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HADLEY INSTITUTE FOR THE BLIND AND 700 ELM ST WINNETKA, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
HAND IN HAND USA 710 ST JOSEPHS DRIVE OAK BROOK, IL 605232554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST OF THE WORLD MINISTRY 1324 SNOWBERRY LN WEST CHICAGO, IL 601855965	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HEART AND MIND FOUNDATION 1443 W DIVISION ST CHICAGO, IL 606423324	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
HEART OF ILLINOIS UNITED WAY INC 509 W HIGH STREET PEORIA, IL 61606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF ILLINOIS UNITED WAY INC 509 W HIGH STREET PEORIA, IL 61606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HEART OF ILLINOIS UNITED WAY INC 509 W HIGH STREET PEORIA, IL 61606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HEARTLAND ALLIANCE FOR HUMAN NEEDS 208 SOUTH LASALLE STREET SUITE 1300 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND ALLIANCE HEALTH 208 SOUTH LASALLE ST STE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
HEARTLAND ALLIANCE HEALTH 208 SOUTH LASALLE ST STE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HEARTLAND ALLIANCE INTERNATIONAL LL 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND ALLIANCE INTERNATIONAL LL 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
HEARTLAND ALLIANCE INTERNATIONAL LL 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HEARTLAND ALLIANCE INTERNATIONAL LL 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND ALLIANCE INTERNATIONAL LL 208 SOUTH LASALLE SUITE 1300 CHICAGO, IL 606041000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,570
HEARTLAND ANIMAL SHELTER NFP 2975 MILWAUKEE AVE NORTHBROOK, IL 600627117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTLAND COMMUNITY COLLEGE FOUNDAT 1500 W RAAB RD NORMAL, IL 617619446	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	370
HEARTLAND COMMUNITY COLLEGE FOUNDAT 1500 W RAAB RD NORMAL, IL 617619446	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
HEARTLAND INSTITUTE 3939 NORTH WILKE RD ARLINGTON HEIGHTS, IL 60004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELLENIC AMERICAN ACADEMY FOUNDATIO 445 PINE STREET DEERFIELD, IL 600155221	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HELPING HAND CENTER 9649 W 55TH STREET COUNTRYSIDE, IL 605253607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HAND INCENTIVES 329 W 18TH ST STE 714 CHICAGO, IL 606161121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HELPING HAND INCENTIVES 329 W 18TH ST STE 714 CHICAGO, IL 606161121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HEPHZIBAH CHILDRENS ASSOCIATION 1144 LAKE ST STE 500 OAK PARK, IL 603016705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK COMMUNITY FOUNDATION PO BOX 398 HIGHLAND PARK, IL 600350398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HINSDALE HUMANE SOCIETY 21 SALT CREEK LANE HINSDALE, IL 60521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIPPOCRATIC CANCER RESEARCH FOUNDAT 676 NORTH ST CLAIRE STREET SUITE 1200 CHICAGO, IL 606112953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIPPOCRATIC CANCER RESEARCH FOUNDAT 676 NORTH ST CLAIRE STREET SUITE 1200 CHICAGO, IL 606112953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HITEC FOUNDATION 444 WEST LAKE STREET SUITE 1940 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HITEC FOUNDATION 444 WEST LAKE STREET SUITE 1940 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLOCAUST MEMORIAL FOUNDATION OF IL 9603 WOODS DR SKOKIE, IL 600771095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST CHICAGO, IL 606423324	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HOME 2 HOME PROJECT 3902 FOREST AVE WESTERN SPRGS, IL 605581048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME OF THE SPARROW INC 4209 W SHAMROCK UNIT B MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOMEWOOD IZAAK WALTON PRESERVE INC 1100 W RIDGE ROAD HOMEWOOD, IL 60430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOMEWOOD SCIENCE CENTER 18022 DIXIE HWY HOMEWOOD, IL 604301706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FLIGHT CHICAGO CORP 9701 W HIGGINS ROAD STE 310 ROSEMONT, IL 60018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HOPE ANIMAL RESCUESPO BOX 397 GODFREY, IL 62035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF SOUTHERN IL INC 305 S ILLINOIS ST BELLEVILLE, IL 622202133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITAL SISTERS OF ST FRANCIS FOUN 800 E CARPENTER ST SPRINGFIELD, IL 62769	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HOUSE OF NEIGHBORLY SERVICE - MONRO PO BOX 367 WATERLOO, IL 622980367	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOUSING FORWARD1851 S 9TH AVE MAYWOOD, IL 60153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING FORWARD1851 S 9TH AVE MAYWOOD, IL 60153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSING OPPORTUNITIES FOR WOMEN INC 1607 WEST HOWARD CHICAGO, IL 606263520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
HOWARD BROWN HEALTH CENTER PO BOX 13500 CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOYLETON YOUTH AND FAMILY SERVICES 8 EXECUTIVE DR FAIRVIEW HEIGHTS, IL 622081350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUMAN SUPPORT SERVICES 988 N IL ROUTE 3 WATERLOO, IL 62298	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF MONROE COUNTY ILL 4221 HANOVER ROAD COLUMBIA, IL 62236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUNTLEY PARK FOUNDATION 12015 MILL ST HUNTLEY, IL 60142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
HYDE PARK ART CENTER 5020 S CORNELL AVE CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
I SUPPORT COMMUNITY NFP 790 ROYAL ST GEORGE DR STE 141-134 NAPERVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICARNATIC NFP 11625 MILLENNIUM PKWY PLAINFIELD, IL 605855185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IFF333 SOUTH WABASH AVENUE CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ILLINOIS COLLEGE 1101 W COLLEGE AVE JACKSONVILLE, IL 626502212	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS CONGRESS OF PARENTS TEACHE 145 W ARTHUR ST ELMHURST, IL 601263320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ILLINOIS DOBERMAN RESCUE PLUS PO BOX 435 BARRINGTON, IL 600110435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ILLINOIS DOBERMAN RESCUE PLUS PO BOX 435 BARRINGTON, IL 600110435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS EQUAL JUSTICE FOUNDATION 180 N STETSON AVE STE 820 CHICAGO, IL 606016830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ILLINOIS HISPANIC CHAMBER OF COMMER 222 W MERCHANDISE MART PLAZA SUITE 1212 C/O 1871 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ILLINOIS INSTITUTE OF TECHNOLOGY 10 WEST 35TH STREET SUITE 1700 CHICAGO, IL 60616	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S FEDERAL STREET 205 CHICAGO, IL 606163732	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ILLINOIS SAINT ANDREW SOCIETY OF TH 2800 DESPLAINES AVE NORTH RIVERSIDE, IL 60546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ILLINOIS SHOTOKAN BOOSTER CLUB 327 N ERIC DR PALATINE, IL 600672510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	405
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS STATE UNIVERSITY FOUNDATIO CAMPUS BOX 8000 NORMAL, IL 617908000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
ILLINOIS VALLEY COMMUNITY COLLEGE F 815 N ORLANDO SMITH RD OGLESBY, IL 613489692	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
ILLINOIS VIPASSANA ASSOCIATION 10076 FISH HATCHERY RD PECATONICA, IL 610639023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILLINOIS WESLEYAN UNIVERSITY PO BOX 2900 BLOOMINGTON, IL 61702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,300
ILLINOIS WESLEYAN UNIVERSITY PO BOX 2900 BLOOMINGTON, IL 61702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ILLINOIS WESLEYAN UNIVERSITY PO BOX 2900 BLOOMINGTON, IL 61702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMERMAN ANGELS 205 W RANDOLPH ST 19TH FLOOR CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMERMAN ANGELS 205 W RANDOLPH ST 19TH FLOOR CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMERMAN ANGELS 205 W RANDOLPH ST 19TH FLOOR CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION 411 PALMER ROAD COLUMBIA, IL 62236	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
IMMACULATE CONCEPTION 411 PALMER ROAD COLUMBIA, IL 62236	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	460
IMMACULATE CONCEPTION 411 PALMER ROAD COLUMBIA, IL 62236	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION GRADE SCHOOL 132 ARTHUR STREET ELMHURST, IL 601263325	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	253
INDIA AMERICAN MEDICAL ASSOCIATION 2645 W PETERSON AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
INDO AMERICAN CENTER INC 6328 N CALIFORNIA AVE CHICAGO, IL 60659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INFANT WELFARE SOCIETY OF CHICAGO 3600 W FULLERTON AVE CHICAGO, IL 60647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
INNER CITY IMPACT 3327 W FULLERTON AVE CHICAGO, IL 606475237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD STREET CHICAGO, IL 606292343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVATIONS FOR LEARNING INC 518 DAVIS STREET SUITE 205 EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
INSPIRATION CORPORATION 4554 NORTH BROADWAY STE 207 CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
INSTITUTE FOR CLINICAL SOCIAL WORK 401 S STATE CHICAGO, IL 60605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR THE INTERNATIONAL EDU 33 WEST MONROE ST STE 2300 CHICAGO, IL 60603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
INSTITUTE FOR THERAPY THROUGH THE A 2130 GREEN BAY RD EVANSTON, IL 602013026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
INSTITUTE FOR THERAPY THROUGH THE A 2130 GREEN BAY RD EVANSTON, IL 602013026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH FOOD PANTRY INC PO BOX 1332 WHEATON, IL 601871332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
INTERFAITH FOOD PANTRY INC PO BOX 1332 WHEATON, IL 601871332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
INTERFAITH FOOD PANTRY INC PO BOX 1332 WHEATON, IL 601871332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH FOOD PANTRY INC PO BOX 1332 WHEATON, IL 601871332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
INTERNATIONAL ASSOCIATION FOR REFUG PO BOX 1405 WHEATON, IL 60187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL FELLOWSHIP OF CHRISTI 30 NORTH LA SALLE STREET SUITE 4300 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
INTERNATIONAL ORGANIZATION FOR ADOL 53 WEST JACKSON BLVD STE 1357 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTRINSIC SCHOOLS 4540 W BELMONT AVE CHICAGO, IL 606414541	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	45
INTRINSIC SCHOOLS 4540 W BELMONT AVE CHICAGO, IL 606414541	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
IRISH AMERICAN HERITAGE CENTER 4626 N KNOX AVE CHICAGO, IL 606304030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKALOPE THEATRE COMPANY 1106 W THORNDALE AVE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,135
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1 N LASALLE ST STE 1200 CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JENNIFER S FALLICK CANCER SUPPORT C 2028 ELM RD HOMEWOOD, IL 604301707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JEWISH CHILD AND FAMILY SERVICES 3145 W PRATT BLVD CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JEWISH COMMUNITY CENTERS OF CHICAGO 300 REVERE DRIVE NORTH BROOK, IL 60062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JEWISH COUNCIL FOR YOUTH SERVICES 150 N MICHIGAN AVE STE 640 CHICAGO, IL 606017524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COUNCIL FOR YOUTH SERVICES 150 N MICHIGAN AVE STE 640 CHICAGO, IL 606017524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
JEWISH COUNCIL ON URBAN AFFAIRS 4700 NORTH RAVESWOOD AVE SUITE B CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
JEWISH FEDERATION OF METROPOLITAN C 30 SOUTH WELLS STREET CHICAGO, IL 606065054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF PEORIA INC 2000 W PIONEER PKWY STE 10B PEORIA, IL 616155800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,140
JEWISH UNITED FUND OF METROPOLITAN 30 SOUTH WELLS ST STE 4059 CHICAGO, IL 606065054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
JEWISH UNITED FUND OF METROPOLITAN 30 S WELLS ST CHICAGO, IL 606065054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JO DAVIESS CONSERVATION FOUNDATION PO BOX 216 ELIZABETH, IL 610280216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JOHN HOWARD ASSOCIATION 70 EAST LAKE STREET 410 CHICAGO, IL 606015959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,502
JOLIET AREA COMMUNITY HOSPICE CORPO 250 WATER STONE CIR JOLIET, IL 604318313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOLIET JUNIOR COLLEGE FOUNDATION 1215 HOUBOLT RD JOLIET, IL 604318938	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
JUNIOR ACHIEVEMENT OF CENTRAL ILLIN 508 HIGH POINT LANE EAST PEORIA, IL 61611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CHICAGO 651 WEST WASHINGTON BLVD 404 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
JUNIOR LEAGUE OF CHICAGO INC 1447 N ASTOR STREET CHICAGO, IL 60610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
JUST OF DUPAGEPO BOX 1253 WHEATON, IL 601871253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,178
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLSIES HOPE FOUNDATION INC NFP 1021 ROBERT DR MARYVILLE, IL 62062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
KENILWORTH UNION CHURCH 211 KENILWORTH AVE KENILWORTH, IL 600431242	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
KENILWORTH UNITED FUND INC 419 RICHMOND RD KENILWORTH, IL 600431140	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VLG, IL 600073217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VLG, IL 600073217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VLG, IL 600073217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VLG, IL 600073217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VLG, IL 600073217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
KENWOOD-OAKLAND COMMUNITY ORGANIZAT 4242 S COTTAGE GROVE AVE CHICAGO, IL 60653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDNEY CANCER ASSOCIATION PO BOX 803338 38269 CHICAGO, IL 60680	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KIDS AROUND THE WORLD INC 4750 HYDRAULIC DRIVE ROCKFORD, IL 61109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KIDS ENJOY EXERCISE NOW PO BOX 06255 CHICAGO, IL 606060255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGSWOOD UNITED METHODIST CHURCH 401 W DUNDEE RD BUFFALO GROVE, IL 600893441	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX COLLEGE2 E SOUTH ST K-230 GALESBURG, IL 61401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
KOHL CHILDRENS MUSEUM OF GREATER CH 2100 PATRIOT BLVD GLENVIEW, IL 60026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
KOLLEL TORAH MITZION INC 8233 CENTRAL PARK AVE SKOKIE, IL 60076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOREAN CHURCH OF CHICAGO INC 1500 W ALGONQUIN RD HOFFMAN ESTATE, IL 60192	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LA CASA NORTE 3533 W NORTH AVENUE CHICAGO, IL 60647	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
LA RABIDA CHILDRENS HOSPITAL ATTN DEVELOPMENT OFFICE - 6501 S PROMOTORY DRIVE CHICAGO, IL 60649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LADDER UP 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LADDER UP 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
LADDER UP 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
LADDER UP 350 N ORLEANS SUITE C2-100 CHICAGO, IL 60654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE COUNTY VETERANS AND FAMILY SER 100 SOUTH ATKINSON SUITE 110 GRAYSLAKE, IL 60030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LAKE FOREST COLLEGE 555 N SHERIDAN RD LAKE FOREST, IL 600452338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
LAKE FOREST SD 67 300 S WAUKEGAN ROAD LAKE FOREST, IL 60045	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE FOREST-LAKE BLUFF MORNING ROTA PO BOX 168 LAKE FOREST, IL 600450168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAKE ZURICH LACROSSE CLUB NFP 25 TELSER RD UNIT 866 LAKE ZURICH, IL 600473639	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
LAKEVIEW ORCHESTRA INC 2936 N SOUTHPORT AVE SUITE 215 CHICAGO, IL 60657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEVIEW ORCHESTRA INC 2936 N SOUTHPORT AVE SUITE 215 CHICAGO, IL 60657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LAKEVIEW ORCHESTRA INC 2936 N SOUTHPORT AVE SUITE 215 CHICAGO, IL 60657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBS FARM INC 14245 W ROCKLAND ROAD LIBERTYVILLE, IL 60048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 606101403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 606101403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 606101403	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LAWNDALE CHRISTIAN DEVELOPMENT CORP 3843 W OGDEN AVE CHICAGO, IL 60623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LEGACY LEAVERS NFP 1245 S MICHIGAN AVE STE 147 CHICAGO, IL 60605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE STE 302 SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LES TURNER AMYOTROPHIC LATERAL SCLE 5550 W TOUHY AVENUE STE 302 SKOKIE, IL 60077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LET IT BE US145 W MAIN ST STE 202 BARRINGTON, IL 600103084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LET IT BE US145 W MAIN ST STE 202 BARRINGTON, IL 600103084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
LET IT BE US145 W MAIN ST STE 202 BARRINGTON, IL 600103084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LET IT BE US145 W MAIN ST STE 202 BARRINGTON, IL 600103084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LET IT BE US145 W MAIN ST STE 202 BARRINGTON, IL 600103084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA RESEARCH FOUNDATION INC 191 WAUKEGAN ROAD SUITE 105 NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
LEWIS UNIVERSITY ONE UNIVERSITY PKWY ROMEOVILLE, IL 604462200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
LIBERTY EDUCATION FOUNDATION PO BOX 196 LIBERTY, IL 623470196	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CHURCH 8765 WEST HIGGINS ROAD CHICAGO, IL 60631	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LIFE NETWORK OF SOUTHERN ILLINOIS 722 N MARKET ST WATERLOO, IL 62298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFT INC200 WEST MADISON STREET CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LINCOLN PARK COMMUNITY SHELTER 600 WEST FULLERTON PARKWAY CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LINCOLN PARK CONSERVANCY 2000 N RACINE AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,559
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,446
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	454
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 NORTH CLARK STREET CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LINCOLN-DOUGLAS PTO 3211 PAYSON RD QUINCY, IL 62305	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLNWAY SPECIAL RECREATION FOUND 1900 HEATHER GLEN DR NEW LENOX, IL 60451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LINCOLNWOOD BASEBALL ASSOCIATION PO BOX 46443 CHICAGO, IL 606460443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LIONS OF ILLINOIS FOUNDATION 2254 OAKLAND DRIVE SYCAMORE, IL 601783117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE BROTHERS-FRIENDS OF THE ELDE 355 N ASHLAND AVENUE CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LITTLE HEROES LEAGUE 2032 N CLIFTON CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC ONE NORTH WACKER SUITE 4600 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 566 HAMPSHIRE, IL 601400566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC PO BOX 566 HAMPSHIRE, IL 601400566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	896
LIVE LIKE ROO FOUNDATION 5830 NORTH MELVINA AVE CHICAGO, IL 60646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,178
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LANE NAPERVILLE, IL 60540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL ECONOMIC & EMPLOYEMENT DEVELO 2545 W DIVERSEY AVE SUITE 225 CHICAGO, IL 60647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LOCAL ECONOMIC & EMPLOYEMENT DEVELO 2545 W DIVERSEY AVE SUITE 225 CHICAGO, IL 60647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LOVE TO SERVE INCORPORATED 3400 WEST 111TH STREET 408 CHICAGO, IL 60655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,550
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,552
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY1100 LARAMIE AVE WILMETTE, IL 60091	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
LOYOLA ACADEMY ROWING ASSOCIATION I PO BOX 599 GLENVIEW, IL 600250599	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,800
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	220
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVENUE CHICAGO, IL 60611	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
LULUS LOCKER RESCUEPO BOX 321 FRANKFORT, IL 604230321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUMITY55 W VAN BUREN ST SUITE 420 CHICAGO, IL 606051116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUNGEVITY FOUNDATION 228 SOUTH WABASH AVENUE SUITE 700 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS SOCIETY OF ILLINOIS 411 S WELLS ST STE 503 CHICAGO, IL 606073924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LYCEE FRANCAIS DE CHICAGO INC 1929 WEST WILSON AVE CHICAGO, IL 606405208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
LYCEE FRANCAIS DE CHICAGO INC 1929 WEST WILSON AVE CHICAGO, IL 606405208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCEE FRANCAIS DE CHICAGO INC 1929 WEST WILSON AVE CHICAGO, IL 606405208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LYCEE FRANCAIS DE CHICAGO INC 1929 WEST WILSON AVE CHICAGO, IL 606405208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
LYNN SAGE CANCER RESEARCH FOUNDATIO 4210 WEST IRVING PARK ROAD CHICAGO, IL 60641	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYNN SAGE CANCER RESEARCH FOUNDATIO 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 606112908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAHOMET-SEYMOUR PARENT TEACHER ORGA 1301 S BULLDOG DR MAHOMET, IL 61853	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ILLINOIS 640 N LASALLE DR SUITE 280 CHICAGO, IL 606543754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN STREET ROUND LAKE PARK, IL 60073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANUFACTURING RENAISSANCE 3411 W DIVERSEY AVENUE CHICAGO, IL 606471281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 141 W JACKSON BLVD SUITE 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	465
MARCH OF DIMES INC 141 W JACKSON BLVD 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
MARCH OF DIMES INC 141 W JACKSON BLVD 1875 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARILLAC ST VINCENT FAMILY SERVICES 2145 N HALSTED ST CHICAGO, IL 60614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARKLUND CHILDRENS HOME 1S450 WYATT DR GENEVA, IL 601344921	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARLEYS MINIONS NFP 52 SUZANNE DR SMITHTON, IL 622851651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARWEN FOUNDATION 833 NORTH ORLEANS STREET CHICAGO, IL 606103181	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARY DIAZ PANCREATIC CANCER FUND 1000 JORIE BLVD 10 OAK BROOK, IL 605232214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MASTERWORKS CHORALE INC PO BOX 8374 BELLEVILLE, IL 622228374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCORMICK THEOLOGICAL SEMINARY 22-2 5460 S UNIVERSITY AVE CHICAGO, IL 606155108	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
MEDICATION-INDUCED SUICIDE EDUCATIO 180 EAST PEARSON APT 5301 CHICAGO, IL 60611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MELCHIZEDEK EDUCATION AND RESEARCH 1006 SOUTH RD FOX RIVER GRV, IL 600211916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MELCHIZEDEK EDUCATION AND RESEARCH 1006 SOUTH RD FOX RIVER GRV, IL 600211916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,650
MELCHIZEDEK EDUCATION AND RESEARCH 1006 SOUTH RD FOX RIVER GRV, IL 600211916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET SUITE 1850 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET SUITE 1850 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
MERCY HOUSING LAKEFRONT 120 SOUTH LASALLE STREET SUITE 1850 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MERIT SCHOOL OF MUSIC 38 S PEORIA ST CHICAGO, IL 60607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METRO EAST LUTHERAN HIGH SCHOOL ASS 6305 CENTER GROVE RD EDWARDSVILLE, IL 620253317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	55
METRO EAST LUTHERAN HIGH SCHOOL ASS 6305 CENTER GROVE RD EDWARDSVILLE, IL 620253317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	49
METRO EAST LUTHERAN HIGH SCHOOL ASS 6305 CENTER GROVE RD EDWARDSVILLE, IL 620253317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METRO EAST LUTHERAN HIGH SCHOOL ASS 6305 CENTER GROVE RD EDWARDSVILLE, IL 620253317	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	14
METRO SQUASH NFP 6100 S COTTAGE GROVE AVE CHICAGO, IL 60637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
METROPOLITAN FAMILY SERVICES 1 N DEARBORN S SUITE 1000 CHICAGO, IL 606024322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN PLANNING COUNCIL 140 S DEARBORN SUITE 1400 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
MHUB965 W CHICAGO AVE CHICAGO, IL 606425413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MICHAEL COLLINS FOUNDATION PO BOX 19 HUDSON, IL 61748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWEST BRAIN INJURY CLUBHOUSE 1436 W RANDOLPH ST FL 5 CHICAGO, IL 606071419	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MIKVA CHALLENGE GRANT FOUNDATION IN 200 S MICHIGAN AVE SUITE 1000 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MILLENNIUM PARK FOUNDATION 201 E RANDOLPH ST CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,375
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINDSEYE RADIO 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE AVE CHICAGO, IL 606601017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE AVE CHICAGO, IL 606601017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE AVE CHICAGO, IL 606601017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
MISERICORDIA FAMILY ASSOCIATION 563 PROVIDENT AVENUE WINNETKA, IL 60025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
MISERICORDIA FAMILY ASSOCIATION 6300 NORTH RIDGE AVE CHICAGO, IL 606601017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MISERICORDIA HOME 6300 NORTH RIDGE CHICAGO, IL 60660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,405
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	290
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MISERICORDIA HOME 6300 N RIDGE AVE CHICAGO, IL 606601017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	925
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MISSION OF OUR LADY OF MERCY 1140 W JACKSON BLVD CHICAGO, IL 60607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOODY BIBLE INSTITUTE OF CHICAGO 820 N LA SALLE DR CHICAGO, IL 606103214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 605321293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 605321293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 605321293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 605321293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MOUNT CARMEL HIGH SCHOOL 6410 SOUTH DANTE AVENUE CHICAGO, IL 60637	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MURRAY PARENTS ASSOCIATION 1535 W MCCORD ST CENTRALIA, IL 628015805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	695
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	159
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	253
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MUSCULAR DYSTROPHY ASSOCIATION 161 N CLARK ST SUITE 3550 CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 3180 THEODORE STREET SUITE 4 JOLIET, IL 60435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MUSEUM OF CONTEMPORARY ART 220 E CHICAGO AVE CHICAGO, IL 606112643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MUSEUM OF SCIENCE AND INDUSTRY 5700 S LAKE SHORE DR CHICAGO, IL 606372093	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI CHICAGO 1801 W WARNER AVE SUITE 202 CHICAGO, IL 60613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NAMI CHICAGO 1801 W WARNER AVE SUITE 202 CHICAGO, IL 60613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
NAMI CHICAGO 1801 W WARNER AVE SUITE 202 CHICAGO, IL 60613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI CHICAGO 1801 W WARNER AVE SUITE 202 CHICAGO, IL 60613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
NAMI ILLINOIS INC1010 LAKE STREET OAK PARK, IL 60301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
NAMI ILLINOIS INC1010 LAKE STREET OAK PARK, IL 60301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI ILLINOIS INC1010 LAKE STREET OAK PARK, IL 60301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
NAPERVILLE AREA HUMANE SOCIETY INC 1620 W DIEHL ROAD NAPERVILLE, IL 60563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
NAPERVILLE AREA HUMANE SOCIETY INC 1620 W DIEHL ROAD NAPERVILLE, IL 60563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAPERVILLE AREA HUMANE SOCIETY INC 1620 W DIEHL ROAD NAPERVILLE, IL 60563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
NAPERVILLE AREA HUMANE SOCIETY INC 1620 W DIEHL ROAD NAPERVILLE, IL 60563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
NAPERVILLE AREA HUMANE SOCIETY INC 1620 W DIEHL ROAD NAPERVILLE, IL 60563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAPERVILLE DISTRICT 203 GENERAL HOM 145 N SLEIGHT STREET NAPERVILLE, IL 60540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL ABLE NETWORK INC 567 W LAKE SUITE 1150 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
NATIONAL ANTI-VIVISECTION SOCIETY 53 WEST JACKSON BLVDSUITE 1552 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF ASIAN AMERI PO BOX 1619 CHICAGO, IL 606901619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL COUNCIL OF YOUNG MENS CHRI 101 N WACKER DR FL 15 CHICAGO, IL 606067310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200,000
NATIONAL FOUNDATION FOR SYNDACTYLY 42 WEST MAIN PO BOX 159 MASCOUTAH, IL 62258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MUSEUM OF MEXICAN ART 1852 W 19TH ST CHICAGO, IL 606082706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NATIONAL SPASMODIC DYSPHONIA ASSOCI 300 PARK BLVD SUITE 175 ITASCA, IL 60143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL TAIWAN UNIVERSITY ACADEMIC 38 RIDGEFIELD LN WILLOWBROOK, IL 605275200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TAIWAN UNIVERSITY ACADEMIC 38 RIDGEFIELD LN WILLOWBROOK, IL 605275200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL VIETNAM VETERANS ART MUSEU 4041 N MILWAUKEE CHICAGO, IL 60641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL-LOUIS UNIVERSITY 122 S MICHIGAN CHICAGO, IL 60603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEAR NORTH MONTESSORI SCHOOL 1434 W DIVISION STREET CHICAGO, IL 60642	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NEIGHBORHOOD BOYS & GIRLS CLUB 2501 W IRVING PARK RD CHICAGO, IL 60618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF CH 1279 N MILWAUKEE 4TH FLOOR CHICAGO, IL 606229360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEUROFIBROMATOSIS INC 213 S WHEATON AVE WHEATON, IL 60187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
NEW KINGDOM TRAILRIDERS 18929 81ST STREET SHERRARD, IL 61281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
NEW MOMS INC5317 W CHICAGO AVE CHICAGO, IL 60651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW TRIER TOWNSHIP HIGH SCHOOL DIST 7 HAPP ROAD NORTHFIELD, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEWBERRY LIBRARY 60 WEST WALTON STREET CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NIGHT MINISTRY 4711 NORTH RAVENSWOOD CHICAGO, IL 606404407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NOAHS HOPE HOPE 4 BRIDGET FOUNDATIO PO BOX 36 BARRINGTON, IL 600110036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE NETWORK OF CHARTER SCHOOLS 1 N STATE STREET 7-LOWER CHICAGO, IL 60602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
NOBLE NETWORK OF CHARTER SCHOOLS 1 N STATE STREET 7-LOWER CHICAGO, IL 60602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,000
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45,750
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,250
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICA TELUGU SOCIETY INC 24000 WALNUT CIR PLAINFIELD, IL 60585	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,750
NORTH CENTRAL DISTRICT MISSIONARY C 1770 W THOME AVE UNIT E CHICAGO, IL 60660	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
NORTH LAWNDALE EMPLOYMENT NETWORK 906 S HOMAN AVENUE SUITE 700 CHICAGO, IL 60624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH PARK UNIVERSITY 3225 W FOSTER AVE BOX 6 CHICAGO, IL 60625	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
NORTH SHORE ART LEAGUE 620 LINCOLN AVE WINNETKA, IL 600932331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
NORTH SIDE HOUSING AND SUPPORTIVE S 4410 N RAVENSWOOD CHICAGO, IL 60640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SOUTH FOUNDATION 2 MARISSA CT BURR RIDGE, IL 605276864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	847
NORTH SOUTH FOUNDATION 2 MARISSA CT BURR RIDGE, IL 605276864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	297
NORTHBROOK SYMPHONY ORCHESTRA INC 899 SKOKIE BOULEVARD SUITE LL12 NORTHBROOK, IL 600624020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN ILLINOIS UNIVERSITY FO 5500 N ST LOUIS CHICAGO, IL 60625	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	318
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	98
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	262
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	131
NORTHERN ILLINOIS SAMOYED ASSISTANC PO BOX 218 ARLINGTON HTS, IL 600060218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTHERN ILLINOIS UNIVERSITY FOUNDA 134 ALTGELD HALL DEKALB, IL 60115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSHORE UNIVERSITY HEALTHSYSTEM 1033 UNIVERSITY PL STE 450 EVANSTON, IL 602013172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
NORTHSHORE UNIVERSITY HEALTHSYSTEM 1033 UNIVERSITY PL STE 450 EVANSTON, IL 602013172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NORTHWEST SIDE HOUSING CENTER 5233 WEST DIVERSEY AVENUE CHICAGO, IL 60639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN MEMORIAL HEALTHCARE OFFICE OF PHILANTHROPY 1000 NORTH WESTMORELAND ROAD LAKE FOREST, IL 60045	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,800
NORTHWESTERN MEMORIAL HEALTHCARE 541 NORTH FAIRBANKS COURT SUITE 800 CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTHWESTERN MEMORIAL HEALTHCARE OFFICE OF PHILANTHROPY 1000 NORTH WESTMORELAND ROAD LAKE FOREST, IL 60045	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN SETTLEMENT FOUNDATION 1400 W AUGUSTA BLVD CHICAGO, IL 606423939	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,025
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	425
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,025
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
NORTHWESTERN UNIVERSITY 1201 DAVIS STREET RM 1-400 / MATCHING GIFTS EVANSTON, IL 60208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME COLLEGE PREP 7655 W DEMPSTER ST NILES, IL 607142033	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME COLLEGE PREP 7655 W DEMPSTER ST NILES, IL 607142033	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NPH-USA 134 NORTH LA SALLE STREET SUITE 500 CHICAGO, IL 606021036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
NSSRA FOUNDATION 3105 MACARTHUR BLVD NORTHBROOK, IL 600621903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NSSRA FOUNDATION 3105 MACARTHUR BLVD NORTHBROOK, IL 600621903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
NUTS BOLTS & THINGAMAJIGS THE FOUND 2135 POINT BLVD ELGIN, IL 601237956	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NW HOMESTART INC803 N CHURCH ST ROCKFORD, IL 61103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK BROOK PARK DISTRICT FOUNDATION 1450 FOREST GATE RD OAK BROOK, IL 605232159	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST OAK PARK, IL 60301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST OAK PARK, IL 60301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE ST OAK PARK, IL 60301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OLD TOWN SCHOOL OF FOLK MUSIC INC 4544 N LINCOLN AVE CHICAGO, IL 606252103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ONE HEART UGANDA INCORPORATED PO BOX 57714 CHICAGO, IL 60657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	404
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONE TAIL AT A TIME NFP 2020 N CALIFORNIA SUITE 7 152 CHICAGO, IL 60647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,740
OPEN HEART MAGIC 67 E MADISON SUITE 1504 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY KNOCKS 8020 MADISON ST RIVER FOREST, IL 603052027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORPHANS OF THE STORM 2200 RIVERWOODS RD RIVERWOODS, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORPHANS OF THE STORM 2200 RIVERWOODS RD RIVERWOODS, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHANS OF THE STORM 2200 RIVERWOODS RD RIVERWOODS, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ORPHANS OF THE STORM 2200 RIVERWOODS RD RIVERWOODS, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
OSCAR MIKE FOUNDATION 21003 RIVER RD MARENGO, IL 60152	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF MOUNT CARMEL 708 W BELMONT AVE CHICAGO, IL 606574513	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
OUR LADY OF MOUNT CARMEL ACADEMY 720 WEST BELMONT AVE CHICAGO, IL 60657	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	686
OUR LADY OF PERPETUAL HELP SCHOOL OLPH SCHOOL 1123 CHURCH ST GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF PERPETUAL HELP SCHOOL OLPH SCHOOL 1123 CHURCH ST GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,625
OUR LADY OF PERPETUAL HELP SCHOOL OLPH SCHOOL 1123 CHURCH ST GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
OUR LADY OF PERPETUAL HELP SCHOOL OLPH SCHOOL 1123 CHURCH ST GLENVIEW, IL 600252928	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PLACE OF NEW TRIER TOWNSHIP INC 370 CHESTNUT ST WINNETKA, IL 600932415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR PLACE OF NEW TRIER TOWNSHIP INC 370 CHESTNUT ST WINNETKA, IL 600932415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OUR SERBS CHARITABLE ORGANIZATION 155 N MICHIGAN AVE STE 205 CHICAGO, IL 606017982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR SERBS CHARITABLE ORGANIZATION 155 N MICHIGAN AVE STE 205 CHICAGO, IL 606017982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OUR SERBS CHARITABLE ORGANIZATION 155 N MICHIGAN AVE STE 205 CHICAGO, IL 606017982	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OUTREACH COMMUNITY MINISTRIES INC 373 S SCHMALE RD STE 103 CAROL STREAM, IL 60188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVER THE RAINBOW ASSOCIATION 2040 BROWN AVE EVANSTON, IL 602013373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
P S IT S SOCIAL2922 CENTRAL STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PACIFIC GARDEN MISSION 1458 S CANAL STREET CHICAGO, IL 606807436	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC GARDEN MISSION 1458 S CANAL STREET CHICAGO, IL 606807436	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
PADS TO HOPE INC 1140 EAST NORTHWEST HIGHWAY PALATINE, IL 60074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PALATINE BOYS BASEBALL INC 830 S ELM STREET PALATINE, IL 60067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP TO EDUCATE AND ADVANCE 1443 WEST DIVISION ST CHICAGO, IL 60642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PAT TILLMAN FOUNDATION 222 WEST MERCHANDISE MART PLAZA 1212 CHICAGO, IL 60654	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PATTERSON ELEMENTARY SCHOOL 3731 LAWRENCE DR NAPERVILLE, IL 605644176	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS139 E VIENNA ST ANNA, IL 629061839	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	643
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CHICAGO1997 N CLYBOURN AVE CHICAGO, IL 60614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
PAWS GIVING INDEPENDENCE NFP PO BOX 9572 PEORIA, IL 616129572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
PEDIATRIC ONCOLOGY TREASURE CHEST F 15430 70TH COURT ORLAND PARK, IL 60462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEKING UNIVERSITY ALUMNI ASSOCIATIO 4763 WELLINGTON DR LONG GROVE, IL 600475223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PEOPLES ANIMAL WELFARE SOCIETY 8301 191ST ST TINLEY PARK, IL 604878477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PEOPLES ANIMAL WELFARE SOCIETY 8301 191ST ST TINLEY PARK, IL 604878477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLES ANIMAL WELFARE SOCIETY 8301 191ST ST TINLEY PARK, IL 604878477	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PEOPLES RESOURCE CENTER 201 S NAPERVILLE RD WHEATON, IL 60187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEORIA AREA COMMUNITY FOUNDATION 3625 NORTH SHERIDAN ROAD PEORIA, IL 61604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PEORIA HEIGHTS PUBLIC LIBRARY 816 E GLEN AVENUE PEORIA HEIGHTS, IL 61616	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
PEORIA SYMPHONY ORCHESTRA 101 STATE ST PEORIA, IL 616021547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEORIA SYMPHONY ORCHESTRA 101 STATE ST PEORIA, IL 616021547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
PEORIA SYMPHONY ORCHESTRA 101 STATE ST PEORIA, IL 616021547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PERMANENTLY DISABLED JOCKEYS FUND I PO BOX 803 ELMHURST, IL 601260803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	277
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	369
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILIPPINE FRONTLINE MINISTRIES INC 250 A MORROW ST SOMONAUK, IL 605529772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
PHYSICIANS FOR A NATIONAL HEALTH PR 29 E MADISON STE 1412 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
PHYSICIANS FOR A NATIONAL HEALTH PR 29 E MADISON STE 1412 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHYSICIANS FOR A NATIONAL HEALTH PR 29 E MADISON STE 1412 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PIN OAK FOUNDATION INC 4820 BROADWAY ST QUINCY, IL 623059113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PIOUS PROJECTS OF AMERICA 7541 W 99TH PL BRIDGEVIEW, IL 604552404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PJS PET GUARDIANS 725 N 15TH STREET EAST SAINT LOUIS, IL 62205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PJS PET GUARDIANS 725 N 15TH STREET EAST SAINT LOUIS, IL 62205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 606033206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 606033206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 606033206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	238
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVENUE 6TH FLOOR CHICAGO, IL 606033206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	61
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAYERS FOR PITSPO BOX 370 WARRENVILLE, IL 60555	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
POETRY CENTER OF CHICAGO 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
POLICE CHAPLAINS MINISTRY FUND 1140 WEST JACKSON BLVD CHICAGO, IL 606073793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE CHAPLAINS MINISTRY FUND 1140 WEST JACKSON BLVD CHICAGO, IL 606073793	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
POLISH AMERICAN ASSOCIATION 3834 NORTH CICERO AVENUE CHICAGO, IL 606413622	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PRAIRIE STATE LEGAL SERVICES INC 303 N MAIN ST STE 600 ROCKFORD, IL 611011050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRAIRIE STATE LEGAL SERVICES INC 303 N MAIN ST STE 600 ROCKFORD, IL 611011050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
PRAIRIE STATE LEGAL SERVICES INC 303 N MAIN ST STE 600 ROCKFORD, IL 611011050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
PRECIOUS PETS ALMOST HOME ASSOCIATI PO BOX 411855 CHICAGO, IL 606416255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRECIOUS PETS ALMOST HOME ASSOCIATI PO BOX 411855 CHICAGO, IL 606416255	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PREGNANCY CARE CENTER 180 SOUTH 3RD ST SUITE 50 BELLEVILLE, IL 62220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRESCOTT PARENTS 2638 N HERMITAGE AVE CHICAGO, IL 606144130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESENCE HEALTH FOUNDATION BOARD OF 2601 NAVISTAR DRIVE BLDG 4 FLOOR 1 LISLE, IL 60532	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,250
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE FL 10 CHICAGO, IL 606042318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PREVENT CHILD ABUSE AMERICA 228 S WABASH AVE FL 10 CHICAGO, IL 606042318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIMO CENTER FOR WOMEN AND CHILDREN 6212 S SANGAMON ST CHICAGO, IL 606212006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PRO PUBLICA INC 211 WEST WACKER DRIVE 3RD FLOOR CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROVIDENCE ENGLEWOOD CHARTER SCHOOL 6515 S ASHLAND CHICAGO, IL 60636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	502
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC ACTION TO DELIVER SHELTER IN 659 S RIVER ST AURORA, IL 605065551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PUBLIC ACTION TO DELIVER SHELTER IN 659 S RIVER ST AURORA, IL 605065551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PUBLIC ACTION TO DELIVER SHELTER IN 659 S RIVER ST AURORA, IL 605065551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUERTO RICAN ARTS ALLIANCE 3000 N ELBRIDGE AVE CHICAGO, IL 606186722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	257
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PULMONARY FIBROSIS FOUNDATION 230 E OHIO ST STE 500 CHICAGO, IL 60611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURSUE SCHOLARS NFPPO BOX 12568 CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PURSUE SCHOLARS NFPPO BOX 12568 CHICAGO, IL 60612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
QUINCY HUMANE SOCIETY PO BOX 3173 QUINCY, IL 62305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY NOTRE DAME FOUNDATION 1400 S 11TH ST QUINCY, IL 623017252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUINCY NOTRE DAME FOUNDATION 1400 SOUTH 11TH STREET QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
QUINCY NOTRE DAME FOUNDATION 1400 SOUTH 11TH STREET QUINCY, IL 62301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINCY NOTRE DAME FOUNDATION 1400 S 11TH ST QUINCY, IL 623017252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
QUINCY SYMPHONY ORCHESTRA 200 N 8TH STREET SUITE 102 QUINCY, IL 62301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
QUINCY UNIVERSITY CORPORATION 1800 COLLEGE AVENUE QUINCY, IL 62301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVENSWOOD COMMUNITY SERVICES INC 4550 N HERMITAGE AVE CHICAGO, IL 606405304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
RAVINIA FESTIVAL ASSOCIATION 418 SHERIDAN RD HIGHLAND PARK, IL 60035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RAY GRAHAM ASSOCIATION FOR PEOPLE W 901 WARRENVILLE RD STE 500 LISLE, IL 60532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,300
REBUILDING TOGETHER METRO CHICAGO PO BOX 641250 CHICAGO, IL 606641250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFLECTIONS FOUNDATION 10816 S PARNELL AVE CHICAGO, IL 606283230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
REFUGE FOR WOMEN 180 S WESTERN AVE 123 CARPENTERSVILLE, IL 60110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REFUGEEONE 4753 N BROADWAY ST STE 401 CHICAGO, IL 606404981	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEEONE 4753 N BROADWAY ST STE 401 CHICAGO, IL 606404981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
REFUGEEONE 4753 N BROADWAY ST STE 401 CHICAGO, IL 606404981	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
REGAP OF ILLINOIS INC4107 E 3RD RD MENDOTA, IL 61342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REHABILITATION INSTITUTE OF CHICAGO 355 E ERIE STREET CHICAGO, IL 60611	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
RESOLUTION SYSTEMS INSTITUTE 11 E ADAMS ST STE 500 CHICAGO, IL 606036334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RESPIRATORY HEALTH ASSOCIATION 1440 W WASHINGTON BLVD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPIRATORY HEALTH ASSOCIATION 1440 W WASHINGTON BLVD CHICAGO, IL 60607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
RESURRECTION HIGH SCHOOL 7500 WEST TALCOTT AVENUE CHICAGO, IL 606313705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
RESURRECTION PROJECT 1805 SOUTH PAULINA STREET CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESURRECTION PROJECT 1805 SOUTH PAULINA STREET CHICAGO, IL 60608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
RICE CHILDRENS CENTER 1101 WASHINGTON ST EVANSTON, IL 602021619	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
RICE CHILDRENS CENTER 1101 WASHINGTON ST EVANSTON, IL 602021619	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICE CHILDRENS CENTER 1101 WASHINGTON ST EVANSTON, IL 602021619	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	449
RISE INTERNATIONAL NFPPO BOX 81 WINNETKA, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
RISE INTERNATIONAL NFP 790 FRONTAGE RD STE 321 NORTHFIELD, IL 600931204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROAD RUNNERS CLUB OF AMERICA 4722 NORTH SHERIDAN RD PEORIA, IL 61614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
ROAD RUNNERS CLUB OF AMERICA 4722 NORTH SHERIDAN RD PEORIA, IL 61614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROAD RUNNERS CLUB OF AMERICA 4722 NORTH SHERIDAN RD PEORIA, IL 61614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT CROWN CENTER FOR HEALTH ED 15 SPINNING WHEEL RD STE 410 HINSDALE, IL 60521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ROCKFORD UNIVERSITY 5050 E STATE ST ROCKFORD, IL 61108	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
ROCKFORD UNIVERSITY 5050 E STATE ST ROCKFORD, IL 61108	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROGERS PARK MONTESSORI SCHOOL 1800 W BALMORAL AVE CHICAGO, IL 606401002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ROMAN CATHOLIC DIOCESE OF JOLIET 16555 WEBER ROAD CREST HILL, IL 60403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,003
ROMEOVILLE HUMANE SOCIETY PO BOX 7052 ROMEOVILLE, IL 604460952	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMEOVILLE HUMANE SOCIETY PO BOX 7052 ROMEOVILLE, IL 604460952	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROMEOVILLE HUMANE SOCIETY PO BOX 7052 ROMEOVILLE, IL 604460952	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	438
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE CHARITIES INC 26345 NETWORK PLACE CHICAGO, IL 60673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	498
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RONALD MCDONALD HOUSE CHARITIES OF 1301 WEST 22ND STREET OAK BROOK, IL 605232006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
RONALD MCDONALD HOUSE CHARITIES OF 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSECRANCE FOUNDATION 1021 N MULFORD ROAD ROCKFORD, IL 611073877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ROSECRANCE FOUNDATION 1021 N MULFORD ROAD ROCKFORD, IL 611073877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ROSECRANCE FOUNDATION 1021 N MULFORD ROAD ROCKFORD, IL 611073877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY FOUNDATION OF MONTGOMERY IL PO BOX 924 MONTGOMERY, IL 60538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROTARY FOUNDATION OF MONTGOMERY IL PO BOX 924 MONTGOMERY, IL 60538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75,000
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	393
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST SUITE 300 CHICAGO, IL 60607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S O S CHILDRENS VILLAGES ILLINOIS 216 W JACKSON SUITE 925 CHICAGO, IL 60606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SACRED HEART GRIFFIN HIGH SCHOOL 1200 W WASHINGTON STREET SPRINGFIELD, IL 627024770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,485
SACRED HEART GRIFFIN HIGH SCHOOL 1200 W WASHINGTON STREET SPRINGFIELD, IL 627024770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART GRIFFIN HIGH SCHOOL 1200 W WASHINGTON STREET SPRINGFIELD, IL 627024770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART SCHOOL 1095 GAGE STREET WINNETKA, IL 60093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
SAINT PARASKEVA ORTHODOX CHARITY 5410 N NEWLAND AVE CHICAGO, IL 606562026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAINT XAVIER UNIVERSITY 3700 WEST 103RD STREET CHICAGO, IL 606553105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALUTE INC18 NORTH BOTHWELL PALATINE, IL 60067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
SALVATION ARMY NATIONAL CORP 405 VERMONT ST QUINCY, IL 62301	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
SANDRA MARIE BEREITSCHAFT FOUNDATIO PO BOX 41 MILLSTADT, IL 622601550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTAS VOLUNTEERS2321 LEGACY DR AURORA, IL 60502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SARAHS CIRCLE4838 N SHERIDAN RD CHICAGO, IL 60640	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAVE A PET INC31664 N FAIRFIELD RD GRAYSLAKE, IL 600309597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE A PET INC31664 N FAIRFIELD RD GRAYSLAKE, IL 600309597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAVE A PET INC31664 N FAIRFIELD RD GRAYSLAKE, IL 600309597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
SCANDINAVIAN PARK INCORPORATED NFP 315 CHATHAM LANE ROSELLE, IL 60172	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELF-HELP CLOSET AND PANTRY OF DES 600 E ALGONQUIN RD DES PLAINES, IL 60016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SERBS FOR SERBSPO BOX 34206 CHICAGO, IL 606340206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SETON MONTESSORI SCHOOL 5728 VIRGINIA AVENUE CLARENDON HILL, IL 60514	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SHEDD AQUARIUM SOCIETY 1200 SOUTH LAKE SHORE DRIVE CHICAGO, IL 606052402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2211 N OAK PARK AVE CHICAGO, IL 60707	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	24
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 602013837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	153
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 602013837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 602013837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 602014517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SIGMA CHI FOUNDATION 1714 HINMAN AVE EVANSTON, IL 602014517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	502
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIVAN FINE ARTS ACADEMY INC 582 E HOME AVE PALATINE, IL 600747060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
SKILLS FOR CHICAGOLANDS FUTURE 191 N WACKER DR STE 1150 CHICAGO, IL 606061934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SKILLS FOR CHICAGOLANDS FUTURE 191 N WACKER DR STE 1150 CHICAGO, IL 606061934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SLOVENIAN CULTURAL CENTER PO BOX 634 LEMONT, IL 604390634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SOARING EAGLE ACADEMY 800 PARKVIEW BLVD LOMBARD, IL 60148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SOCIETY FOR CONTEMPORARY ART 111 S MICHIGAN AVENUE CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR CONTEMPORARY ART 111 S MICHIGAN AVENUE CHICAGO, IL 60603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOLOMON SCHECHTER DAY SCHOOL OF MET 3210 DUNDEE RD NORTHBROOK, IL 600622341	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
SOUTH SUBURBAN HUMANE SOCIETY 1103 W END AVE CHICAGO HTS, IL 604112744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SUBURBAN PADS 4411 W GATLING BLVD COUNTRY CLUB HILLS, IL 60478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SOUTH SUBURBAN PADS 4411 W GATLING BLVD COUNTRY CLUB HILLS, IL 60478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTH SUBURBAN PADS 4411 W GATLING BLVD COUNTRY CLUB HILLS, IL 60478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	334
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SUBURBAN PADS 4411 W GATLING BLVD COUNTRY CLUB HILLS, IL 60478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTH SUBURBAN PADS 414 W LINCOLN HWY CHICAGO HTS, IL 604112445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOUTH SUBURBAN PADS 4411 W GATLING BLVD COUNTRY CLUB HILLS, IL 60478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SUBURBAN PADS 414 W LINCOLN HWY CHICAGO HTS, IL 604112445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTHEAST CHICAGO COMMISSION 1511 EAST 53RD STREET CHICAGO, IL 60615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
SOUTHEAST LAKE COUNTY FAITH IN ACTI 1510 OLD DEERFIELD RD STE 205 HIGHLAND PARK, IL 600353070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ILLINOIS UNIVERSITY EDWARD CAMPUS BOX 1082 EDWARDSVILLE, IL 62026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
SOUTHERN ILLINOIS UNIVERSITY EDWARD CAMPUS BOX 1082 EDWARDSVILLE, IL 62026	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
SOUTHWEST ORGANIZING PROJECT 2558 W 63RD ST CHICAGO, IL 606291640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPACELAB MAKERSPACE 11121 1ST STREET MOKENA, IL 60448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SPANISH COALITION FOR HOUSING 1922 N PULASKI AVE CHICAGO, IL 60639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
SPARC232 N BRUNS LN SPRINGFIELD, IL 62702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARK PROGRAM INC 67 E MADISON STREET SUITE 2101 CHICAGO, IL 60603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPARK VENTURESPO BOX 641004 CHICAGO, IL 60664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
SPAY AND STAYPO BOX 145 GRAYSLAKE, IL 600300145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL CHILDRENS CHARITIES 2 E 8TH STREET 2M CHICAGO, IL 60602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL CHILDRENS CHARITIES 2 EAST 8TH ST 2M CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,353
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS ILLINOIS 605 E WILLOW STREET NORMAL, IL 61761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPIRIT OF 67 FOUNDATION 300 S WAUKEGAN ROAD LAKE FOREST, IL 600452110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
SPRINGFIELD ILLINOIS AFRICAN-AMERIC PO BOX 301 SPRINGFIELD, IL 627050301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIR NAPERVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,500
SRI MATHRUDEVI VISWASHANTHI ASHRAM 1608 TERRI CIRCLE NAPLEVILLE, IL 60563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,008
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SS PETER & PAUL SCHOOL 207 VANDALIA STREET COLLINSVILLE, IL 62234	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST BENEDICT PARISH & SCHOOLS 2215 W IRVING PARK ROAD CHICAGO, IL 60618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST BENEDICT PARISH & SCHOOLS 2215 W IRVING PARK ROAD CHICAGO, IL 60618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	386
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CLEMENT SCHOOL 2524 NORTH ORCHARD STREET CHICAGO, IL 606142536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
ST DOMINIC ELEMENTARY SCHOOL 4100 COLUMBUS RD QUINCY, IL 623054715	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
ST FRANCIS XAVIER SCHOOL 145 NORTH WAIOLA AVE LA GRANGE, IL 60525	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST FRANCIS XAVIER SCHOOL 808 LINDEN AVENUE WILMETTE, IL 600912711	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HELEN SCHOOL 2347 W AUGUSTA BLVD CHICAGO, IL 60622	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST IGNATIUS COLLEGE OF CHICAGO 1076 W ROOSEVELT RD CHICAGO, IL 606081531	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
ST IGNATIUS COLLEGE OF CHICAGO 1076 W ROOSEVELT RD CHICAGO, IL 606081531	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,400
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST IGNATIUS COLLEGE PREP 1076 WEST ROOSEVELT ROAD CHICAGO, IL 60608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOAN OF ARC CATHOLIC CHURCH & SC 820 DIVISION ST LISLE, IL 605322248	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,400
ST JOHN OF THE CROSS PARISH SCHOOL 708 51ST STREET WESTERN SPRINGS, IL 605581925	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST JOSEPH SCHOOL 4832 HIGHLAND AVE DOWNERS GROVE, IL 60515	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAURENCE HIGH SCHOOL 5556 W 77TH ST BURBANK, IL 60459	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	875
ST LEONARDS MINISTRIES 2100 W WARREN BOULEVARD CHICAGO, IL 606122310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ST MARY CATHOLIC SCHOOL 313 N TRYON ST WOODSTOCK, IL 60098	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY CHURCH OF ELGIN 397FULTON STREET ELGIN, IL 60120	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARY OF GOSTYN CATHOLIC SCHOOL 444 WILSON STREET DOWNERS GROVE, IL 605153832	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST MARY OF GOSTYN CATHOLIC SCHOOL 444 WILSON STREET DOWNERS GROVE, IL 605153832	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK HIGH SCHOOL 5900 W BELMONT AVE CHICAGO, IL 606345107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ST PATRICK RESIDENCE 1400 BROOKDALE RD NAPERVILLE, IL 605632126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ST PAUL OF CROSS PARISH 320 S WASHINGTON AVE PARK RIDGE, IL 600684242	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL SCHOOL300 S WEST ST ODELL, IL 60460	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST PAUL SCHOOL EDUCATIONAL FOUNDATI 1412 9TH ST HIGHLAND, IL 622491621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST TERESA EDUCATIONAL FOUNDATION 2710 N WATER ST DECATUR, IL 625264232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONIFACE SCHOOL 128 NORTH BUCHANAN ST EDWARDSVILLE, IL 62025	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
ST MATTHEW UNITED CHURCH OF CHRIST 1420 S GABLES WHEATON, IL 60189	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
ST PETER & PAUL CATHOLIC CHURCH 204 W MILL STREET WATERLOO, IL 62298	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAGE ONE PRODUCTIONS INC 604 E CAMP MCDONALD RD PROSPECT HTS, IL 600702503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
STAND UP FOR KIDS CHICAGO 3614 NORTH ASHLAND AVE CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
STAND UP FOR KIDS CHICAGO 3614 NORTH ASHLAND AVE CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAND UP FOR KIDS CHICAGO 3614 NORTH ASHLAND AVE CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STAND UP FOR KIDS CHICAGO 3614 NORTH ASHLAND AVE CHICAGO, IL 60613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STEEP THEATRE COMPANY 1115 W BERWYN AVE CHICAGO, IL 606402301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEEP THEATRE COMPANY 1115 W BERWYN AVE CHICAGO, IL 606402301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
STEEP THEATRE COMPANY 1115 W BERWYN AVE CHICAGO, IL 606402301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STEPPENWOLF THEATER CO 1700 N HALSTED STREET CHICAGO, IL 60614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREET SAMARITANS 1054 S PLYMOUTH CT CHICAGO, IL 60605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
STREETWISE 4554 N BROADWAY SUITE 350 CHICAGO, IL 60640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STS PETER & PAUL SCHOOL 217 W 3RD STREET WATERLOO, IL 622981344	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,421
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,850
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,613
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	245
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 WEST INSTITUTE PLACE SUITE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	327
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 W INSTITUTE PL STE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,782
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	687
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 WEST INSTITUTE PLACE SUITE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	441
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 W INSTITUTE PL STE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,289
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,565
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,555
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,339
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 WEST INSTITUTE PLACE SUITE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 213 W INSTITUTE PL STE 302 CHICAGO, IL 60610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	758
SUSAN G KOMEN BREAST CANCER FOUNDAT 55 E JACKSON BLVD SUITE 1010 CHICAGO IL, IL 60604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEDISH AMERICAN MUSEUM ASSOCIATION 5211 N CLARK ST CHICAGO, IL 606402101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SWEDISH AMERICAN MUSEUM ASSOCIATION 5211 N CLARK ST CHICAGO, IL 606402101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SYRIAN AMERICAN MEDICAL SOCIETY-MI 20 BLUE GRASS COURT OAK BROOK, IL 60523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLER DE JOSE2831 W 24TH BLVD CHICAGO, IL 606233525	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	140
TALLER DE JOSE2831 W 24TH BLVD CHICAGO, IL 606233525	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
TALLER DE JOSE2831 W 24TH BLVD CHICAGO, IL 606233525	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TALLER DE JOSE2831 W 24TH BLVD CHICAGO, IL 606233525	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	40
TALLER DE JOSE2831 W 24TH BLVD CHICAGO, IL 606233525	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	40
THE ACE PROJECTPO BOX 304 WESTMONT, IL 60559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ACE PROJECTPO BOX 304 WESTMONT, IL 60559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE ARK6450 N CALIFORNIA AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE BARACK OBAMA FOUNDATION 5235 SOUTH HARPER COURT NO 1140 CHICAGO, IL 606154241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BEACON PLACE NFP 603 S MCALISTER AVE WAUKEGAN, IL 600856489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BEACON PLACE NFP 603 S MCALISTER AVE WAUKEGAN, IL 600856489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE BOX CAR FOUNDATION INC 540 FRONTAGE ROAD SUITE 3245 NORTHFIELD, IL 60093	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTRALIA HUMANE SOCIETY PO BOX 124 CENTRALIA, IL 628019103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE CHICAGO CLUB PRESERVATION FOUND 81 E VAN BUREN ST CHICAGO, IL 606051205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE CHICAGO COMMUNITY TRUST 225 NORTH MICHIGAN AVENUE SUITE 2200 CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HEART FOUNDATION 620 MARGATE DRIVE LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,378
THE CHILDRENS HEART FOUNDATION 5 REVERE DRIVE SUITE 200 NORTHBROOK, IL 60062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HEART FOUNDATION 5 REVERE DRIVE SUITE 200 NORTHBROOK, IL 60062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HEART FOUNDATION 620 MARGATE DRIVE LINCOLNSHIRE, IL 60069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
THE CHILDRENS HEART FOUNDATION 5 REVERE DRIVE SUITE 200 NORTHBROOK, IL 60062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE DREAM CENTER OF PEORIA NFP 714 HAMILTON BLVD SUITE 200 PEORIA, IL 616033617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR PERIPHERAL NEURO 485 E HALF DAY RD STE 350 BUFFALO GROVE, IL 60087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE GLOBAL FOODBANKING NETWORK 70 EAST LAKE STREET SUITE 1200 CHICAGO, IL 606011263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
THE HONEYCOMB PROJECT INC NFP 1658 N MILWAUKEE AVE STE 190 CHICAGO, IL 606476905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	880
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JACKSON CHANCE FOUNDATION 230 N MICHIGAN AVE 37TH FL CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	277
THE JACKSON CHANCE FOUNDATION 230 N MICHIGAN AVE 37TH FL CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE JACKSON CHANCE FOUNDATION 230 N MICHIGAN AVE 37TH FL CHICAGO, IL 60601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JACKSONVILLE PUBLIC SCHOOLS FOU 211 W STATE JACKSONVILLE, IL 62650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE JOFFREY BALLET 10 E RANDOLPH ST CHICAGO, IL 60601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE LANE SCHOOL PARENT-TEACHER ORGA 500 N ELM STREET HINSDALE, IL 605210000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 60610	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THE LATIN SCHOOL OF CHICAGO 59 W NORTH BLVD CHICAGO, IL 60610	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE POSSE FOUNDATION INC 111 W JACKSON BLVD SUITE 1100 CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,590
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,554
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	781
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	167
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,550
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	879
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,658
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	565
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	218
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,810
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,347
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 602014818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
THE ROTARY FOUNDATION OF ROTARY INT 1560 SHERMAN AVE EVANSTON, IL 60201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 5040 NORTH PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
THE SALVATION ARMY 5040 N PULASKI ROAD CHICAGO, IL 60630	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
THE SWIFTY FOUNDATION 3916 SARAZEN CT WOODRIDGE, IL 605171490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SWIFTY FOUNDATION 3916 SARAZEN CT WOODRIDGE, IL 605171490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED LEUKODYSTROPHY FOUNDATIO 224 N 2ND ST STE 2 DEKALB, IL 601153293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE UNITED LEUKODYSTROPHY FOUNDATIO 224 N 2ND ST STE 2 DEKALB, IL 601153293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE UNITED LEUKODYSTROPHY FOUNDATIO 224 N 2ND ST STE 2 DEKALB, IL 601153293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILLOWS ACADEMY 1015 ROSE AVENUE DES PLAINES, IL 600163321	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
THE WILLOWS ACADEMY 1015 ROSE AVENUE DES PLAINES, IL 600163321	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
THE WINNETKA PUBLIC SCHOOLS FOUNDAT PO BOX 97 WINNETKA, IL 60093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS MORE SOCIETY 309 W WASHINGTON STREET SUITE 1250 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THOMAS MORE SOCIETY 309 W WASHINGTON STREET SUITE 1250 CHICAGO, IL 60606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THRIVE COUNSELING CENTER 120 S MARION ST OAK PARK, IL 603022809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THRIVE COUNSELING CENTER 120 S MARION ST OAK PARK, IL 603022809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TOUCH MY HEART NFP 2300 FLAMBEAU DR NAPERVILLE, IL 605649676	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
TOUCH MY HEART NFP 2300 FLAMBEAU DR NAPERVILLE, IL 605649676	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONS OF WESTERN ILLINOIS INC PO BOX 3646 QUINCY, IL 623053646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREE HOUSE HUMANE SOCIETY 7225 N WESTERN AVE CHICAGO, IL 60645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	638
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
TREEHOUSE WILDLIFE CENTER INC 23956 GREEN ACRES ROAD DOW, IL 62022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY SERVICES INC 301 VETERANS PARKWAY NEW LENOX, IL 60451	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRIO ANIMAL FOUNDATION 516 N OGDEN SUITE 199 CHICAGO, IL 606426421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
TRIO ANIMAL FOUNDATION 516 N OGDEN SUITE 199 CHICAGO, IL 606426421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIO ANIMAL FOUNDATION 516 N OGDEN SUITE 199 CHICAGO, IL 606426421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
TRIO ANIMAL FOUNDATION 516 N OGDEN SUITE 199 CHICAGO, IL 606426421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
U S PROVINCE OF THE MISSIONARY OBLA 9541 CHURCH CIRCLE DR BELLEVILLE, IL 62223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,076
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMOJA STUDENT DEVELOPMENT CORPORATI 910 W VAN BUREN STREET SUITE 710 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UMOJA STUDENT DEVELOPMENT CORPORATI 910 W VAN BUREN STREET SUITE 710 CHICAGO, IL 60607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNION LEAGUE BOYS & GIRLS CLUBS 65 WEST JACKSON BLVD CHICAGO, IL 606043507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CEREBRAL PALSY SEGUIN OF GRE 3100 S CENTRAL AVE CICERO, IL 608043956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED CHURCH OF CHRIST 4586 COUNTY HIGHWAY 6 OKAWVILLE, IL 62271	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CONFERENCE OF CATHOLI 1914 S ASHLAND CHICAGO, IL 60608	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER MCHENRY COUNT 4508 PRIME PKWY MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF GREATER MCHENRY COUNT 4508 PRIME PKWY MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF GREATER MCHENRY COUNT 4508 PRIME PKWY MCHENRY, IL 60050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LAKE COUNTY INC 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
UNITED WAY OF LAKE COUNTY INC 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF LAKE COUNTY INC 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LAKE COUNTY INC 330 SOUTH GREENLEAF STREET GURNEE, IL 60031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,534
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,074
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	828
UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE 30TH FLOOR CHICAGO, IL 60604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	414
UNITED WAY OF WHITESIDE COUNTY INC PO BOX 806 STERLING, IL 610810806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	166
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WHITESIDE COUNTY INC PO BOX 806 STERLING, IL 610810806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	126
UNITED WAY OF WHITESIDE COUNTY INC PO BOX 806 STERLING, IL 610810806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
UNITED WAY OF WHITESIDE COUNTY INC PO BOX 806 STERLING, IL 610810806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 604324394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	759
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 604324394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,066
UNITED WAY OF WILL COUNTY 54 N OTTAWA ST STE 300 JOLIET, IL 604324394	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIV OF CHICAGO LAB SCHOOL 5235 S HARPER COURT SUITE 450 CHICAGO, IL 60615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
UNIV OF CHICAGO LAB SCHOOL 5235 S HARPER COURT SUITE 450 CHICAGO, IL 60615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF CHICAGO 300 E GARFIELD BLVD CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	122
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,625
UNIVERSITY OF CHICAGO 1111 EAST 60TH STREET CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVENUE SUITE 300 CHICAGO, IL 60637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF CHICAGO 5235 S HARPER COURT SUITE 450 CHICAGO, IL 60615	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 300 E GARFIELD BLVD CHICAGO, IL 60637	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF CHICAGO 5807 S WOODLAWN AVE CHICAGO, IL 60637	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FLOOR CHICAGO, IL 60615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF ILLINOIS FOUNDATION 1200 W HARRISON ST CHICAGO, IL 60607	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	6,907
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN ST URBANA, IL 618012962	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF ILLINOIS LATINA LATIN 2441 S FRANCISCO AVE CHICAGO, IL 606234142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
URBAN INITIATIVES INC 650 W LAKE ST 340 CHICAGO, IL 60661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,499
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN INITIATIVES INC 650 W LAKE ST 340 CHICAGO, IL 60661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	501
VANDERCOOK COLLEGE OF MUSIC 3140 S FEDERAL ST CHICAGO, IL 606163716	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
VANDERCOOK COLLEGE OF MUSIC 3140 S FEDERAL ST CHICAGO, IL 606163716	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY APOSTOLIC CHURCH 20801 MATTESON AVE MATTESON, IL 604432101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
VICTORY APOSTOLIC CHURCH 20801 MATTESON AVE MATTESON, IL 604432101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
VICTORY APOSTOLIC CHURCH 20801 MATTESON AVE MATTESON, IL 604432101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIOLENCE PREVENTION CENTER OF SOUTH PO BOX 831 BELLEVILLE, IL 622220831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VIVEKANANDA VEDANTA SOCIETY OF CHIC 14630 LEMONT RD HOMER GLEN, IL 604917535	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
VIVEKANANDA VEDANTA SOCIETY OF CHIC 14630 LEMONT RD HOMER GLEN, IL 604917535	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN W CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
WARREN W CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
WARREN W CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN W CHERRY PRESCHOOL 1418 LAKE STREET EVANSTON, IL 60201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WATERLEAF WOMENS CENTER INC 3055 E NEW YORK AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
WATERLEAF WOMENS CENTER INC 3055 E NEW YORK AURORA, IL 60504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERLEAF WOMENS CENTER INC 3055 E NEW YORK AURORA, IL 60504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
WATERLOO CUSD 5 302 BELLEFONTAINE DR WATERLOO, IL 62298	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
WATERLOO FOUNDATION FOR EXCELLENCE 302 BELLEFONTAINE DR WATERLOO, IL 622981790	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERLOO HIGH SCHOOL 505 E BULLDOG BLVD WATERLOO, IL 62298	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
WATERS TODAY4507 N ARTESIAN AVE CHICAGO, IL 60625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WEDIGNIFYPO BOX 803338 97466 CHICAGO, IL 606803338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SUBURBAN MONTESSORI SCHOOL INC 1039 S EAST AVE OAK PARK, IL 603042103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WESTCHESTER FOOD PANTRY 10260 CAMBRIDGE STREET WESTCHESTER, IL 60154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
WESTERN ILLINOIS UNIVERSITY FOUNDAT ONE UNIVERSITY CIRCLE SH 303 MACOMB, IL 61455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER CHRISTIAN SCHOOL 2700 W HIGHLAND AVENUE ELGIN, IL 601247948	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
WILLIAM RAINEY HARPER COLLEGE EDUCA 1200 W ALGONQUIN RD PALATINE, IL 600677373	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	99
WILLIAM RAINEY HARPER COLLEGE EDUCA 1200 W ALGONQUIN RD PALATINE, IL 600677373	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILL-JOLIET BICENTENNIAL PARK INC 201 W JEFFERSON ST AT BLUFF JOLIET, IL 604350000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WILLOW HOUSE2231 LAKESIDE DR BANNOCKBURN, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WILLOW HOUSE2231 LAKESIDE DR BANNOCKBURN, IL 60015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	820
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WINDOW TO THE WORLD COMMUNICATIONS 5400 N ST LOUIS AVENUE CHICAGO, IL 606254623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS PROGRAM INCPO BOX 95615 PALATINE, IL 60095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WOLCOTT SCHOOL 524 NORTH WOLCOTT CHICAGO, IL 60622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
WOMENS BUSINESS DEVELOPMENT CENTER 8 S MICHIGAN AVE STE 400 CHICAGO, IL 606033471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD FAMILY FOUNDATION 121 W WACKER DR SUITE 619 CHICAGO, IL 60601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,705
WOODLANDS ACADEMY 760 EAST WESTLEIGH ROAD LAKE FOREST, IL 60045	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
WORKING IN THE SCHOOLS 641 W LAKE ST STE 200 CHICAGO, IL 606611308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WORLD BICYCLE RELIEF NFP 1000 W FULTON MARKET 4TH FLOOR CHICAGO, IL 60607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	807
WORLD BUSINESS CHICAGO 177 N STATE STREET SUITE 500 CHICAGO, IL 606013611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
YEAR UP INC 223 W JACKSON BLVD SUITE 400 CHICAGO, IL 60606	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG AT HEART PET RESCUE INC PO BOX 1293 PALATINE, IL 600781293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YOUNG LIFEPO BOX 355 OSWEGO, IL 60543	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
YOUNG MAGNET HIGH SCHOOL 211 S LAFLIN ST CHICAGO, IL 606075305	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 3101 MAINE STREET QUINCY, IL 62301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
YOUTH GUIDANCE 1 NORTH LASALLE STREET SUITE 900 CHICAGO, IL 60602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
YOUTH ROBOTICS AND STEM EDUCATION F 3480 SWENSON AVENUE ST CHARLES, IL 60174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH SERVICES OF GLENVIEW-NORTHBR 3080 W LAKE AVE GLENVIEW, IL 600261207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE, IL 600312735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 604820639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 604820639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH, IL 604820639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	910
ACACIA FRATERNITY FOUNDATION INC 12721 MEETING HOUSE RD CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACACIA FRATERNITY FOUNDATION INC 12721 MEETING HOUSE RD CARMEL, IN 46032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ACADEMY OF MODEL AERONAUTICS FOUNDA 5161 E MEMORIAL DRIVE MUNCIE, IN 47302	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
ACRES INCPO BOX 665 HUNTERTOWN, IN 467480665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBION FELLOWS BACON CENTER INC PO BOX 3164 EVANSVILLE, IN 477313164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
ALBION FELLOWS BACON CENTER INC PO BOX 3164 EVANSVILLE, IN 477313164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ALBION FELLOWS BACON CENTER INC PO BOX 3164 EVANSVILLE, IN 477313164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA CHI CHAPTER OF KAPPA ALPHA TH PO BOX 3754 W LAFAYETTE, IN 479963754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALPHA CHI OMEGA FOUNDATION INC 5939 CASTLE CREEK PARKWAY NORTH INDIANAPOLIS, IN 462504343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
ALPHA CHI OMEGA FOUNDATION INC 5939 CASTLE CREEK PARKWAY NORTH INDIANAPOLIS, IN 462504343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,608
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA CHI OMEGA FOUNDATION INC 5939 CASTLE CREEK PARKWAY NORTH INDIANAPOLIS, IN 462504343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ALPHA CHI OMEGA FOUNDATION INC 5939 CASTLE CREEK PARKWAY NORTH INDIANAPOLIS, IN 462504343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ALPHA EPSILON PI FOUNDATION INC 8815 WESLEYAN RD INDIANAPOLIS, IN 462681185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA GAMMA DELTA FOUNDATION INC 8710 N MERIDIAN STREET INDIANAPOLIS, IN 462605389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALPHA KAPPA PSI FOUNDATION 7801 E 88TH ST INDIANAPOLIS, IN 462561233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALPHA KAPPA PSI FOUNDATION 7801 E 88TH ST INDIANAPOLIS, IN 462561233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA KAPPA PSI FOUNDATION 7801 E 88TH ST INDIANAPOLIS, IN 462561233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
ALZHEIMERS DISEASE AND RELATED DISO 50 EAST 91ST STREET 100 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 50 EAST 91ST STREET 100 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 318 MAIN STREET SUITE 219 EVANSVILLE, IN 47708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
AMERICAN CANCER SOCIETY INC 5635 W 96TH ST 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN CANCER SOCIETY INC 318 MAIN STREET SUITE 219 EVANSVILLE, IN 47708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
AMERICAN CANCER SOCIETY INC 318 MAIN STREET SUITE 219 EVANSVILLE, IN 47708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 111 E LUDWIG ROAD SUITE 105 FORT WAYNE, IN 46825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 5635 W 96TH ST 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CELLO INSTITUTE INCORPORAT 2717 S OLCOTT BLVD BLOOMINGTON, IN 474014416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CELLO INSTITUTE INCORPORAT 2717 S OLCOTT BLVD BLOOMINGTON, IN 474014416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DR STE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,222
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DR STE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DR STE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 6500 TECHNOLOGY CTR DRIVE SUITE 100 INDIANAPOLIS, IN 46278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 721 RIVERVIEW AVENUE ELKHART, IN 46516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1510 N MERIDIAN ST INDIANAPOLIS, IN 46202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ARK INC415 LINCOLN AVE EVANSVILLE, IN 477132465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF INDIANAPOLIS I 1475 WEST 86TH STREET SUITE E INDIANAPOLIS, IN 46260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ASSISTANCE LEAGUE OF INDIANAPOLIS I 1475 WEST 86TH STREET SUITE E INDIANAPOLIS, IN 46260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVENUE MUNCIE, IN 47304	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVENUE MUNCIE, IN 47304	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVENUE MUNCIE, IN 47304	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVENUE MUNCIE, IN 47304	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALL STATE UNIVERSITY FOUNDATION 2800 W BETHEL AVENUE MUNCIE, IN 47304	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
BAN ASSAULT RIFLES 1950 E GREYHOUND PASS SUITE 18-142 CARMEL, IN 46033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BEDFORD NORTH LAWRENCE SCHOLARSHIP PO BOX 729 BEDFORD, IN 47421	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 8604 ALLISONVILLE ROAD SUITE 165 INDIANAPOLIS, IN 46250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BEST BUDDIES INTERNATIONAL INC 8604 ALLISONVILLE ROAD SUITE 165 INDIANAPOLIS, IN 46250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	355
BIG BROTHERS BIG SISTERS OF GREATER 2000 ELMWOOD AV SUITE J LAFAYETTE, IN 47904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF SOUTHWE 2516 WATERBRIDGE WAY EVANSVILLE, IN 47710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF SOUTHWE 2516 WATERBRIDGE WAY EVANSVILLE, IN 47710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
BIG BROTHERS BIG SISTERS OF SOUTHWE 2516 WATERBRIDGE WAY EVANSVILLE, IN 47710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE MICHIANA COALITION INC 1735 W NORTH SHORE DR SOUTH BEND, IN 46617	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BONA VISTA PROGRAMS INC PO BOX 2496 KOKOMO, IN 469042496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF BLOOMINGTON PO BOX 1716 BLOOMINGTON, IN 474021716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF GREATER NORTHW 3691 WILLOWCREEK RD STE 200 PORTAGE, IN 46368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF GREATER NORTHW 3691 WILLOWCREEK RD STE 200 PORTAGE, IN 46368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BOYS & GIRLS CLUBS OF ELKHART COUNT PO BOX 614 GOSHEN, IN 465270614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3909 NORTH MERIDIAN SUITE 100 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3909 NORTH MERIDIAN SUITE 100 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3909 NORTH MERIDIAN SUITE 100 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF EVANSVILLE I PO BOX 6311 EVANSVILLE, IN 477190311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
BOYS AND GIRLS CLUB OF EVANSVILLE I PO BOX 6311 EVANSVILLE, IN 477190311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUB OF EVANSVILLE I PO BOX 6311 EVANSVILLE, IN 477190311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF EVANSVILLE I PO BOX 6311 EVANSVILLE, IN 477190311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUB OF MICHIGAN CIT 321 DETROIT ST MICHIGAN CITY, IN 463603717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOYS AND GIRLS CLUB OF MICHIGAN CIT 321 DETROIT ST MICHIGAN CITY, IN 463603717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF MICHIGAN CIT 321 DETROIT ST MICHIGAN CITY, IN 463603717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOYS AND GIRLS CLUB OF MICHIGAN CIT 321 DETROIT ST MICHIGAN CITY, IN 463603717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUB OF ST JOSEPH CO 502 E SAMPLE ST SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	261
BREBEUF PREPARATORY SCHOOL INC 2801 W 86TH ST INDIANAPOLIS, IN 462681926	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKES PLACE FOR GRIEVING YOUNG PE 8935 NORTH MERIDIAN STREET SUITE 200 INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BROOKSIDE COMMUNITY CHURCH OF INDIA 1035 N OLNEY STREET INDIANAPOLIS, IN 46201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,222
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
BUTLER UNIVERSITY4600 SUNSET AVE INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPTOWN INC 7998 GEORGETOWN ROAD SUITE 700 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CAMPTOWN INC 7998 GEORGETOWN ROAD SUITE 700 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANCER SERVICES OF ALLEN COUNTY INC 6316 MUTUAL DR FORT WAYNE, IN 468254259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING PLACE INCORPORATED 607 BULLSEYE LAKE ROAD VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CAROLINE SYMMES INC 12441 CREEKWOOD LANE CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CARROLL HIGH SCHOOL INSTRUMENTAL MU 429 E DUPONT ROAD PMB 75 FORT WAYNE, IN 46825	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAZE ELEMENTARY SCHOOL 2013 S GREEN RIVER RD EVANSVILLE, IN 47715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CHALLENGER LEARNING CENTER OF NORTH 2300 173RD ST HAMMOND, IN 463232076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462022250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462022250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462022250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
CHILDRENS BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462022250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTAMORE HOUSE INC 502 N TREMONT ST INDIANAPOLIS, IN 462223735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,335
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH WORLD SERVICE INC PO BOX 968 ELKHART, IN 46515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COLLEGE MENTORS FOR KIDS INC 1060 N CAPITOL AVE STE C430 INDIANAPOLIS, IN 462041082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
COMMUNITY FOUNDATION OF SOUTHERN IN 4108 CHARLESTOWN RD NEW ALBANY, IN 471509538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF ST JOSEPH C 205 JEFFERSON BLVD SOUTH BEND, IN 466011828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY HARVEST FOOD BANK OF NORT PO BOX 10967 FORT WAYNE, IN 46855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNER PRAIRIE FOUNDATION INC 13400 ALLISONVILLE RD FISHERS, IN 460383457	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNER PRAIRIE MUSEUM INC 13400 ALLISONVILLE RD FISHERS, IN 46038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CONNER PRAIRIE MUSEUM INC 13400 ALLISONVILLE RD FISHERS, IN 46038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CONNER PRAIRIE MUSEUM INC 13400 ALLISONVILLE RD FISHERS, IN 46038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNER PRAIRIE MUSEUM INC 13400 ALLISONVILLE RD FISHERS, IN 46038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	866
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,675
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,350
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
COTA CHILDRENS ORGAN TRANSPLANT ASS 2501 W COTA DR BLOOMINGTON, IN 474034204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CROSSROADS YOUNG MENS CHRISTIAN ASS 1938 CLARK STREET WHITING, IN 46394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROWN POINT COMMUNITY FOUNDATION IN PO BOX 522 CROWN POINT, IN 463080522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CRYPTIC MASONS MEDICAL RESEARCH FOU PO BOX 210 BROWNSBURG, IN 46112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CRYPTIC MASONS MEDICAL RESEARCH FOU PO BOX 210 BROWNSBURG, IN 46112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,120
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD 153 CULVER, IN 465111234	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,306
CYSTIC FIBROSIS FOUNDATION 8445 KEYSTONE CROSSING 135 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CYSTIC FIBROSIS FOUNDATION 8445 KEYSTONE CROSSING 135 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAN QUAYLE COMMEMORATIVE FOUNDATION 815 WARREN ST HUNTINGTON, IN 467502151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
DAN SCISM SCHOLARSHIP FOUNDATION IN 601 PFEIFFER RD EVANSVILLE, IN 477113153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA TAU DELTA EDUCATIONAL FOUNDAT 10000 ALLISONVILLE RD FISHERS, IN 460382008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
DEPAUW UNIVERSITYPO BOX 37 GREENCASTLE, IN 46135	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME INDIANA INC 708 EAST MICHIGAN ST INDIANAPOLIS, IN 46202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN ST INDIANAPOLIS, IN 462041108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DRESS FOR SUCCESS INDIANAPOLIS INC 820 N MERIDIAN ST INDIANAPOLIS, IN 462041108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,688
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRUM CORPS INTERNATIONAL INC 2495 DIRECTORS ROW SUITE I INDIANAPOLIS, IN 462414944	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ENTHEOS HEARING CONNECTION INC PO BOX 10311 FORT WAYNE, IN 468510311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,240
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
EVANSVILLE CHRISTIAN LIFE CENTER IN 509 S KENTUCKY AVE EVANSVILLE, IN 477141091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	960
EVANSVILLE PHILHARMONIC ORCHESTRA PO BOX 84 EVANSVILLE, IN 477010084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVANSVILLE POLICE DEPARTMENT FOUNDA PO BOX 3114 EVANSVILLE, IN 477303114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
EVANSVILLE POLICE DEPARTMENT FOUNDA PO BOX 3114 EVANSVILLE, IN 477303114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAY BICCARD GLICK NEIGHBORHOOD CENT 2990 W 71ST ST INDIANAPOLIS, IN 462682239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHERS SOCCER CLUB INC 9900 WESTPOINT DRIVE SUITE 124 INDIANAPOLIS, IN 46256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
FOOD FINDERS FOOD BANK INC 1204 GREENBUCH ST LAFAYETTE, IN 47904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FORT WAYNE RESCUE MISSION CHARIS HO 301 W SUPERIOR ST FORT WAYNE, IN 468021111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT WAYNE RESCUE MISSION CHARIS HO 301 W SUPERIOR ST FORT WAYNE, IN 468021111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION AGAINST COMPANION ANIMAL 1505 MASSACHUSETTS AVE INDIANAPOLIS, IN 462011038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
FOUNDATION CHAPTER OF THETA CHI FRA 865 W CARMEL DRIVE STE 116 CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN COLLEGE OF INDIANA 101 BRANIGIN BLVD FRANKLIN, IN 461312623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
FRANKLIN COUNTY HUMANE SOCIETY PO BOX 272 BROOKVILLE, IN 47012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF INDIANAPOLIS ANIMAL CARE 7399 NORTH SHADELAND AVENUE 117 INDIANAPOLIS, IN 46250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFT OF WATER INC 1025 PINE HILL WAY CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
GIGIS PLAYHOUSE INC 5909 E 86TH STREET INDIANAPOLIS, IN 46250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GIRLS ON THE RUN OF NORTHWEST INDIA 821 W 45TH ST SUITE D GRIFFITH, IN 46319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 462417234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 462417234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GOOD SAMARITAN HOSPITAL FOUNDATION 520 S 7TH ST VINCENNES, IN 475911038	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOSHEN COLLEGE INC1700 S MAIN ST GOSHEN, IN 465264724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
GRACE ON WINGS INCORPORATED PO BOX 42788 INDIANAPOLIS, IN 46242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRACE SCHOOLS200 SEMINARY DR WINONA LAKE, IN 465901224	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE SCHOOLS200 SEMINARY DR WINONA LAKE, IN 465901224	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GREATER INDIANAPOLIS LITERACY LEAGU 40 E SAINT CLAIR ST INDIANAPOLIS, IN 462041131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREATER LAFAYETTE COMMUNITY FOUNDAT 300 MAIN STREET SUITE 100 LAFAYETTE, IN 47901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3135 N MERIDIAN STREET INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	31
HAMILTON COUNTY HARVEST FOOD BANK I PO BOX 881 NOBLESVILLE, IN 460610881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HAPPY HOLLOW CHILDRENS CAMP INC 615 N ALABAMA ST GROUND FLOOR STE 134 INDIANAPOLIS, IN 46204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISON CENTER FOR THE ARTS INC 1505 N DELAWARE STREET INDIANAPOLIS, IN 46202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	60
HARRISON CENTER FOR THE ARTS INC 1505 N DELAWARE STREET INDIANAPOLIS, IN 46202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	60
HARVEST BIBLE CHAPEL INDY WEST INC 420 GABLE CROSSING DR AVON, IN 461238174	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS & HANDS OF INDIANA CORPORATI 337 N WARMAN AVE INDIANAPOLIS, IN 462224079	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
HEAVILIN ELEMENTARY PARENT AND TEAC 2450 HEAVILIN RD VALPARAISO, IN 463857442	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HENDRICKS REGIONAL HEALTH FOUNDATIO 1000 E MAIN ST DANVILLE, IN 461221948	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDRICKS REGIONAL HEALTH FOUNDATIO 1000 E MAIN ST DANVILLE, IN 461221948	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
HILLEL THE FOUNDATION FOR JEWISH CA 730 E 3RD ST BLOOMINGTON, IN 474013656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
HILLTOP NEIGHBORHOOD HOUSE INC 460 S COLLEGE AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ROSARY SCHOOL 1301 S GREEN RIVER RD EVANSVILLE, IN 47715	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
HOME WITH HOPE INC 854 SHAWNEE AVENUE LAFAYETTE, IN 47905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HONOR FLIGHT NORTHEAST INDIANA INC PO BOX 5 HUNTERTOWN, IN 46748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FLIGHT OF SOUTHERN INDIANA IN PO BOX 8234 EVANSVILLE, IN 477168234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	192
HONOR FLIGHT OF SOUTHERN INDIANA IN PO BOX 8234 EVANSVILLE, IN 477168234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HONOR FLIGHT OF SOUTHERN INDIANA IN PO BOX 8234 EVANSVILLE, IN 477168234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOUSING OPPORTUNITIES INC 2001 CALUMET AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF INDIANAPOLIS INC 7927 N MICHIGAN RD INDIANAPOLIS, IN 46268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
IHSAA FOUNDATION INC 9150 N MERIDIAN ST INDIANAPOLIS, IN 462601802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
IHSAA FOUNDATION INC 9150 N MERIDIAN ST INDIANAPOLIS, IN 462601802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA CANINE ASSISTANT NETWORK IN 5610 CRAWFORDSVILLE ROAD SUITE 2101 INDIANAPOLIS, IN 46224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INDIANA MEDICAL HISTORY MUSEUM INC 3045 W VERMONT ST INDIANAPOLIS, IN 462224943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
INDIANA MEDICAL HISTORY MUSEUM INC 3045 W VERMONT ST INDIANAPOLIS, IN 462224943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA REPERTORY THEATRE INC 140 WEST WASHINGTON ST INDIANAPOLIS, IN 462043417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INDIANA SPECIAL OLYMPICS INC 6200 TECHNOLOGY CENTER DR STE 105 INDIANAPOLIS, IN 462786005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INDIANA STATE SYMPHONY SOCIETY INC 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 46204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA STATE SYMPHONY SOCIETY INC 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 46204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INDIANA STATE UNIVERSITY FOUNDATION 30 NORTH FIFTH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INDIANA STATE UNIVERSITY FOUNDATION 30 NORTH FIFTH STREET TERRE HAUTE, IN 47809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,828
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITYPO BOX 500 BLOOMINGTON, IN 47402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INDIANA UNIVERSITY 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
INDIANA UNIVERSITY 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	268
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,200
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
INDIANA UNIVERSITY FOUNDATION 1500 N STATE ROAD 45 46 BYP BLOOMINGTON, IN 474081419	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
INDIANAPOLIS MOTOR SPEEDWAY FOUNDAT 4750 W 16TH ST INDIANAPOLIS, IN 462222550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
INDIANAPOLIS MUSEUM OF ART INC 4000 MICHIGAN RD INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANAPOLIS MUSEUM OF ART INC 4000 MICHIGAN RD INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
INDIANAPOLIS NEIGHBORHOOD HOUSING P 3550 WASHINGTON BLVD INDIANAPOLIS, IN 462053719	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20,000
INDIANAPOLIS SYMPHONY ORCHESTRA FOU 32 E WASHINGTON ST STE 600 INDIANAPOLIS, IN 462042919	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDY HONOR FLIGHTPO BOX 10 PLAINFIELD, IN 46168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL DISASTER EMERGENCY SE PO BOX 379 NOBLESVILLE, IN 460610379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
IRISH ROVER INCORPORATED PO BOX 46 NOTRE DAME, IN 465560046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISAIAH 117 HOUSEPO BOX 4193 EVANSVILLE, IN 47724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
ISAIAH 117 HOUSEPO BOX 4193 EVANSVILLE, IN 47724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ISAIAH 117 PROJECT INC372 E 800 S FORT BRANCH, IN 47648	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IVY ENDOWMENT INCPO BOX 88474 INDIANAPOLIS, IN 462080474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
IVY ENDOWMENT INCPO BOX 88474 INDIANAPOLIS, IN 462080474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
IVY ENDOWMENT INCPO BOX 88474 INDIANAPOLIS, IN 462080474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON COUNTY UNITED WAY INC PO BOX 94 113 N CHESTNUT ST STE 301 SEYMOUR, IN 472740094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
JACKSON COUNTY UNITED WAY INC PO BOX 94 113 N CHESTNUT ST STE 301 SEYMOUR, IN 472740094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
JACKSON COUNTY UNITED WAY INC PO BOX 94 113 N CHESTNUT ST STE 301 SEYMOUR, IN 472740094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON COUNTY UNITED WAY INC PO BOX 94 113 N CHESTNUT ST STE 301 SEYMOUR, IN 472740094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,657
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	197
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
JAMES WHITCOMB RILEY MEMORIAL ASSOC 30 S MERIDIAN ST SUITE 200 INDIANAPOLIS, IN 462043509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JANUS DEVELOPMENTAL SERVICES INC 1555 WESTFIELD RD NOBLESVILLE, IN 460626826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYFUL JOURNEY INC 30 ROBINHOOD PL W LAFAYETTE, IN 479066602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL INDIA 8395 KEYSTONE CROSSING SUITE 102 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF SOUTHWESTERN 431 E DIAMOND AVE EVANSVILLE, IN 477113713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHWESTERN 431 E DIAMOND AVE EVANSVILLE, IN 477113713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
JUNIOR ACHIEVEMENT OF SOUTHWESTERN 431 E DIAMOND AVE EVANSVILLE, IN 477113713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT OF SOUTHWESTERN 431 E DIAMOND AVE EVANSVILLE, IN 477113713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS RD INDIANAPOLIS, IN 462681337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS RD INDIANAPOLIS, IN 462681337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
KAPPA KAPPA KAPPA INC 2351 FOUR SEASONS PARKWAY CROWN POINT, IN 46307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS INTERNATIONAL FOUNDATION IN 3636 WOODVIEW TRCE INDIANAPOLIS, IN 462681168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAKE AREA UNITED WAY INC 221 W RIDGE RD GRIFFITH, IN 463191013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
LAKE TIPPECANOE PROPERTY OWNERS INC PO BOX 224 LEESBURG, IN 465380224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE PAWS INC4611 EVANS AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LAKESHORE PAWS INC4611 EVANS AVE VALPARAISO, IN 46383	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LAMBDA CHI ALPHA EDUCATIONAL FOUNDA 11711 N PENNSYLVANIA ST 250 CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBDA CHI ALPHA EDUCATIONAL FOUNDA 11711 N PENNSYLVANIA ST 250 CARMEL, IN 46032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAMPION CENTER INC 655 S HEBRON AVENUC EVANSVILIE, IN 477140000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
LEADERSHIP HENDERICKS COUNTY INC PO BOX 7 DANVILLE, IN 461220007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP LAFAYETTE INC PO BOX 682 LAFAYETTE, IN 479020682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LEADERSHIP LAFAYETTE INC PO BOX 682 LAFAYETTE, IN 479020682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LEGACY FOUNDATION INC 370 E 84TH DR MERRILLVILLE, IN 464100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY FOUNDATION INC 370 E 84TH DR MERRILLVILLE, IN 464100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	216
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESEA GLOBAL FEED THE HUNGRY INC 530 EAST IRELAND RD SOUTH BEND, IN 466149019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LITTLE RED DOOR CANCER AGENCY INC 1801 N MERIDIAN ST INDIANAPOLIS, IN 462021411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN UNIVERSITY ASSOCIATION ADVANCEMENT 1100 CAMPUS DRIVE SOUTH VALPARAISO, IN 463836493	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,310
MANCHESTER UNIVERSITY INC 604 E COLLEGE AVE N MANCHESTER, IN 469621276	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
MARIAN UNIVERSITY 3200 COLD SPRING RD INDIANAPOLIS, IN 462221960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF TIPPECANOE 914 SOUTH ST LAFAYETTE, IN 47901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISSION GUATEMALA INCPO BOX 2157 NEW ALBANY, IN 471512157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MISSION GUATEMALA INCPO BOX 2157 NEW ALBANY, IN 471512157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISTY EYES DOG SHELTER & HUMANE EDU PO BOX 1202 BROWNSBURG, IN 461125202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MISTY EYES DOG SHELTER & HUMANE EDU PO BOX 1202 BROWNSBURG, IN 461125202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
NATIONAL JUNIOR TENNIS & LEARNING O 1310 E 96TH ST 100 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	69
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL JUNIOR TENNIS & LEARNING O 1310 E 96TH ST 100 INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NORTH HIGH SCHOOL 15331 HIGHWAY 41 NORTH EVANSVILLE, IN 47725	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
NORTHVIEW CHRISTIAN LIFE CHURCH INC 6620 NORTHVIEW WAY INDIANAPOLIS, IN 46220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHVIEW CHRISTIAN LIFE CHURCH INC 6620 NORTHVIEW WAY INDIANAPOLIS, IN 46220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,917
OPPORTUNITY ENTERPRISES INC 2801 EVANS AVE VALPARAISO, IN 463836940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARK TUDOR FOUNDATION INC 7200 N COLLEGE AVE INDIANAPOLIS, IN 462403016	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR URBAN PROGRESS 160 STEEPLES BLVD INDIANAPOLIS, IN 46222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,312
PHOENIX - WISH FOR OUR HEROES FOUND 802 MULBERRY ST SUITE GB-06 NOBLESVILLE, IN 46060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PHOENIX THEATRE INC 705 N ILLINOIS ST INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX THEATRE INC 705 N ILLINOIS ST INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
PHOENIX THEATRE INC 705 N ILLINOIS ST INDIANAPOLIS, IN 46204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PINES VILLAGE RETIREMENT COMMUNITIE 3303 PINES VILLAGE CIRCLE VALPARAISO, IN 463832660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PORTER COUNTY COMMUNITY FOUNDATION 1401 CALUMET AVENUE VALPARAISO, IN 46383	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PSI UPSILON FOUNDATION INC 3003 EAST 96TH STREET INDIANAPOLIS, IN 46240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,200
PURDUE RESEARCH FOUNDATION 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
PURDUE UNIVERSITY 403 WEST WOOD ST WEST LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	760
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURDUE UNIVERSITY 403 WEST WOOD ST W LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
PURDUE UNIVERSITY 403 WEST WOOD ST WEST LAFAYETTE, IN 47907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
RENAISSANCE CHARITABLE FOUNDATION I 8910 PURDUE RD STE 555 INDIANAPOLIS, IN 462683161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHI FOUNDATION INC4141 SHORE DR INDIANAPOLIS, IN 462542607	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	275
RHI FOUNDATION INC4141 SHORE DR INDIANAPOLIS, IN 462542607	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
RHI FOUNDATION INC4141 SHORE DR INDIANAPOLIS, IN 462542607	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHI FOUNDATION INC4141 SHORE DR INDIANAPOLIS, IN 462542607	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
RIGHT TO LIFE OF SOUTHWEST INDIANA 20 NW 3RD ST STE 810 EVANSVILLE, IN 477081200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RIVER WEST THEATER INC 2226 W MICHIGAN STREET INDIANAPOLIS, IN 46222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER WEST THEATER INC 2226 W MICHIGAN STREET INDIANAPOLIS, IN 46222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
RONALD MCDONALD HOUSE CHARITIES OF 3540 WASHINGTON AVENUE EVANSVILLE, IN 47714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
RONALD MCDONALD HOUSE CHARITIES OF 610 N MICHIGAN ST SUITE 310 SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 610 N MICHIGAN ST SUITE 310 SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 3540 WASHINGTON AVENUE EVANSVILLE, IN 47714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ROSE-HULMAN INSTITUTE OF TECHNOLOGY 5500 WABASH AVENUE TERRE HAUTE, IN 47803	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS COLLEGE 110 LE MANS HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SECOND CHANCE 4 PETS NETWORK 622 117TH PL WHITING, IN 463941433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SECOND HELPINGS INC 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 462023946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS OF PROVIDENCE OF SAINT MARY MISSION ADVANCEMENT ST MARY OF THE WOODS, IN 478760000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SOCIAL PROMISE INC 650 S WOODED HILLS DR GREENCASTLE, IN 461358310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIAL PROMISE INC 650 S WOODED HILLS DR GREENCASTLE, IN 461358310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL PROMISE INC 650 S WOODED HILLS DR GREENCASTLE, IN 461358310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOCIAL PROMISE INC 650 S WOODED HILLS DR GREENCASTLE, IN 461358310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOS ANIMAL RESCUE 2317 EAST US HWY 50 BROWNSTOWN, IN 47220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BEND CIVIC THEATRE INC 403 NORTH MAIN STREET SOUTH BEND, IN 46601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SPA INC23221 OLD US 20 E ELKHART, IN 465169772	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST PATRICK CHURCH 638 N CALUMET RD CHESTERTON, IN 463041502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DEPAUL SOCIETY OF ST JOS 520 CRESCENT AVE SOUTH BEND, IN 46617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ST VINCENT HOSPITAL FOUNDATION INC 8402 HARCOURT ROAD SUITE 210 INDIANAPOLIS, IN 46260	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
ST ELIZABETH SETON CATHOLIC CHURCH 10655 HAVERSTICK RD CARMEL, IN 46033	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANSFIELD CIRCLE INC 9143 CRYSTAL RIVER DR INDIANAPOLIS, IN 46240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
STARFISH INC6958 HILLSDALE COURT INDIANAPOLIS, IN 46250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
STEPS OF CARE INCPO BOX 48 AUBURN, IN 46706	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 3500 DEPAUW BLVD STE 2070 INDIANAPOLIS, IN 46268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,208
THE HENDRICKS COUNTY CHILD ADVOCACY 7519 BEECHWOOD CENTRE RD STE 500 AVON, IN 461238201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LITTLE SISTERS OF THE POOR OF I 2345 W 86TH ST INDIANAPOLIS, IN 462601905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE TATUM PARKER PROJECT INC 1341 KIRKHAM LANE INDIANAPOLIS, IN 46260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TIPPECANOE ENVIRONMENTAL LAKE & WAT PO BOX 55 NORTH WEBSTER, IN 465550055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIPPECANOE ENVIRONMENTAL LAKE & WAT PO BOX 55 NORTH WEBSTER, IN 465550055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRI STATE FOOD BANK INC 801 E MICHIGAN ST EVANSVILLE, IN 477115631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TRI STATE FOOD BANK INC 801 E MICHIGAN ST EVANSVILLE, IN 477115631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,774
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,644
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,096
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	548
UNITED WAY OF PORTER COUNTY INC 951 EASTPORT CENTRE DR VALPARAISO, IN 463832787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
UNITED WAY OF PORTER COUNTY INC 951 EASTPORT CENTRE DR VALPARAISO, IN 463832787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PORTER COUNTY INC 951 EASTPORT CENTRE DR VALPARAISO, IN 463832787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF SOUTHWESTERN INDIANA PO BOX 18 EVANSVILLE, IN 477010018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	252
UNITED WAY OF SOUTHWESTERN INDIANA PO BOX 18 EVANSVILLE, IN 477010018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHWESTERN INDIANA PO BOX 18 EVANSVILLE, IN 477010018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
UNITED WAY OF SOUTHWESTERN INDIANA PO BOX 18 EVANSVILLE, IN 477010018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
UNITED WAY OF SOUTHWESTERN INDIANA PO BOX 18 EVANSVILLE, IN 477010018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVE EVANSVILLE, IN 477141506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,035
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465560000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465560000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,779
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465560000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	118
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	130
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	124
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 465565612	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NOTRE DAME DU LAC 1100 GRACE HALL NOTRE DAME, IN 46556	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN ACT ACADEMY 1250 E MARKET ST INDIANAPOLIS, IN 462023831	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
VALPARAISO UNIVERSITY GUILD INC 1100 CAMPUS DR VALPARAISO, IN 463834512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
VILLAGE2VILLAGE PROJECT INC 12175 VISIONARY WAY STE 106 FISHERS, IN 460383069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WABASH COLLEGE 301 W WABASH AVE ATTEN ADVANCEMENT CRAWFORDSVILLE, IN 479330352	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WABASH COLLEGE 301 W WABASH AVE ATTEN ADVANCEMENT CRAWFORDSVILLE, IN 479330352	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WAYNE COUNTY INDIANA FOUNDATION INC 33 SOUTH 7TH STREET RICHMOND, IN 473745463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WAYNE COUNTY INDIANA FOUNDATION INC 33 SOUTH 7TH STREET RICHMOND, IN 473745463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE COUNTY INDIANA FOUNDATION INC 33 SOUTH 7TH STREET RICHMOND, IN 473745463	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WEST LAFAYETTE SCHOOLS EDUCTIONFOUN 1130 N SALISBURY ST W LAFAYETTE, IN 479062447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WESTSIDE COMMUNITY DEVELOPMENT CORP 2232 W MICHIGAN ST INDIANAPOLIS, IN 46222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE COMMUNITY DEVELOPMENT CORP 2232 W MICHIGAN ST INDIANAPOLIS, IN 46222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43,000
WFYI FOUNDATION INC 1630 N MERIDIAN ST INDIANAPOLIS, IN 462021429	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
WILLIAM W BORDEN HIGH SCHOOL 301 WEST ST BORDEN, IN 47106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Y & E INC920 LODGE AVE EVANSVILLE, IN 477141928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
YOUTH RESOURCES OF SOUTHWESTERN IND PO BOX 3635 EVANSVILLE, IN 47735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
YOUTH RESOURCES OF SOUTHWESTERN IND PO BOX 3635 EVANSVILLE, IN 47735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH RESOURCES OF SOUTHWESTERN IND PO BOX 3635 EVANSVILLE, IN 47735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA NORTH CENTRAL INDIANA INC 1102 S FELLOWS STREET SOUTH BEND, IN 46601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,559
YWCA OF EVANSVILLE INDIANA INC 118 VINE ST EVANSVILLE, IN 477081213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ZETA TAU ALPHA FOUNDATION INC 1036 S RANGELINE ROAD CARMEL, IN 46032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZETA TAU ALPHA FOUNDATION INC 1036 S RANGELINE ROAD CARMEL, IN 46032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN BONANZA SOCIETY AIR SAFETY 3595 N WEBB ROAD SUITE 200 WICHITA, KS 67226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
AMERICAN BONANZA SOCIETY AIR SAFETY 3595 N WEBB ROAD SUITE 200 WICHITA, KS 67226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1315 SW ARROWHEAD RD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN DIABETES ASSOCIATION INC 7285 W 132ND STREET 160 OVERLAND PARK, KS 66213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN HEART ASSOCIATION INC 1861 NORTH ROCK ROAD STE 380 WICHITA, KS 67206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5375 SW 7TH ST STE 300 TOPEKA, KS 66606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN PROGRESSIVE TELUGU ASSOCIA 15911 E BOXTHORN ST WICHITA, KS 67228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN PROGRESSIVE TELUGU ASSOCIA 15911 E BOXTHORN ST WICHITA, KS 67228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC OF SEDGWICK COUNTY INC 2919 W 2ND ST N WICHITA, KS 672035319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
ARC OF SEDGWICK COUNTY INC 2919 W 2ND ST N WICHITA, KS 672035319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	863
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIES AND BEASTS INC PO BOX 783001 WICHITA, KS 67278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
BEAUTIFUL SAVIOR LUTHERAN CHURCH 13145 S BLACKBOB RD OLATHE, KS 660621417	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
BEAUTIFUL SAVIOR LUTHERAN CHURCH 13145 S BLACKBOB RD OLATHE, KS 660621417	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUTIFUL SAVIOR LUTHERAN CHURCH 13145 S BLACKBOB RD OLATHE, KS 660621417	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
BETHANY COLLEGE 335 E SWENSSON AVE LINDSBORG, KS 674561817	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BLESSED SACRAMENT CATHOLIC SCHOOL 124 N ROOSEVELT WICHITA, KS 67218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOTANICA INC701 AMIDON WICHITA, KS 67203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BOY SCOUTS OF AMERICA 1020 SE MONROE TOPEKA, KS 66612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	678
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3247 N OLIVER ST WICHITA, KS 67220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
BOYS AND GIRLS CLUB OF TOPEKA 550 SE 27TH ST TOPEKA, KS 666051106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BUTLER COMMUNITY COLLEGE FOUNDATION 901 S HAVERHILL ROAD EL DORADO, KS 670423225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTLER COMMUNITY COLLEGE FOUNDATION 901 S HAVERHILL ROAD EL DORADO, KS 670423225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CASA OF JOHNSON & WYANDOTTE COUNTIE 6950 SQUIBB RD SUITE 300 MISSION, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CASA OF SHAWNEE COUNTY INC 501 SE JEFFERSON ST STE 2002 TOPEKA, KS 666071173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION OF NO 9720 W 87TH STREET OVERLAND PARK, KS 66212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES INC 437 N TOPEKA STREET WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC DIOCESE OF WICHITA 520 N BROADWAY WICHITA, KS 67214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC DIOCESE OF WICHITA 520 N BROADWAY WICHITA, KS 67214	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CENTER ANN SULLIVAN INC 730 NEW HAMPSHIRE ST STE 205 LAWRENCE, KS 660442776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET N WICHITA, KS 672081606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET N WICHITA, KS 672081606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CEREBRAL PALSY RESEARCH FOUNDATION 5111 E 21ST STREET N WICHITA, KS 672081606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHIREDZI RIVER AFRICAN WILDLIFE TRU 2011 N CROOKED PINE ST WICHITA, KS 67230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHWC INC2 S 14TH ST KANSAS CITY, KS 661025041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CHWC INC2 S 14TH ST KANSAS CITY, KS 661025041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMMERCIAL REAL ESTATE WOMEN FOUNDA 1201 WAKARUSA DR STE D LAWRENCE, KS 660493889	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF MID-AMERI 1919 DELAWARE ST LAWRENCE, KS 66046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY CENTER OF SHAWNEE PO BOX 3072 SHAWNEE, KS 66203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
DONNELLY COLLEGE608 N 18TH ST KANSAS CITY, KS 661024298	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME SOCIETY OF WICHITAINC 9415 E HARRY STREET SUITE 405 WICHITA, KS 67207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EMPORIA STATE UNIVERSITY FOUNDATION 1500 HIGHLAND ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FALLING FORWARD FOUNDATION INC 4513 GOLDFIELD ST LAWRENCE, KS 660494750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF LAWRENCE INC 905 TENNESSEE STREET LAWRENCE, KS 66044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY SERVICE AND GUIDANCE CENTER 325 SW FRAZIER AVE TOPEKA, KS 666061963	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF LEE RICHARDSON ZOO PO BOX 1638 GARDEN CITY, KS 678461638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RECOVERY ASSOCIATION 6422 SANTA FE DRIVE OVERLAND PARK, KS 66202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FUSE FOUNDATION2517 BELL AVE DODGE CITY, KS 678012405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FUSE FOUNDATION2517 BELL AVE DODGE CITY, KS 678012405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIFT OF LIFE INC 6405 METCALF AVE 109 OVERLAND PARK, KS 66202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOOD SHEPHERD EPISCOPAL CHURCH 8021 W 21ST ST N WICHITA, KS 672051743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
GOODWILL INDUSTRIES OF KANSAS INC PO BOX 8169 WICHITA, KS 67208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF KANSAS INC PO BOX 8169 WICHITA, KS 67208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GREAT PLAINS SPCA5428 ANTIOCH DR MERRIAM, KS 662021020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	259
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	174
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GREATER KANSAS CITY HISPANIC COLLAB 107 W 10TH STREET KANSAS CITY MO 64105 OVERLAND PARK, KS 66225	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	58
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	817
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GUADALUPE CLINIC INC 940 S SAINT FRANCIS ST WICHITA, KS 672112335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 720 CONNECTICUT ST LAWRENCE, KS 660448932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 130 E MURDOCK STE 102 WICHITA, KS 67214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 727 POYNTZ AVENUE MANHATTAN, KS 665026077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HANDLEBARS FOR HOPE INC 520 COMMERCIAL ST EMPORIA, KS 66801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRY HYNES MEMORIAL HOSPICE INC 313 S MARKET WICHITA, KS 672023805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HARRY HYNES MEMORIAL HOSPICE INC 313 S MARKET WICHITA, KS 672023805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HARRY HYNES MEMORIAL HOSPICE INC 313 S MARKET WICHITA, KS 672023805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART TO HEART INTERNATIONAL INC PO BOX 15566 LENEXA, KS 662855566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HELP OVERPOPULATION OF PETS ECONOMI 25654 251ST ST MC LOUTH, KS 660543600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
HERITAGE CHRISTIAN SCHOOL OF TOPEKA 2000 NW CLAY ST TOPEKA, KS 66608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HESSTON COLLEGEPO BOX 3000 HESSTON, KS 670622093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
HOLY SAVIOR CATHOLIC ACADEMY 3000 E 13TH ST WICHITA, KS 67214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
HOLY SAVIOR CATHOLIC ACADEMY 3000 E 13TH ST WICHITA, KS 67214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	523
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY SAVIOR CATHOLIC ACADEMY 3000 E 13TH ST WICHITA, KS 67214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
HOLY SAVIOR CATHOLIC ACADEMY 3000 E 13TH ST WICHITA, KS 67214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	160
HOSPICE OF RENO COUNTY INC 2020 N WALDRON ST STE 100 HUTCHINSON, KS 67502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF RENO COUNTY INC 2020 N WALDRON ST STE 100 HUTCHINSON, KS 67502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HOSPICE OF SALINA INCORPORATED 730 HOLLY LANE SALINA, KS 67401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
HOSPICE OF SALINA INCORPORATED 730 HOLLY LANE SALINA, KS 67401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SALINA INCORPORATED 730 HOLLY LANE SALINA, KS 67401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
HUMANE SOCIETY OF GREATER KANSAS CI 5445 PARALLEL PKWY KANSAS CITY, KS 661043047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INCLUSION CONNECTIONS 2073 E SANTA FE OLATHE, KS 660624600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF KANSAS 4008 SW HUNTOON TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF KANSAS 4008 SW HUNTOON TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,688
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,330
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
KANSAS BIG BROTHERS BIG SISTERS INC 310 E 2ND ST WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KANSAS CITY KANSAS COMMUNITY COLLEG 7250 STATE AVENUE KANSAS CITY, KS 66112	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KANSAS FOOD BANK WAREHOUSE INC 1919 EAST DOUGLAS AVENUE WICHITA, KS 67211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	387
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	505
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KANSAS HUMANE SOCIETY OF WICHITA IN 3313 N HILLSIDE ST WICHITA, KS 672193907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	203
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
KANSAS SCHOOL FOR EFFECTIVE LEARNIN 1650 N FAIRVIEW WICHITA, KS 67203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE SUITE 200 MANHATTAN, KS 665023373	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,275
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,750
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
KANSAS UNIVERSITY ENDOWMENT ASSOC PO BOX 928 LAWRENCE, KS 660440928	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS VFW ENDOWMENT ASSOCIATION PO BOX 1008 TOPEKA, KS 666011008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
KAPAUN MT CARMEL CATHOLIC HIGH SCHO 8506 EAST CENTRAL WICHITA, KS 67206	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
KITTY CITY KANSAS RESCUE INCORPORAT 12800 SANTA FE TRAIL DRIVE LENEXA, KS 66215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KSDS ASSISTANCE DOGS INC 120 WEST 7TH ST WASHINGTON, KS 66968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
LAUGHING FEET INCPO BOX 48494 WICHITA, KS 672018494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LAWRENCE HUMANE SOCIETY INC 1805 E 19TH ST LAWRENCE, KS 660465413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	559
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAVENWORTH COUNTY HUMANE SOCIETY I 1205 REAR N MAIN ST LANSING, KS 660431301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LIFELINE ANIMAL PLACEMENT & PROTECT 310 W 45TH ST N WICHITA, KS 672043234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOWELL MILKEN CENTER FOR UNSUNG HER 1 SOUTH MAIN STREET FORT SCOTT, KS 66701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAHAFFIE ELEMENTARY SCHOOL PARENT- 1300 N NELSON RD OLATHE, KS 660612746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
MAHAFFIE ELEMENTARY SCHOOL PARENT- 1300 N NELSON RD OLATHE, KS 660612746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4400 COLLEGE BLVD STE 180 OVERLAND PARK, KS 66211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARK ARTS INC1307 N ROCK ROAD WICHITA, KS 67206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MUSEUM OF DEAF HISTORY ARTS AND CUL 455 E PARK ST OLATHE, KS 66051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF DEAF HISTORY ARTS AND CUL 455 E PARK ST OLATHE, KS 660615436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSIC THEATRE WICHITA 225 W DOUGLAS STE 202 WICHITA, KS 672023100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
OLATHE COMMUNITY ORCHESTRA ASSOCIAT 1454 WEST PRAIRIE TERRACE OLATHE, KS 66061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST SUITE 363 OLATHE, KS 66061	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST SUITE 363 OLATHE, KS 66061	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
OLATHE HEALTH CHARITABLE FOUNDATION 20375 W 151ST ST SUITE 363 OLATHE, KS 66061	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 660615350	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OPERATION WILDLIFE INC 23375 GUTHRIE RD LINWOOD, KS 660524124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
OPPORTUNITY WICHITA INC 501 E DOUGLAS AVE WICHITA, KS 67202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY WICHITA INC 501 E DOUGLAS AVE WICHITA, KS 67202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,000
ORPHEUM PERFORMING ARTS CENTRE LTD 200 N BROADWAY AVE STE 330 WICHITA, KS 672022327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PARKINSONS FOUNDATION INC 8900 STATE LINE ROAD SUITE 320 LEAWOOD, KS 66206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RAINBOWS UNITED INC 3223 NORTH OLIVER AVENUE WICHITA, KS 67220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESURRECTION CATHOLIC SCHOOL AT THE 425 N 15TH STREET KANSAS CITY, KS 66102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,610
S O S INCPO BOX 1191 EMPORIA, KS 668011191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SALVATION ARMY350 N MARKET ST WICHITA, KS 67202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY350 N MARKET ST WICHITA, KS 67202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	84
SALVATION ARMY350 N MARKET ST WICHITA, KS 67202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	42
SENIOR SERVICES INC OF WICHITA 200 S WALNUT WICHITA, KS 672134777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEXUALLY ABUSED CHILDRENS RELIEF EN PO BOX 23805 OVERLAND PARK, KS 662833805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ST CATHERINE OF SIENA CHURCH 3660 N RIDGE ROAD WICHITA, KS 67205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,700
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,250
ST FRANCIS OF ASSISI SCHOOL 861 NORTH SOCORA WICHITA, KS 67212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	450
ST JAMES ACADEMY 24505 PRAIRIE STAR PKWY LENEXA, KS 662277267	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETER CATHOLIC SCHOOL 11010 SOUTHWEST BLVD WICHITA, KS 67215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST JOSEPH CATHOLIC SCHOOL 139 S MILLWOOD WICHITA, KS 67213	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	24
ST LAWRENCE CATHOLIC CAMPUS CENTER 1631 CRESCENT ROAD LAWRENCE, KS 66044	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORMONT VAIL FOUNDATION 1500 SW 10TH STREET TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SUNFLOWER HOUSE 15440 W 65TH STREET SHAWNEE, KS 66217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	795
SUSAN G KOMEN BREAST CANCER FOUNDAT 8900 STATE LINE ROAD 333 LEAWOOD, KS 66206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY CONSERVANCY 444 MINNESOTA AVE SUITE 200 KANSAS CITY, KS 66101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE KANSAS LEARNING CENTER FOR HEAL 505 MAIN ST HALSTEAD, KS 670562233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE KANSAS LEARNING CENTER FOR HEAL 505 MAIN ST HALSTEAD, KS 670562233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KANSAS LEARNING CENTER FOR HEAL 505 MAIN ST HALSTEAD, KS 670562233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
THE KANSAS LEARNING CENTER FOR HEAL 505 MAIN ST HALSTEAD, KS 670562233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
THE SALINA EDUCATION FOUNDATION 1511 GYPSUM SALINA, KS 67401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALINA EDUCATION FOUNDATION 1511 GYPSUM SALINA, KS 67401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	385
THE SALINA EDUCATION FOUNDATION 1511 GYPSUM SALINA, KS 67401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	70
THE TOPEKA HIGH SCHOOL PARENT TEACH 800 SW 10TH AVE TOPEKA, KS 666121619	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOPEKA RESCUE MISSION INC 600 N KANSAS TOPEKA, KS 66608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TROOP 714 ASBURY WICHITA UNITED MET 2801 W 15TH WICHITA, KS 672031833	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
TWIN VALLEYBOX 38 BENNINGTON, KS 67422	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,890
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,008
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	318
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,291
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,794
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNBOUNDONE ELMWOOD AVE KANSAS CITY, KS 66103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,088
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER TOPEKA INC 1527 SW FAIRLAWN ROAD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF GREATER TOPEKA INC 1527 SW FAIRLAWN ROAD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF GREATER TOPEKA INC 1527 SW FAIRLAWN ROAD TOPEKA, KS 66604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,970
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	444
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,630
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,730
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	571
UNITED WAY OF THE PLAINS 245 N WATER ST WICHITA, KS 672021201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALEO BEHAVIORAL HEALTH CARE INC 5401 SW 7TH ST TOPEKA, KS 666062330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VICTORY IN THE VALLEY INC 3755 E DOUGLAS WICHITA, KS 67218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
VICTORY IN THE VALLEY INC 3755 E DOUGLAS WICHITA, KS 67218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY IN THE VALLEY INC 3755 E DOUGLAS WICHITA, KS 67218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WICHITA ANIMAL ACTION LEAGUE 2004 S WELSH ST WICHITA, KS 672307623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
WICHITA AREA SEXUAL ASSAULT CENTER 355 N WACO ST STE 100 WICHITA, KS 672021115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
WICHITA CHILDRENS HOME 7271 E 37TH ST N WICHITA, KS 672263202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
WICHITA EDUCATIONAL FOUNDATION 350 W DOUGLAS AVE WICHITA, KS 672022910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FELLOWSHIP CLUB INC 204 W 18TH ST N WICHITA, KS 672032509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WICHITA JUNIOR GOLF FOUNDATION 7309 E 21ST ST N STE 120 WICHITA, KS 672061178	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
WICHITA PUG RESCUE 1252 NW LIBERTY LN BENTON, KS 67017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125,000
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125,000
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
WICHITA STATE UNIVERSITY FOUNDATION 121 N MEADSUITE 200 WICHITA, KS 67202	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA STATE UNIVERSITY FOUNDATION 1845 FAIRMOUNT CAMPUS BOX 2 WICHITA, KS 672600002	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WICHITA SWIM CLUB 8323 E DOUGLAS AVE WICHITA, KS 672071213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WICHITA SWIM CLUB 8323 E DOUGLAS AVE WICHITA, KS 672071213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA SYMPHONY SOCIETY INC 225 W DOUGLAS CENTURY II CONCERT HALL WICHITA, KS 672023181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WICHITA SYMPHONY SOCIETY INC 225 W DOUGLAS CENTURY II CONCERT HALL WICHITA, KS 672023181	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
WICHITA TOP CHILDRENS FUND 4600 SOUTH CLIFTON WICHITA, KS 672163063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA TOP CHILDRENS FUND 1625 N WATERFRONT PKWY STE 100 WICHITA, KS 672066621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
WORKFORCE ALLIANCE OF SOUTH CENTRAL 300 W DOUGLAS SUITE 850 WICHITA, KS 67202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WORKFORCE ALLIANCE OF SOUTH CENTRAL 300 W DOUGLAS SUITE 850 WICHITA, KS 67202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKFORCE ALLIANCE OF SOUTH CENTRAL 300 W DOUGLAS SUITE 850 WICHITA, KS 67202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,920
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	461
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	316
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	158
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC PO BOX 758517 TOPEKA, KS 66675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT LONG TERM S PO BOX 758517 TOPEKA, KS 666758517	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT LONG TERM S PO BOX 758517 TOPEKA, KS 666758517	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	30
WOUNDED WARRIOR PROJECT LONG TERM S PO BOX 758517 TOPEKA, KS 666758517	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT LONG TERM S PO BOX 758517 TOPEKA, KS 666758517	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 66502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 66502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 66502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 66502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WOUNDED WARRIORS UNITED 3303 VALLEYWOOD DR MANHATTAN, KS 66502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG LIFE6505 E CENTRAL 318 WICHITA, KS 67206	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	170
YOUTH ENTREPRENEURS INC 4111 E 37TH ST N STE D101 WICHITA, KS 67220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
A CHOICE FOR LIFE INC 701 WEST MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHOICE FOR LIFE INC 701 WEST MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ALZHEIMERS DISEASE AND RELATED DISO 6100 DUTCHMANS LN STE 401 LOUISVILLE, KY 402053284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 6100 DUTCHMANS LN STE 401 LOUISVILLE, KY 402053284	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
AMERICAN HEART ASSOCIATION INC 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 10168 LINN STATION RD SUITE 100 LOUISVILLE, KY 40223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DR LOUISVILLE, KY 402142111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATION OF THE LOUISVILLE ORCHE 1748 CASSELBERRY ROAD LOUISVILLE, KY 40205	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ASSOCIATION OF THE LOUISVILLE ORCHE 1748 CASSELBERRY ROAD LOUISVILLE, KY 40205	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF THE LOUISVILLE ORCHE 1748 CASSELBERRY ROAD LOUISVILLE, KY 40205	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	675
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,350
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
BIG BROTHERS BIG SISTERS OF KENTUCK 1519 GARDINER LANE SUITE B LOUISVILLE, KY 40218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BLESSED SACRAMENT ELEMENTARY SCHOOL 2407 DIXIE HIGHWAY FT MITCHELL, KY 410172936	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSED SACRAMENT ELEMENTARY SCHOOL 2407 DIXIE HIGHWAY FT MITCHELL, KY 410172936	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE RD LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
BLUE GRASS COMMUNITY FOUNDATION INC 499 EAST HIGH STREET SUITE 112 LEXINGTON, KY 40507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,595
BUCKHORN CHILDRENS FOUNDATION INC 116 BUCKHORN LN BUCKHORN, KY 417218987	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKHORN CHILDRENS FOUNDATION INC 116 BUCKHORN LN BUCKHORN, KY 417218987	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	575
CENTER FOR WOMEN AND FAMILIES INC PO BOX 2048 LOUISVILLE, KY 402012048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTERSTONE OF KENTUCKY INC 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRE COLLEGE OF KENTUCKY 600 W WALNUT ST DANVILLE, KY 404221309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CENTRE COLLEGE OF KENTUCKY 600 W WALNUT ST DANVILLE, KY 404221309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
COLLEGE HEIGHTS FOUNDATION INC 292 ALUMNI AVE 305 BOWLING GREEN, KY 42101	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	258
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE HEIGHTS FOUNDATION INC 292 ALUMNI AVE 305 BOWLING GREEN, KY 42101	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	86
COMMUNITY FOUNDATION OF SOUTH CENTR P O BOX 737 810 COLLEGE STREET BOWLING GREEN, KY 42102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY LIGHTHOUSE MINISTRIES PO BOX 364 BELFRY, KY 41514	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SERVICES PROJECT INC 1106 PENILE ROAD LOUISVILLE, KY 40272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY SERVICES PROJECT INC 1106 PENILE ROAD LOUISVILLE, KY 40272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,555
COMMUNITY SERVICES PROJECT INC 1106 PENILE ROAD LOUISVILLE, KY 40272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS, KY 41011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS, KY 41011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
COVINGTON CATHOLIC HIGH SCHOOL 1600 DIXIE HIGHWAY PARK HILLS, KY 41011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE SALES HIGH SCHOOL 425 W KENWOOD DRIVE LOUISVILLE, KY 40214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
DE SALES HIGH SCHOOL 425 W KENWOOD DRIVE LOUISVILLE, KY 40214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
DE SALES HIGH SCHOOL 425 W KENWOOD DRIVE LOUISVILLE, KY 40214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF COVINGTON DEPARTMENT OF 1125 MADISON AVE COVINGTON, KY 41011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,785
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	705
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
DISABLED AMERICAN VETERANS CHARITAB 3725 ALEXANDRIA PIKE COLD SPRING, KY 410761712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS LOUISVILLE INC 913 E MAIN ST LOUISVILLE, KY 402061625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION OF KENTUCKIANA 982 EASTERN PARKWAY LOUISVILLE, KY 402171566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FAMILY NURTURING CENTER OF KENTUCKY 5 SPIRAL DRIVE SUITE 100 FLORENCE, KY 41042	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION OF APPLACHIAN HOUSING IN 319 OAK STREET BEREA, KY 40403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FHGR INC 4055 SHELBYVILLE ROAD SUITE B LOUISVILLE, KY 40207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORT THOMAS EDUCATION FOUNDATION IN PO BOX 75090 FORT THOMAS, KY 410750090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LOUISVILLE FREE PUBL 601 W WOODLAWN AVE LOUISVILLE, KY 40215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 402074618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS SCHOOL 901 BRECKENRIDGE LANE LOUISVILLE, KY 402074618	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILDAS CLUB LOUISVILLE INC 2440 GRINSTEAD DR LOUISVILLE, KY 40204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
GIRL SCOUTS OF KENTUCKIANA INC 2115 LEXINGTON ROAD LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF KENTUCKIANA INC 2115 LEXINGTON ROAD LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAYSON COUNTY HUMANE SOCIETY AND S PO BOX 122 LEITCHFIELD, KY 42755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
HAYFIELD MONTESSORI SCHOOL 2000 TYLER LANE LOUISVILLE, KY 40205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
HEALING PLACE INC1020 W MARKET ST LOUISVILLE, KY 402022630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING PLACE INC 1020 W MARKET ST LOUISVILLE, KY 402022630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEUSER HEARING & LANGUAGE ACADEMY I 111 E KENTUCKY ST LOUISVILLE, KY 402032793	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
HIS CHILDREN INC 280 SPRING VALLEY DR PADUCAH, KY 420038885	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOME OF THE INNOCENTS 1100 EAST MARKET STREET LOUISVILLE, KY 40206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE SCARVES INC 141 N SHERRIN AVE SUITE 101 LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSIN AROUND CAMP INC 1159 CLAUNCH ROAD PERRYVILLE, KY 40468	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOSPARUS INC 3532 EPHRAIM MCDOWELL DR LOUISVILLE, KY 402053224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ISAAC W BERNHEIM FOUNDATION INC HIGHWAY 245 CLERMONT, KY 401100000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISAAC W BERNHEIM FOUNDATION INC HIGHWAY 245 CLERMONT, KY 401100000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISAAC W BERNHEIM FOUNDATION INC HIGHWAY 245 CLERMONT, KY 401100000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ISAAC W BERNHEIM FOUNDATION INC HIGHWAY 245 CLERMONT, KY 401100000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY HORSE PARK FOUNDATION INC 4037 IRON WORKS PKWY STE 180 LEXINGTON, KY 405118502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
KENTUCKY HORSE PARK FOUNDATION INC 4037 IRON WORKS PKWY STE 180 LEXINGTON, KY 405118502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
KENTUCKY HUMANE SOCIETY 241 STEEDLY DR LOUISVILLE, KY 402142947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY HUMANE SOCIETY 1000 LYNDON LN LOUISVILLE, KY 402224316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
KENTUCKY HUMANE SOCIETY 241 STEEDLY DR LOUISVILLE, KY 402142947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
KENTUCKY HUMANE SOCIETY 241 STEEDLY DR LOUISVILLE, KY 402142947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH ST LOUISVILLE, KY 402022403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOSAIR CHARITIES COMMITTEE INC P0 BOX 37370 LOUISVILLE, KY 402330000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAFAYETTE BAND ASSOCIATION PO BOX 910450 LEXINGTON, KY 405910450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	121
LEXARTS INC161 NORTH MILL STREET LEXINGTON, KY 405071125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEXINGTON CATHOLIC HIGH SCHOOL 2250 CLAYS MILL ROAD LEXINGTON, KY 40503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
LIVING ARTS & SCIENCE CENTER INC 362 N MARTIN LUTHER KING BLVD LEXINGTON, KY 405081840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LOUISVILLE LITERARY ARTS INC 1512 PORTLAND AVENUE LOUISVILLE, KY 40203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4802 SHERBURN LN 103 LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARY ROSE MISSION INC272 MAIN ST FLORENCE, KY 41042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MATTINGLY CENTER INC 1930 BISHOP LANE SUITE 1001 LOUISVILLE, KY 40218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METRO UNITED WAY INC 334 EAST BROADWAY LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
METRO UNITED WAY INC 334 EAST BROADWAY LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
METRO UNITED WAY INC 334 EAST BROADWAY LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METRO UNITED WAY INC 334 EAST BROADWAY LOUISVILLE, KY 40202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
MISFIT TOYS RESCUE DIVISION INC 3905 LEES LANE LOUISVILLE, KY 40216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
MISFIT TOYS RESCUE DIVISION INC 3905 LEES LANE LOUISVILLE, KY 40216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISPITS AND FRIENDS RESCUE INC PO BOX 581652 LOUISVILLE, KY 40268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MISPITS AND FRIENDS RESCUE INC PO BOX 581652 LOUISVILLE, KY 40268	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
MSU FOUNDATION INCPO BOX 1887 MOREHEAD, KY 403510000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 161 ST MATTHEWS AVE STE 3 LOUISVILLE, KY 40207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL SAFE PLACE INC 2722 CRITTENDEN DR LOUISVILLE, KY 40209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NATIONAL SAFE PLACE INC 2722 CRITTENDEN DR LOUISVILLE, KY 40209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SAFE PLACE INC 2722 CRITTENDEN DR LOUISVILLE, KY 40209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NIGHT STALKER FOUNDATION INC 11304 BELL STATION RD OAK GROVE, KY 422628343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NORTHERN KENTUCKY UNIVERSITY FOUNDA 100 NUNN DRIVE SUITE 239 HIGHLAND HEIGHTS, KY 41099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY 1699 HILTON DRIVE PARK HILLS, KY 410112705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	950
NOTRE DAME ACADEMY 1699 HILTON DRIVE PARK HILLS, KY 410112705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
OPERATON CARE INC708 MAIN STREET SHELBYVILLE, KY 40065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHI GAMMA DELTA EDUCATIONAL FOUNDAT 1201 RED MILE RD LEXINGTON, KY 405042648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RECOVERY CAFE LEXINGTON INC PO BOX 54886 LEXINGTON, KY 405554886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REDWOOD SCHOOL & REHABILITATION CEN 71 ORPHANAGE RD FORT MITCHELL, KY 41017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGE FOR WOMEN 342 WALLER AVENUE STE D LEXINGTON, KY 40504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
REFUGE MINISTRIES INC 2349 RICHMOND RD STE 220 LEXINGTON, KY 405021307	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,479
REFUGE MINISTRIES INC 2349 RICHMOND RD STE 220 LEXINGTON, KY 405021307	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 550 S 1ST ST LOUISVILLE, KY 402021816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROTARY CLUB OF LEXINGTON SUNRISE FO PO BOX 102 LEXINGTON, KY 405880102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SOS INTERNATIONAL INC 1500 ARLINGTON AVE LOUISVILLE, KY 40206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN BAPTIST THEOLOGICAL SEMINA 2825 LEXINGTON RD LOUISVILLE, KY 402062997	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SOUTHLAND CHRISTIAN CHURCH OF LEXIN 5001 HARRODSBURG RD NICHOLASVILLE, KY 403569760	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,845
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 406018749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 406018749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST GEORGES SCHOLAR INSTITUTE INC 1600 W ST CATHERINE ST LOUISVILLE, KY 40210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
ST XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
STAR FUND INC4813 BRENNEN DR LEXINGTON, KY 405156278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STAR FUND INC4813 BRENNEN DR LEXINGTON, KY 405156278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1201 STORY AVE SUITE 205 LOUISVILLE, KY 40206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
THE PRISONERS HOPE INC 11501 PLANTSIDE DR STE 10 LOUISVILLE, KY 402996334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
THE SALVATION ARMYPO BOX 1149 LOUISVILLE, KY 402011149	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 216 W CHESTNUT STREET LOUISVILLE, KY 40201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY HIGH SCHOOL FOUNDATION INC 4011 SHELBYVILLE RD LOUISVILLE, KY 402073122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
UNITED STATES CONFERENCE OF CATHOLI P O BOX 1234 COVINGTON, KY 41012	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	30
UNITED STATES CONFERENCE OF CATHOLI P O BOX 1234 COVINGTON, KY 41012	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI P O BOX 1234 COVINGTON, KY 41012	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF SOUTHERN KENTUCKY INC PO BOX 3330 BOWLING GREEN, KY 421023330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED WAY OF SOUTHERN KENTUCKY INC PO BOX 3330 BOWLING GREEN, KY 421023330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHERN KENTUCKY INC PO BOX 3330 BOWLING GREEN, KY 421023330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF KENTUCKY WILLIAM B STURGILL BUILDING LEXINGTON, KY 405060015	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF LOUISVILLE FOUNDATION 2323 S BROOK STREET LOUISVILLE, KY 40208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PIKEVILLE 147 SYCAMORE STREET PIKEVILLE, KY 415010000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
USHJA FOUNDATION INC 3870 CIGAR LANE LEXINGTON, KY 40511	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	180
USHJA FOUNDATION INC 3870 CIGAR LANE LEXINGTON, KY 40511	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY VIEW BAPTIST CHURCH 8911 3RD STREET RD LOUISVILLE, KY 402722501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
VALLEY VIEW BAPTIST CHURCH 8911 3RD STREET RD LOUISVILLE, KY 402722501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,083
VALLEY VIEW BAPTIST CHURCH 8911 3RD STREET RD LOUISVILLE, KY 402722501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDORF SCHOOL OF LOUISVILLE 8005 NEW LAGRANGE ROAD LOUISVILLE, KY 402224770	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
WHAS CRUSADE FOR CHILDREN INC 520 W CHESTNUT ST LOUISVILLE, KY 40202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
YOUNG MENS CHRISTIAN ASSOCIATION OF 545 S 2ND ST LOUISVILLE, KY 402021801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 545 S 2ND ST LOUISVILLE, KY 402021801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ACADIANA CENTER FOR THE ARTS 101 W VERMILION ST LAFAYETTE, LA 70501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALL HOUNDS ON DECK RESCUE 1652 TERRAL ISLAND RD FARMERVILLE, LA 712414013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HOUNDS ON DECK RESCUE 1652 TERRAL ISLAND RD FARMERVILLE, LA 712414013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALL HOUNDS ON DECK RESCUE 1652 TERRAL ISLAND RD FARMERVILLE, LA 712414013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMEDISYS FOUNDATION 3854 AMERICAN WAY STE A BATON ROUGE, LA 708164897	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 10528 KENTSHIRE COURT BATON ROUGE, LA 70810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 10528 KENTSHIRE COURT BATON ROUGE, LA 70810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL RESCUE NEW ORLEANS INC 1219 COLISEUM ST NEW ORLEANS, LA 701304305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATCHAFALAYA BASINKEEPER INC PO BOX 410 PLAQUEMINE, LA 70765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
BARNEY S FARM SANCTUARY INC 720 LOST TREE LANE COVINGTON, LA 70435	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
BATON ROUGE HIGH SCHOOL FOUNDATION PO BOX 80454 BATON ROUGE, LA 70895	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATON ROUGE LITTLE THEATER INC 7155 FLORIDA BOULEVARD BATON ROUGE, LA 70806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BATON ROUGE REGIONAL EYE BANK INC 7777 HENNESSY BLVD STE 1005 BATON ROUGE, LA 708084366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BATON ROUGE YOUTH COALITION INC 460 N 11TH STREET BATON ROUGE, LA 70802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENJAMIN FRANKLIN SENIOR HIGH ALUMN 2001 LEON C SIMON DRIVE NEW ORLEANS, LA 701223524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG WHIT 77 FOUNDATION INC 3103 CYPRESS ST STE 3 PMB 257 WEST MONROE, LA 712915270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA P O BOX 1146 METAIRIE, LA 70004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA P O BOX 1146 METAIRIE, LA 70004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS HOPE GIRLS HOPE 4128 BAUDIN ST NEW ORLEANS, LA 70119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BRIDGE HOUSE CORPORATION 4150 EARHART BLVD NEW ORLEANS, LA 70125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CRUSADERS INCP O BOX 7911 METAIRIE, LA 700107911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
CAPS FOR KIDS200 HENRY CLAY AVE NEW ORLEANS, LA 701185720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAPS FOR KIDS200 HENRY CLAY AVE NEW ORLEANS, LA 701185720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL CARMEL SCHOOL 848 SAINT JOHN STREET LAFAYETTE, LA 705016762	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
CATHOLIC HIGH SCHOOLPO BOX 65004 BATON ROUGE, LA 708965512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
CATHOLIC HIGH SCHOOLPO BOX 65004 BATON ROUGE, LA 708965512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOLPO BOX 65004 BATON ROUGE, LA 708965512	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,635
CATHOLIC SERVICES OF ACADIANA INC 405 SAINT JOHN ST LAFAYETTE, LA 705015707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
CATHOLIC SERVICES OF ACADIANA INC 405 SAINT JOHN ST LAFAYETTE, LA 705015707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTENARY COLLEGE OF LOUISIANA 2911 CENTENARY BLVD SHREVEPORT, LA 711043335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHIMP HAVEN INC 13600 CHIMPANZEE PL KEITHVILLE, LA 710477037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHRISTUS ST PATRICK FOUNDATION 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 706015725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTUS ST PATRICK FOUNDATION 524 DR MICHAEL DEBAKEY DRIVE LAKE CHARLES, LA 706015725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CITY YEAR INC 3401 ST CLAUDE AVENUE SUITE 200 NEW ORLEANS, LA 70117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLASS OF 83 THANKSGIVING DRIVE INC 3027 RIDGELAKE DRIVE METAIRIE, LA 70002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	960
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASS OF 83 THANKSGIVING DRIVE INC 3027 RIDGELAKE DRIVE METAIRIE, LA 70002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY COMMITMENT EDUCATION CENT 8540 SPRUCE ST NEW ORLEANS, LA 701182956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
COMMUNITY FOUNDATION OF ACADIANA 1035 CAMELLIA BLVD 100 LAFAYETTE, LA 70508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF NORTH LOUIS 401 EDWARDS ST STE 105 SHREVEPORT, LA 711015508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
COMMUNITY RENEWAL INTERNATIONAL INC PO BOX 4678 SHREVEPORT, LA 711340678	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
COVENANT HOUSE NEW ORLEANS 611 N RAMPART ST NEW ORLEANS, LA 701123505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 10101 SIEGEN LANE SUITE 2A BATON ROUGE, LA 70810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DRESS FOR SUCCESS CHARITY 1700 JOSEPHINE STREET SUITE 101 NEW ORLEANS, LA 701131522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EMERGE CENTER INC 7784 INNOVATION PARK DR BATON ROUGE, LA 708200000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGE CENTER INC 7784 INNOVATION PARK DR BATON ROUGE, LA 708200000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL HIGH SCHOOL OF BATON ROUG 3200 WOODLAND RIDGE BLVD BATON ROUGE, LA 708162743	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FAMILY AND YOUTH COUNSELING AGENCY 220 LOUIE ST LAKE CHARLES, LA 706017250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FATHERS HOUSE KIDS 1707 ESPLANADE AVE NEW ORLEANS, LA 701161702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FDDOC WINNERS CIRCLE INC PO BOX 1701 SHREVEPORT, LA 711661701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK OF NORTHEAST LOUISIANA IN PO BOX 5048 MONROE, LA 712115048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FOOD BANK OF NORTHEAST LOUISIANA IN PO BOX 5048 MONROE, LA 712115048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF NORTHEAST LOUISIANA IN PO BOX 5048 MONROE, LA 712115048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FREETOWN STUDIOS INC 421 E MAIN STREET LAFAYETTE, LA 705086621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRONT 9 TOURPO BOX 44554 SHREVEPORT, LA 71134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDERE COMMUNITY CHRISTIAN SCHOOL 8538 GSRI AVENUE BATON ROUGE, LA 70810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
GLEASON INITIATIVE FOUNDATION PO BOX 24493 NEW ORLEANS, LA 70184	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GRAMBLING UNIVERSITY FOUNDATION INC PO BOX 587 GRAMBLING, LA 712450587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAMBLING UNIVERSITY FOUNDATION INC PO BOX 587 GRAMBLING, LA 712450587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	254
GRAMBLING UNIVERSITY FOUNDATION INC PO BOX 587 GRAMBLING, LA 712450587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY ST TAMMANY WES 1400 NORTH LANE MANDEVILLE, LA 704717787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	621
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS ST NEW ORLEANS, LA 701196811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUS THE GOOD SHEPHERD SCHOOL 900 GOOD SHEPHERD LANE MONROE, LA 712012631	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
JEWISH CHILDRENS REGIONAL SERVICE PO BOX 7368 METAIRIE, LA 700107368	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JULIUS FREYHAN FOUNDATION PO BOX 338 ST FRANCISVILLE, LA 70775	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOCK KNOCK CHILDRENS MUSEUM INC 1900 DALRYMPLE DR BATON ROUGE, LA 70808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
L S U FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
LAFAYETTE MUSEUM ASSOCIATION INC 1122 LAFAYETTE ST LAFAYETTE, LA 705016838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE PONTCHARTRAIN BASIN FOUNDATION 2045 LAKESHORE DR NEW ORLEANS, LA 70122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE PONTCHARTRAIN BASIN FOUNDATION 2045 LAKESHORE DR NEW ORLEANS, LA 70122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
LAUVIAH FOUNDATION INC 1472 FRENCHMANS BEND RD MONROE, LA 712038766	NONE	509(A)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUVIAH FOUNDATION INC 1472 FRENCHMANS BEND RD MONROE, LA 712038766	NONE	509(A)	PROGRAM/OPERATING SUPPORT	10,000
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	186
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARN TO LIVEPO BOX 52423 NEW ORLEANS, LA 70152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIFE CHOICES PREGNANCY RESOURCE CEN 2007 ROSELAWN AVE MONROE, LA 712015717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIVING HOPE FELLOWSHIP IN SHERWOOD 1180 S FLANNERY RD BATON ROUGE, LA 70815	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	8,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING HOPE FELLOWSHIP IN SHERWOOD 1180 S FLANNERY RD BATON ROUGE, LA 70815	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
LIVING HOPE FELLOWSHIP IN SHERWOOD 1180 S FLANNERY RD BATON ROUGE, LA 70815	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,700
LIVING HOPE FELLOWSHIP IN SHERWOOD 1180 S FLANNERY RD BATON ROUGE, LA 70815	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING HOPE FELLOWSHIP IN SHERWOOD 1180 S FLANNERY RD BATON ROUGE, LA 70815	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
LOUISIANA ENVIRONMENTAL ACTION NETW 162 CROYDON AVE BATON ROUGE, LA 70806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
LOUISIANA ENVIRONMENTAL ACTION NETW 162 CROYDON AVE BATON ROUGE, LA 70806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISIANA ENVIRONMENTAL ACTION NETW 162 CROYDON AVE BATON ROUGE, LA 70806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
LOUISIANA SHERIFFS HONORARY MEMBERS 1213 NICOLSON DRIVE BATON ROUGE, LA 708027501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LOUISIANA SOCIETY FOR THE PREVENTIO 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISIANA STATE UNIVERSITY AND AGRI 204 THOMAS BOYD HALL BATON ROUGE, LA 708030001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,000
LOUISIANA TECH UNIVERSITY FOUNDATIO PO BOX 3183 RUSTON, LA 712720001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,050
LOUISIANA TECH UNIVERSITY FOUNDATIO PO BOX 3183 RUSTON, LA 712720001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISIANA TECH UNIVERSITY FOUNDATIO PO BOX 3183 RUSTON, LA 712720001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	146
LOYOLA UNIVERSITY 7214 ST CHARLES AVENUE BOX 909 NEW ORLEANS, LA 70118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
LUSHER CHARTER SCHOOL 5624 FRERET ST NEW ORLEANS, LA 70115	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,450
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	64
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
MARY BIRD PERKINS CANCER CENTER 4950 ESSEN LN BATON ROUGE, LA 708093432	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MC NEESE STATE UNIVERSITY FOUNDATIO BOX 91989 LAKE CHARLES, LA 70609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,023
MCNEESE STATE UNIVERSITY ALUMNI ASS 600 E MCNEESE ST LAKE CHARLES, LA 706075830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK RD METAIRIE, LA 700054142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAIRIE PARK COUNTRY DAY SCHOOL 300 PARK RD METAIRIE, LA 700054142	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
MOUNT CARMEL ACADEMY 7027 MILNE BLVD NEW ORLEANS, LA 70124	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
NATIONAL FOOD AND BEVERAGE FOUNDATI 1504 ORETHA C HALEY BLVD NEW ORLEANS, LA 70113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 701303813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 701303813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
NATIONAL WORLD WAR II MUSEUM INC 945 MAGAZINE ST NEW ORLEANS, LA 701303813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HEIGHTS THERAPY CENTER 82302 HOLLIDAY ROAD FOLSOM, LA 70437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
NEW LIFE COUNSELING INC 631 E SCHOOL ST LAKE CHARLES, LA 70607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
NEW ORLEANS AREA HABITAT FOR HUMANI 2900 ELYSIAN FIELDS NEW ORLEANS, LA 70122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ORLEANS AREA HABITAT FOR HUMANI 2900 ELYSIAN FIELDS NEW ORLEANS, LA 70122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEW ORLEANS AREA HABITAT FOR HUMANI 2900 ELYSIAN FIELDS NEW ORLEANS, LA 70122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NEW ORLEANS MUSICIANS ASSISTANCEFOU 1525 LOUISIANA AVE NEW ORLEANS, LA 701153507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ORLEANS REGIONAL LEADERSHIP INS 900 CAMP STREET SUITE 361 NEW ORLEANS, LA 70130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NOLA MICRO SCHOOLS 2705 S BROAD AVENUE NEW ORLEANS, LA 70125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
NORTHSHORE COMMUNITY FOUNDATION 807 NORTH COLUMBIA STREET COVINGTON, LA 70433	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUACHITA CHRISTIAN SCHOOL 7065 HIGHWAY 165 N MONROE, LA 712039776	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
OUACHITA CHRISTIAN SCHOOLS INC 7065 HIGHWAY 165 N MONROE, LA 712039776	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
OUR LADY OF MERCY ELEMENTARY SCHOOL 445 MARQUETTE AVENUE BATON ROUGE, LA 70806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF MERCY ELEMENTARY SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 70806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
OUR LADY OF MERCY ELEMENTARY SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 70806	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
OUR LADY OF THE LAKE FOUNDATION PO BOX 84357 BATON ROUGE, LA 708849921	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF THE LAKE FOUNDATION PO BOX 84357 BATON ROUGE, LA 708849921	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,250
PURRS OF HOPE RESCUE 2203 W CHURCH ST HAMMOND, LA 704012805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
PURRS OF HOPE RESCUE 2203 W CHURCH ST HAMMOND, LA 704012805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENESTING PROJECT INC 1331 DRIFTWOOD DR BOSSIER CITY, LA 71111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES OF 200 SOUTH 3RD STREET MONROE, LA 71201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
ROOTS OF MUSIC INC 2624 BURGUNDY ST NEW ORLEANS, LA 70117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY DISTRICT 6200 FOUNDATION 2266 SOUTH COLLEGE RD SUITE C LAFAYETTE, LA 70508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ROTARY DISTRICT 6200 FOUNDATION 2266 SOUTH COLLEGE RD SUITE C LAFAYETTE, LA 70508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SHREVEPORT SYMPHONY INC PO BOX 205 SHREVEPORT, LA 711620205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN LOUISIANA UNIVERSITY F SLU 10293 HAMMOND, LA 704020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SPECIAL OLYMPICS LOUISIANA INC 46 LOUIS PRIMA DR STE A COVINGTON, LA 70433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS LOUISIANA INC 46 LOUIS PRIMA DR STE A COVINGTON, LA 70433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPLIT SECOND FOUNDATION INC PO BOX 8620 NEW ORLEANS, LA 701828620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ST BERNARD PROJECT INC 2645 TOULOUSE ST NEW ORLEANS, LA 701195045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
ST BERNARD PROJECT INC 2645 TOULOUSE ST NEW ORLEANS, LA 701195045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BERNARD PROJECT INC 2645 TOULOUSE ST NEW ORLEANS, LA 701195045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
ST JOSEPHS ACADEMY 3015 BROUSSARD STREET BATON ROUGE, LA 708081120	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST LUKE THE EVANGELIST ROMAN CATHOL 910 CROSS GATES BLVD SLIDELL, LA 70461	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS DOMINICAN HIGH SCHOOL 7701 WALMSLEY AVE NEW ORLEANS, LA 701253429	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST TAMMANY HOSPITAL FOUNDATION 1202 S TYLER ST COVINGTON, LA 704332330	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
ST TAMMANY HUMANE SOCIETY 20384 HARRISON AVE COVINGTON, LA 704335373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE HIGH SCHOOL 450 E FARREL ROAD LAFAYETTE, LA 705087108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST THOMAS MORE HIGH SCHOOL 450 E FARREL ROAD LAFAYETTE, LA 705087108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
STUART HALL SCHOOL FOR BOYS 2032 S CARROLLTON AVE NEW ORLEANS, LA 70118	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 4141 VETERANS BLVD STE 202 METAIRIE, LA 70002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 14615 BATON ROUGE, LA 70898	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TERRYTOWN-FIFTH DISTRICT VOLUNTEER PO BOX 1231 GRETNA, LA 700541231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRYTOWN-FIFTH DISTRICT VOLUNTEER PO BOX 1231 GRETNA, LA 700541231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEURLINGS CATHOLIC HIGH SCHOOL 139 TEURLINGS DRIVE LAFAYETTE, LA 705013832	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,250
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ADMINISTRATORS OF THE TULANE ED PO BOX 61075 NEW ORLEANS, LA 701619986	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
THE FAMILY TREE INFORMATION EDUCATI PO BOX 62904 LAFAYETTE, LA 70596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE GREATER NEW ORLEANS FOUNDATION 1307 ORETHA CASTLE HALEY BLVD SUITE 306 NEW ORLEANS, LA 701131257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KELLY GIBSON FOUNDATION PO BOX 57478 NEW ORLEANS, LA 70157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE KELLY GIBSON FOUNDATION PO BOX 2141 MANDEVILLE, LA 70470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
THE SAINT PAULS SCHOOL FOUNDATION PO BOX 928 COVINGTON, LA 704340928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
THE UNITED WAY OF NORTHEAST LOUISIA 1201 HUDSON LN MONROE, LA 712016005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOL 1315 JACKSON AVENUE NEW ORLEANS, LA 701305131	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
TUNICA-BILOXI TRIBE OF LOUISIANA CO 150 MELACON ROAD MARKSVILLE, LA 713510000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ULTIMATE ESCAPEPO BOX 1047 WEST MONROE, LA 712941047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ULTIMATE ESCAPEPO BOX 1047 WEST MONROE, LA 712941047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF LOUISIANA AT LAFAYETT PO BOX 40151 LAFAYETTE, LA 705040001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF LOUISIANA AT LAFAYETT UL OFFICE OF DEVELOPMENT -PO BOX 44290 LAFAYETTE, LA 705043410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
UNIVERSITY OF LOUISIANA AT LAFAYETT PO BOX 40151 LAFAYETTE, LA 705040001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF NEW ORLEANS FOUNDATIO 2021 LAKESHORE DR STE 420 NEW ORLEANS, LA 701223540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW ORLEANS FOUNDATIO 2000 LAKESHORE DR NEW ORLEANS, LA 701480001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF NEW ORLEANS FOUNDATIO 2000 LAKESHORE DR NEW ORLEANS, LA 701480001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
VILLALOBOS RESCUE CENTER PETS IN PO BOX 771127 NEW ORLEANS, LA 701771127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN ST SUITE 102 SHREVEPORT, LA 711014310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	543
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS IN PUBLIC SCHOOLS INC 4070 TUNICA ST BATON ROUGE, LA 70805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 360 JORDAN ST SHREVEPORT, LA 711014847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
WESTDALE HEIGHTS ACADEMIC MAGNET SC 2000 COLLEGE DRIVE BATON ROUGE, LA 70808	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
WESTMINSTER CHRISTIAN ACADEMY 186 WESTMINSTER DR OPELOUSAS, LA 705700601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN WITH A VISION 1226 N BROAD ST NEW ORLEANS, LA 701193303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
WOMEN WITH A VISION 1226 N BROAD ST NEW ORLEANS, LA 701193303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOMEN WITH A VISION 1226 N BROAD ST NEW ORLEANS, LA 701193303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODLANDS CONSERVANCY 1500 WOODLAND HIGHWAY BELLE CHASSE, LA 70037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WORLDWIDE FOUNDATION 102 YELLOWOOD DR WEST MONROE, LA 712919450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WORLDWIDE FOUNDATION 102 YELLOWOOD DR WEST MONROE, LA 712919450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH BOOSTERS OF MADISONVILLE 13505 HIGHWAY 1085 COVINGTON, LA 70433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	149
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH EMPOWERMENT PROJECT 1600 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
300 COMMITTEE LAND TRUST INC 157 LOCUST STREET FALMOUTH, MA 02540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
300 COMMITTEE LAND TRUST INC 157 LOCUST STREET FALMOUTH, MA 02540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	369
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A L S FAMILY CHARITABLE FOUNDATION 1 TROWBRIDGE ROAD SUITE 322 BOURNE, MA 02532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ABBY KELLEY FOSTER HOUSE INC 52 HIGH ST WORCESTER, MA 01609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ACTING OUT THEATER COMPANY 60 ISLAND ST LAWRENCE, MA 018401835	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION FOR BOSTON COMMUNITY DEVELOP 178 TREMONT STREET BOSTON, MA 021111006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ACTON BOXBORO YOUTH HOCKEY ASSOCIAT PO BOX 629 ACTON, MA 017200629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ACTON BOXBORO YOUTH HOCKEY ASSOCIAT PO BOX 629 ACTON, MA 017200629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES INC 1881 WORCESTER ROAD FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AGASSIZ BALDWIN COMMUNITY A CAMBRID 20 SACRAMENTO ST CAMBRIDGE, MA 021381856	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AIDS ACTION COMMITTEE OF MASSACHUSE 75 AMORY ST BOSTON, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL CARE HOSPICE INC 210 MARKET STREET LYNN, MA 019011003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	436
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS AND HEARTS SMART RESPONSE 6 COUNTY ROAD SUITE 6 MATTAPOISETT, MA 02770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ALLIANCE TO PROTECT NANTUCKET SOUND 4 BARNSTABLE RD HYANNIS, MA 026015524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALMA DEL MAR FOUNDATION INC 515 BELLEVILLE AVE NEW BEDFORD, MA 02746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALRAY TAYLOR SECOND CHANCE SCHOLARS PO BOX 960400 BOSTON, MA 021960400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALS ONE INC8 INDUSTRIAL WAY WHITMAN, MA 02382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE SUITE 400 CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALS THERAPY DEVELOPMENT FOUNDATION 300 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNAE ASSOCIATION OF SIMMONS COLL 300 THE FENWAY ADVANCEMENT OFFICE BOSTON, MA 021155820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALUMNAE ASSOCIATION OF SMITH COLLEG 33 ELM ST NORTHAMPTON, MA 010633702	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,644
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 309 WAVERLY OAKS RD WALTHAM, MA 02452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	117
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALZHEIMERS DISEASE RESEARCH FOUNDAT 34 WASHINGTON ST SUITE 310 WELLESLEY, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FAMILY CAREGIVER SUPPORT 2095 MAIN ST BREWSTER, MA 026311819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS FAMILY CAREGIVER SUPPORT 2095 MAIN ST BREWSTER, MA 026311819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 43 NAGOG PARK STE 110 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1324 BELMONT ST SUITE 204-101 BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CIVIL LIBERTIES UNION FOUN 211 CONGRESS ST 3RD FLOOR BOSTON, MA 021102410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 260 COCHITUATE RD 200 FRAMINGHAM, MA 01701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN FRIENDS OF LIBI INC 45 BARTLEET CRESCENT ROAD BROOKLINE, MA 024462430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN FRIENDS OF LIBI INC 45 BARTLEET CRESCENT ROAD BROOKLINE, MA 024462430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 300 5TH AVENUE SUITE 6 WALTHAM, MA 024518750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN LEBANESE SYRIAN ASSOC CHAR 313 WASHINGTON ST SUITE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 313 WASHINGTON ST SUITE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LIVER FOUNDATION 188 NEEDHAM STREET SUITE 240 NEWTON, MA 02464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
AMERICAN LIVER FOUNDATION 188 NEEDHAM STREET SUITE 240 NEWTON, MA 02464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 1661 WORCESTER ROAD SUITE 301 FRAMINGHAM, MA 017015405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 1661 WORCESTER ROAD SUITE 301 FRAMINGHAM, MA 017015405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
AMERICAN LUNG ASSOCIATION 1661 WORCESTER ROAD SUITE 301 FRAMINGHAM, MA 017015405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN MACULAR DEGENERATION FOUND PO BOX 515 NORTHAMPTON, MA 010610515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
AMERICAN MACULAR DEGENERATION FOUND PO BOX 515 NORTHAMPTON, MA 010610515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
AMERICAN MACULAR DEGENERATION FOUND PO BOX 515 NORTHAMPTON, MA 010610515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 101 STATION LANDING SUITE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN NATIONAL RED CROSS 286 SOUTH ST HYANNIS, MA 02601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,450
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 85 LOWELL STREET PEABODY, MA 01960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 85 LOWELL STREET PEABODY, MA 01960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 101 STATION LANDING STE 510 MEDFORD, MA 02155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN REPERTORY THEATRE 64 BRATTLE STREET CAMBRIDGE, MA 021383443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
AMHERST COLLEGE TRUSTEES PO BOX 5000 AMHERST, MA 010025000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMHERST EDUCATION FOUNDATION INC PO BOX 1363 AMHERST, MA 01004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL PROTECTION CENTER OF SOUTHEA 1300 W ELM ST EXTENSION BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
ANIMAL RESCUE LEAGUE OF BOSTON 10 CHANDLER ST BOSTON, MA 021165221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ANNIES KINDNESS BLANKETS 50 FIELDSTONE CIR MIDDLEBORO, MA 023463139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTIQUE AUTO MUSEUM OF MASS AT LARZ 15 NEWTON STREET BROOKLINE, MA 02445	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE BOSTON, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,119
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPLEWILD SCHOOL 120 PROSPECT STREET FITCHBURG, MA 01420	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AQUINNAH CULTURAL CENTER INC 10 BLACK BROOK ROAD AQUINNAH, MA 02535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARCHBISHOP WILLIAMS HIGH SCHOOL 80 INDEPENDENCE AVENUE BRAINTREE, MA 02184	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON BOYS CLUB INC 60 POND STREET ARLINGTON, MA 02474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ARLINGTON BOYS CLUB INC 60 POND STREET ARLINGTON, MA 02474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARLINGTON BOYS CLUB INC 60 POND STREET ARLINGTON, MA 02474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ARMENIAN ASSEMBLY OF AMERICA INC 400 W CUMMINGS PARK SUITE 3900 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN RELIEF SOCIETY OF EASTERN 80 BIGELOW AVE SUITE 200 WATERTOWN, MA 024722012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ARREDONDO FAMILY FOUNDATION INC 4258 WASHINGTON STREET SUITE 11 ROSLINDALE, MA 02131	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
ARTHRITIS FOUNDATION INC 29 CRAFTS STREET SUITE 100 NEWTON, MA 02458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTISTS FOR HUMANITY INC 100 W 2ND ST BOSTON, MA 021271112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ARTS BOSTON INC 31 ST JAMES AVENUE SUITE 360 BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ARTS BOSTON INC 31 ST JAMES AVENUE SUITE 360 BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS BOSTON INC 31 ST JAMES AVENUE SUITE 360 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ASIAN AMERICAN CIVIC ASSOCIATION IN 87 TYLER STREET 5TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
ASIAN COMMUNITY DEVELOPMENT CORP 38 OAK STREET BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN TASK FORCE AGAINST DOMESTIC V PO BOX 120108 BOSTON, MA 02112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASSOCIATED GRANT MAKERS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASSOCIATION OF THE COTUIT MOSQUITO PO BOX 1605 COTUIT, MA 02635	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ASSUMPTION COLLEGE 500 SALISBURY STREET WORCESTER, MA 01609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC WHITE SHARK CONSERVANCY IN PO BOX 66 CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ATTLEBORO LAND TRUST INC PO BOX 453 ATTLEBORO, MA 027030008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ATTLEBORO SCHOLARSHIP FOUNDATION PO BOX 1666 ATTLEBORO, MA 027030028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PREPARATORY SCHOOL 101 WILLOW ST READING, MA 01867	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
AUSTIN PREPARATORY SCHOOL 101 WILLOW ST READING, MA 01867	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
AUTISM HOUSING PATHWAYS INC 22 WILLOWDALE RD WINCHESTER, MA 018904048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM HOUSING PATHWAYS INC 22 WILLOWDALE RD WINCHESTER, MA 018904048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,150
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
BABSON COLLEGE 231 FOREST STREET ROOM 161 NIC WELLESLEY, MA 024816834	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
BACK BAY CHORALE LTD PO BOX 170051 BOSTON, MA 02117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK BAY CHORALE LTD PO BOX 170051 BOSTON, MA 02117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BALLET THEATRE OF BOSTON INC 400 HARVARD STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BALLET THEATRE OF BOSTON INC 400 HARVARD STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY STATE PERFORMING ARTS INC 539 TREMONT STREET BOSTON, MA 021166264	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BAYRIDGE RESIDENCE AND CULTURAL CEN 395 COMMONWEALTH AVE BOSTON, MA 02215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BAYSTATE HEALTH FOUNDATION INC 759 CHESTNUT ST SPRINGFIELD, MA 01199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,300
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDFORD RESEARCH FOUNDATION INC PO BOX 1028 BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BELMONT HILL SCHOOL INC 350 PROSPECT ST BELMONT, MA 02478	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
BELMONT HILL SCHOOL INC 350 PROSPECT ST BELMONT, MA 02478	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENJAMIN T J MILLS SCHOLARSHIP FUND 153 MEESHAWN AVE EAST TAUNTON, MA 027181373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
BENTLEY UNIVERSITY 175 FOREST ST LACAVA 284 WALTHAM, MA 02452	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKLEE COLLEGE OF MUSIC INC 1140 BOYLSTON ST BOSTON, MA 022153631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
BERKLEE COLLEGE OF MUSIC INC 1140 BOYLSTON ST BOSTON, MA 022153631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
BERKSHIRE PULSE INCPO BOX 37 HOUSATONIC, MA 012360037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,250
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN ROAD SHEFFIELD, MA 01257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	554
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEST BUDDIES INTERNATIONAL INC 874 GIFFORD ST FALMOUTH, MA 02540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 529 MAIN STREET SUITE 202 BOSTON, MA 02129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BETH ISRAEL DEACONESS HOSPITAL-MIL 199 REEDSDALE RD MILTON, MA 021863800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BETH ISRAEL DEACONESS HOSPITAL-MIL 199 REEDSDALE RD MILTON, MA 021863800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH ISRAEL DEACONESS HOSPITAL-MIL 199 REEDSDALE RD MILTON, MA 021863800	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,125
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE OV BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BETH ISRAEL DEACONESS MEDICAL CENTE 330 BROOKLINE AVE OV BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL INSTITUTE FOR SOCIAL JUSTICE 40 WALK HILL STREET JAMAICA PLAIN BOSTON, MA 02130	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
BEYOND SOCCER INC 280 MERRIMACK ST STE 323 LAWRENCE, MA 01843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLOOR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MASSACH 75 FEDERAL ST 8TH FLR BOSTON, MA 02110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS-BIG SISTERS OF HAMPDEN 83 MAPLE STREET SUITE 201 SPRINGFIELD, MA 01105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SISTER ASSOCIATION OF GREATER B 20 PARK PLAZA SUITE 1420 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BIG SISTER ASSOCIATION OF GREATER B 20 PARK PLAZA SUITE 1420 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BIG SISTER ASSOCIATION OF GREATER B 20 PARK PLAZA SUITE 1420 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG SISTER ASSOCIATION OF GREATER B 20 PARK PLAZA SUITE 1420 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BILL BELICHICK FOUNDATION PO BOX 812935 WELLESLEY, MA 02482	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLERICA CAT CARE COALITION PO BOX 141 N BILLERICA, MA 018620141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIODYNAMIC FARMLAND CONSERVATION TR P O BOX 227 AMHERST, MA 010040227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
BISHOP FEEHAN HIGH SCHOOL 70 HOLCOTT DRIVE ATTLEBORO, MA 02703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
BLACK CAT RESCUE INC 590 BROADWAY 2 SOMERVILLE, MA 021452563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BALLET INC19 CLARENDON ST BOSTON, MA 021166100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,700
BOSTON BALLET INC19 CLARENDON ST BOSTON, MA 021166100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
BOSTON BALLET INC19 CLARENDON ST BOSTON, MA 021166100	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON BAROQUE INC TEN GUEST STREET SUITE 290 BOSTON, MA 02135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOSTON BAROQUE INC TEN GUEST STREET SUITE 290 BOSTON, MA 02135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOSTON BOOK FESTIVAL INC 32R ESSEX ST SUITE 5 CAMBRIDGE, MA 021392646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON CELTICS SHAMROCK FOUNDATION 226 CAUSEWAY ST STE 4 BOSTON, MA 021142155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,825
BOSTON CHINATOWN NEIGHBORHOOD CENTE 885 WASHINGTON ST BOSTON, MA 021111415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
BOSTON CHINATOWN NEIGHBORHOOD CENTE 885 WASHINGTON ST BOSTON, MA 021111415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON CHINATOWN NEIGHBORHOOD CENTE 885 WASHINGTON ST BOSTON, MA 021111415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
BOSTON CHINATOWN NEIGHBORHOOD CENTE 885 WASHINGTON ST BOSTON, MA 021111415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOSTON CHINATOWN NEIGHBORHOOD CENTE 885 WASHINGTON ST BOSTON, MA 021111415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE HIGH SCHOOL 150 MORRISSEY BLVD BOSTON, MA 02125	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	875
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,500
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,950
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER/ 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,750
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON COLLEGE TRUSTEES CADIGAN ALUMNI CENTER 140 COMMONWEA TH AVE CHESTNUT HILL, MA 024673800	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BOSTON COLLEGIATE CHARTER SCHOOL FO 215 SYDNEY STREET DORCHESTER, MA 02125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BOSTON DEBATE LEAGUE 1542 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON DEBATE LEAGUE 1542 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BOSTON DEBATE LEAGUE 1542 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOSTON DEBATE LEAGUE 1542 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON FOUNDATION INC 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOSTON FOUNDATION INC 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BOSTON HEALTH CARE FOR THE HOMELESS 780 ALBANY ST BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOSTON LATIN ACADEMY FOBLA 205 TOWNSEND STREET BOSTON, MA 02121	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON LATIN SCHOOL ASSOCIATION 27 SCHOOL ST STE 300 BOSTON, MA 021084303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BOSTON MAIN STREETS FOUNDATION 136 BROOKLINE AVENUE BOSTON, MA 02215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
BOSTON MEDICAL CENTER CORPORATION 801 MASSACHUSETTS AVENUE 1ST FLOOR DEVELOPMENT OFFICE- TEAM BMC BOSTON, MA 021182308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON MEDICAL CENTER CORPORATION 801 MASSACHUSETTS AVENUE 1ST FLOOR DEVELOPMENT OFFICE- TEAM BMC BOSTON, MA 021182308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	425
BOSTON MEDICAL CENTER CORPORATION 801 MASSACHUSETTS AVENUE 1ST FLOOR DEVELOPMENT OFFICE- TEAM BMC BOSTON, MA 021182308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BOSTON PHILHARMONIC ORCHESTRA CORPO 236 HUNTINGTON AVE SUITE 209 BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
BOSTON PRIVATE INDUSTRY COUNCIL INC 2 OLIVER STREET 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BOSTON PUBLIC LIBRARY FOUNDATION IN 700 BOYLSTON STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON PUBLIC LIBRARY FOUNDATION IN 700 BOYLSTON STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
BOSTON RESCUE MISSION INC PO BOX 120069 BOSTON, MA 021120069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BOSTON RESCUE MISSION INC PO BOX 120069 BOSTON, MA 021120069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245,000
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
BOSTON SYMPHONY ORCHESTRA INC 301 MASSACHUSETTS AVENUE BOSTON, MA 021154557	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON TEACHERS UNION SCHOOL 25 WALK HILL STREET JAMAICA PLAIN, MA 02130	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	36
BOSTON TRINITY ACADEMY INC 17 HALE ST BOSTON, MA 021361519	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
BOSTON YOUTH SYMPHONY ORCHESTRA INC 855 COMMONWEALTH AVE BOSTON, MA 022151303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON YOUTH SYMPHONY ORCHESTRA INC 855 COMMONWEALTH AVE BOSTON, MA 022151303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOTTOM LINE INC 500 AMORY STREET SUITE 3 JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOY SCOUTS OF AMERICA 2 TOWER OFFICE PARK WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2 TOWER OFFICE PARK WOBURN, MA 01801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 2 MOUNT ROYAL AVE STE 100 MARLBOROUGH, MA 01752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF LYNN 25 N COMMON ST LYNN, MA 019024311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF LYNN 25 N COMMON ST LYNN, MA 019024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUB OF MARSHFIELD INC 37 PROPRIETORS DR MARSHFIELD, MA 02050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF MARSHFIELD INC 37 PROPRIETORS DR MARSHFIELD, MA 02050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF BROCKTON INC 233 WARREN AVENUE BROCKTON, MA 023014321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF GREATER SALE PO BOX 24 SALEM, MA 01970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF WORCESTER 65 BOYS GIRLS CLUB WAY WORCESTER, MA 01610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
BOYS AND GIRLS CLUBS OF BOSTON INC 200 HIGH ST SUITE 3B BOSTON, MA 021103024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225,000
BOYS AND GIRLS CLUBS OF BOSTON INC 15 GREEN ST CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF BOSTON INC 200 HIGH STREET FLOOR 3 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOYS AND GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVENUE DORCHESTER, MA 021253303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVE BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVE BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
BOYS AND GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVE BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
BOYS AND GIRLS CLUBS OF METROWEST I 169 PLEASANT ST MARLBOROUGH, MA 01752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BPEPO BOX 190904 ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BPEPO BOX 190904 ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRADFORD CHRISTIAN ACADEMY 97 OXFORD AVENUE BRADFORD, MA 018358340	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN ANEURYSM FOUNDATION INCORPORA 269 HANOVER ST BUILDING 3 HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRAINTREE CHORAL SOCIETY PO BOX 850182 BRAINTREE, MA 021850182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRAINTREE CHORAL SOCIETY PO BOX 850182 BRAINTREE, MA 021850182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDEIS UNIVERSITY PO BOX 549110 MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
BRANDEIS UNIVERSITY PO BOX 549110 MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
BRANDEIS UNIVERSITY 415 SOUTH STREET MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDEIS UNIVERSITY PO BOX 549110 MS 126 WALTHAM, MA 024549110	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	36
BREAKTHROUGH GREATER BOSTON INC PO BOX 381486 CAMBRIDGE, MA 02238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BREWSTER PONDS COALITION PO BOX 459 BREWSTER, MA 026310459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE OVER TROUBLED WATERS INC 47 WEST STREET BOSTON, MA 021111219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BRIDGE OVER TROUBLED WATERS INC 47 WEST STREET BOSTON, MA 021111219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
BRIDGE OVER TROUBLED WATERS INC 47 WEST STREET BOSTON, MA 021111219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE OVER TROUBLED WATERS INC 47 WEST STREET BOSTON, MA 021111219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
BRIDGE OVER TROUBLED WATERS INC 47 WEST STREET BOSTON, MA 021111219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BRIDGES TO MALAWI7 CURLEY DRIVE HUDSON, MA 01749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT HORIZONS FOUNDATION FOR CHIL 233 NEEDHAM STREET SUITE 440 NEWTON, MA 04464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BROADMEADOW ELEMENTARY SCHOOL PTC 120 BROADMEADOW RD NEEDHAM, MA 02492	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
BROOKLINE COMMUNITY FOUNDATION INC 40 WEBSTER PL BROOKLINE, MA 024457937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE COMMUNITY FOUNDATION INC 40 WEBSTER PL BROOKLINE, MA 024457937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,900
BROOKLINE COMMUNITY MENTAL HEALTH C 41 GARRISON RD BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BROOKLINE GREENSPACE ALLIANCE INC 209 POND AVE BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLINE TEEN CENTER INC 40 ASPINWALL AVE BROOKLINE, MA 02446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER, MA 01845	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BROOKS SCHOOL 1160 GREAT POND ROAD NORTH ANDOVER, MA 01845	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN SCHOOL PARENT TEACHER ORGANIZ C/O B THOMAS 1 JEAN BURKE DR NATICK, MA 017600000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BUCKINGHAM BROWNE AND NICHOLS SCHOO 80 GERRYS LANDING RD CAMBRIDGE, MA 021385504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
BUCKINGHAM BROWNE AND NICHOLS SCHOO 80 GERRYS LANDING RD CAMBRIDGE, MA 021385504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKINGHAM BROWNE AND NICHOLS SCHOO 80 GERRYS LANDING RD CAMBRIDGE, MA 021385504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BUDDY DOG HUMANE SOCIETY INC 151 BOSTON POST ROAD SUDBURY, MA 01776	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUZZARDS BAY COALITION INC 114 FRONT ST NEW BEDFORD, MA 027407264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
CAIR-MA INC 123 SOUTH STREET SUITE 3 BOSTON, MA 021111118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAIR-MA INC 123 SOUTH STREET SUITE 3 BOSTON, MA 021111118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMBRIDGE AFFORDABLE HOUSING CORPOR 362 GREEN STREET CAMBRIDGE, MA 021393309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CAMP HARBOR VIEW FOUNDATION INC 200 CLARENDON ST FL 60 BOSTON, MA 021165339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
CAMP HARBOR VIEW FOUNDATION INC 200 CLARENDON ST FL 60 BOSTON, MA 021165339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CAPE ABILITIES INC 895 MARY DUNN RD HYANNIS, MA 026012088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE ARTS & ENTERTAINMENT INC 1060 FALMOUTH RD HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAPE ARTS & ENTERTAINMENT INC 1060 FALMOUTH RD HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CAPE COD CENTER FOR THE ARTS INC PO BOX 2001 DENNIS, MA 026385027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CAPE COD CHALLENGER CLUB INC 418 BUMPS RIVER RD OSTERVILLE, MA 02655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD CHAMBER MUSIC FESTIVAL INC PO BOX 1934 NORTH EASTHAM, MA 02651	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAPE COD CHAMBER MUSIC FESTIVAL INC PO BOX 1934 NORTH EASTHAM, MA 02651	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CAPE COD COMMERICIAL FISHERMENS ALL 1566 MAIN ST CHATHAM, MA 026331805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD CURLING CLUB INC PO BOX 396 FALMOUTH, MA 025410396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,965
CAPE COD FOUNDATION INC 261 WHITES PATH UNIT 2 SOUTH YARMOUTH, MA 02664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 026015230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 02601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 026015230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 026015230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE COD HEALTHCARE INC PO BOX 370 HYANNIS, MA 02601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAPE COD TIMES NEEDY FUND INC PO BOX 804 HYANNIS, MA 026010804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CAPTAIN FORBES HOUSE MUSEUM 215 ADAMS ST MILTON, MA 021864215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL CUSHING CENTERS INC 405 WASHINGTON ST HANOVER, MA 023392343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CARDINAL CUSHING CENTERS INC 405 WASHINGTON ST HANOVER, MA 023392343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CARDINAL CUSHING CENTERS INC 405 WASHINGTON ST HANOVER, MA 023392343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE DIMENSIONS INC 75 SYLVAN ST SUITE B-102 DANVERS, MA 019232764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
CAREER COLLABORATIVE INC 100 SUMMER STREET 17TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CARROLL SCHOOL CORP CARROLL SCHOOL DEVELOPMENT OFFICE WAYLAND, MA 01778	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASPAR INCPO BOX 45538 SOMERVILLE, MA 02145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAT RESCUE OF MARLBOROUGH AND HUDSO PO BOX 560 HUDSON, MA 017490560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITABLE BUREAU OF THE A 169 COURT STREET BROCKTON, MA 02302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	198
CATHOLIC CHARITABLE BUREAU OF THE A 278 BOWDOIN ST DORCHESTER BOSTON, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITABLE BUREAU OF THE A 278 BOWDOIN ST DORCHESTER BOSTON, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITABLE BUREAU OF THE A 275 WEST BROADWAY BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITABLE BUREAU OF THE A 278 BOWDOIN ST DORCHESTER BOSTON, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES APPEAL 450 HIGHLAND AVENUE FALL RIVER, MA 02720	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES APPEAL 450 HIGHLAND AVENUE FALL RIVER, MA 02720	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES APPEAL 450 HIGHLAND AVENUE FALL RIVER, MA 02720	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
CATHOLIC MEMORIAL 235 BAKER STREET WEST ROXBURY, MA 02132	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,250
CATHOLIC SCHOOLS FOUNDATION INC 67 BATTERYMARCH STREET 6TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAVALIER ALLIANCE FOR RESCUE RESEAR PO BOX 17 BEDFORD, MA 017300017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CC VINES INC58 FARMERS CLIFF ROAD CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CELEBRITY SERIES OF BOSTON 20 PARK PLAZA SUITE 1032 BOSTON, MA 021164303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR COASTAL STUDIES INC 5 HOLWAY AVENUE PROVINCETOWN, MA 02657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR COASTAL STUDIES INC 5 HOLWAY AVENUE PROVINCETOWN, MA 02657	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTER FOR WOMEN & ENTERPRISES INC 24 SCHOOL STREET BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTERVILLE PUBLIC LIBRARY ASSOC IN 585 MAIN STREET CENTERVILLE, MA 02632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL SQUARE CONGREGATION CHURCH 71 CENTRAL SQUARE BRIDGEWATER, MA 02324	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,510
CENTRAL SQUARE THEATER INC 450 MASSACHUSETTS AVE 3RD FL CAMBRIDGE, MA 021394106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CERES INC 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	83,333
CERES INC 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375,000
CHABAD FENWAY - HUNTINGTON AVENUE I 173 SAINT BOTOLPH ST APT 1 BOSTON, MA 021155134	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLEYS FUND INC 635 MAIN STREET SUITE 3 GREAT BARRINGTON, MA 01230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,500
CHARLOTTE A DUNNING 48 FROST STREET FRAMINGHAM, MA 01701	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
CHARLTON SOFTBALL ASSOCIATION PO BOX 94 CHARLTON, MA 01507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM CONSERVATION FOUNDATION INC 540 MAIN STREET CHATHAM, MA 02633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHATHAM ORPHEUM THEATER INC PO BOX 17 CHATHAM, MA 02633	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHATHAM ORPHEUM THEATER INC PO BOX 17 CHATHAM, MA 02633	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHELSEA COLLABORATIVE INC 318 BROADWAY CHELSEA, MA 02150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHESTNUT HILL SCHOOL 428 HAMMOND ST CHESTNUT HILL, MA 024671229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,925
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	13,620
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	235
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,234
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 021155724	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,225
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
CHILDRENS HOSPITAL CORPORATION 401 PARK DRIVE STE 602 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS LAW CENTER OF MASS INC NO PO BOX 710 298 UNION STREET 2ND FLR LYNN, MA 01903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,285
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ONCOLOGY SERVICES OF MASS 229 KENT ST BROOKLINE, MA 024465462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS ROOM - CENTER FOR GREIVIN 1210 MASSACHUSETTS AVENUE ARLINGTON, MA 02476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS ROOM - CENTER FOR GREIVIN 1210 MASSACHUSETTS AVENUE ARLINGTON, MA 02476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHORAL ART SOCIETY OF THE SOUTH SHO PO BOX 148 SCITUATE, MA 020660148	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHOROIDEREMIA RESEARCH FOUNDATION I 23 E BRUNDRETH ST SPRINGFIELD, MA 011092110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHRISTMAS IN THE CITY INC 45 FRANKLIN ST C/O KENNEDY BROS PT BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTMAS IN THE CITY INC 45 FRANKLIN ST C/O KENNEDY BROS PT BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
CHRISTMAS IN THE CITY INC 45 FRANKLIN ST C/O KENNEDY BROS PT BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CIRCLE OF HOPE FOUNDATION PO BOX 421 NORWOOD, MA 020620421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIRCLE OF HOPE FOUNDATION PO BOX 421 NORWOOD, MA 020620421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CITIZEN SCHOOLS INC 1 BEACON STREET BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CITIZEN SCHOOLS INC 308 CONGRESS STREET BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZEN SCHOOLS INC 1 BEACON STREET BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CITIZENS HOUSING & PLANNING ASSOCIA ONE BEACON STREET 5TH FLOOR BOSTON, MA 021082305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CITY YEAR INC287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY YEAR INC287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CITY YEAR INC287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC287 COLUMBUS AVENUE BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CIVIC SYMPHONY ORCHESTRA OF BOSTON PO BOX 1082 BROOKLINE, MA 024460009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CLAPP MEMORIAL LIBRARY INC PO BOX 627 19 SOUTH MAIN ST BELCHERTOWN, MA 01007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK UNIVERSITY950 MAIN STREET WORCESTER, MA 016101477	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	135
CLARK UNIVERSITY950 MAIN STREET WORCESTER, MA 016101477	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CLARK UNIVERSITY950 MAIN STREET WORCESTER, MA 016101477	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN AIR TASK FORCE INC 114 STATE STREET 6TH FLOOR BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300,000
CLIMB FOR A CHILDPO BOX 1424 WESTFORD, MA 018864924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CLINICAL & SUPPORT OPTIONS INC 8 ATWOOD DRIVE NORTHAMPTON, MA 01060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COHASSET LOCAL EDUCATION FOUNDATION PO BOX 309 COHASSET, MA 02025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
COLLEGE BOUND DORCHESTER INC 275 EAST COTTAGE STREET DORCHESTER, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COLLEGE BOUND DORCHESTER INC 275 EAST COTTAGE STREET DORCHESTER, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD ST CHICOPEE, MA 010132837	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
COLTON BUCKLEY FOUNDATION INC 379 LOWELL ST PEABODY, MA 019602720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COMMITTEE FOR ACCURACY IN MIDDLE EA PO BOX 35040 BOSTON, MA 021350001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMITTEE FOR ACCURACY IN MIDDLE EA PO BOX 35040 BOSTON, MA 021350001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
COMMONWEALTH KITCHEN INC 196 QUINCY STREET DORCHESTER, MA 02121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
COMMONWEALTH ZOOLOGICAL CORPORATION ONE FRANKLIN PARK ROAD BOSTON, MA 02121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES UNITED INC 108 WATER STREET SUITE 2D WATERTOWN, MA 02472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY ADOLESCENT RESOURCES AND 247 CABOT ST HOLYOKE, MA 010403927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
COMMUNITY AUTISM RESOURCES INCORPOR 33 JAMES REYNOLDS RD UNIT C SWANSEA, MA 02777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY AUTISM RESOURCES INCORPOR 33 JAMES REYNOLDS RD UNIT C SWANSEA, MA 02777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
COMMUNITY AUTISM RESOURCES INCORPOR 33 JAMES REYNOLDS RD UNIT C SWANSEA, MA 02777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
COMMUNITY COOKS INC 337 SOMERVILLE AVE SOMERVILLE, MA 02143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FARMS OUTREACH 240 BEAVER STREET WALTHAM, MA 02452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET, MA 025544450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET, MA 025544450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	521
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR NANTUCKET PO BOX 204 NANTUCKET, MA 025544450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
COMMUNITY SERVINGS INC 179 AMORY ST JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMUNITY SERVINGS INC 179 AMORY ST JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SERVINGS INC 179 AMORY ST JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY SERVINGS INC 179 AMORY ST JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
COMMUNITY VISITING NURSE AGENCY INC 10 EMORY STREET ATTLEBORO, MA 02703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY WORKSHOPS INC 174 PORTLAND STREET BOSTON, MA 021140000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
COMPANY ONE INC 539 TREMONT STREET STUDIO 211 BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
COMPASSIONATE CARE ALS INC PO BOX 1052 W FALMOUTH, MA 025741052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSIONATE CARE ALS INC PO BOX 1052 W FALMOUTH, MA 025741052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONCORD CONSERVATORY OF MUSIC PO BOX 1258 CONCORD, MA 017421258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
CONCORD CONSERVATORY OF MUSIC PO BOX 1258 CONCORD, MA 017421258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD FREE PUBLIC LIBRARY CORPORA 129 MAIN STREET CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CONCORD FREE PUBLIC LIBRARY CORPORA 129 MAIN STREET CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CONCORD MIDDLE SCHOOL PTG 835 OLD MARLBORO ROAD CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD-CARLISLE COMMUNITY CHEST IN 19 MAIN STREET CONCORD, MA 01742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CONCUSSION LEGACY FOUNDATION INC 361 NEWBURY STREET 5TH FLOOR BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONCUSSION LEGACY FOUNDATION INC 361 NEWBURY STREET 5TH FLOOR BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION OF SISTERS OF ST JOSEP 577 CAREW ST SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
COOLIDGE CORNER PTO 345 HARVARD ST BROOKLINE, MA 024462907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COPS FOR KIDS WITH CANCER INC PO BOX 850956 BRAINTREE, MA 021850956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPS FOR KIDS WITH CANCER INC PO BOX 850956 BRAINTREE, MA 021850956	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COREY C GRIFFIN CHARITABLE FOUNDATI 205 NEWBURY ST STE 410 FRAMINGHAM, MA 01701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COTUIT CENTER FOR THE ARTS 4404 FALMOUTH ROAD COTUIT, MA 026350000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTUIT LIBRARY ASSOCIATION PO BOX 648 COTUIT, MA 02635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COUNTRY DANCE & SONG SOCIETY INC 116 PLEASANT ST STE 345 EASTHAMPTON, MA 010272759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COVENANT SCHOOL 9 WESTMINSTER AVENUE ARLINGTON, MA 02474	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT SCHOOL 9 WESTMINSTER AVENUE ARLINGTON, MA 02474	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	575
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	392
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
CRADLES TO CRAYONS INC 281 NEWTONVILLE AVE NEWTON, MA 02460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,139
CRISTO REY BOSTON HIGH SCHOOL INC 100 SAVIN HILL AVENUE BOSTON, MA 021251431	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	298
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CRY-CHILD RIGHTS AND YOU AMERICA IN PO BOX 850948 BRAINTREE, MA 021850948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CU KIDS AT HEART INC 35 CORPORATE DR STE 300 BURLINGTON, MA 018034246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CUPBOARD OF KINDNESS INC PO BOX 874 NORTON, MA 02766	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CUSHING ACADEMY TRUSTEES 39 SCHOOL STREET ASHBURNHAM, MA 014300000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	198
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,200
CYSTIC FIBROSIS FOUNDATION 220 N MAIN ST STE 104 NATICK, MA 017601100	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
DAKIN PIONEER VALLEY HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 011016307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAKIN PIONEER VALLEY HUMANE SOCIETY PO BOX 6307 SPRINGFIELD, MA 011016307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,815
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	543
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,204
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,536
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,530
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,731
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	551
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	519
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 022155450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR BROOKLINE, MA 02445	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DANA-FARBER CHILDRENS HOSPITAL CANC 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANA-FARBER CHILDRENS HOSPITAL CANC 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
DANA-FARBER CHILDRENS HOSPITAL CANC 10 BROOKLINE PL WEST 6TH FL BROOKLINE, MA 02445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20
DANIEL JAMES MCCARTHY MEMORIAL FUND 525 MASSACHUSETTS AVENUE SUITE A ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANVERS YOUTH SOCCER ASSOCIATION IN 10 MILDRED RD DANVERS, MA 019232513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
DEAN COLLEGE99 MAIN ST FRANKLIN, MA 020381941	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,750
DEAN COLLEGE99 MAIN ST FRANKLIN, MA 020381941	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEDHAM COMMUNITY ASSOCIATION INC 671 HIGH ST DEDHAM, MA 020264111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DEDHAM COMMUNITY ASSOCIATION INC 671 HIGH ST DEDHAM, MA 020264111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DENNIS CONSERVATION TRUST PO BOX 67 EAST DENNIS, MA 02641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DERBY ACADEMY TRUSTEES 56 BURDITT AVENUE HINGHAM, MA 02043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DEUTSCHES ALTENHEIM FOUNDATION INC 2222 CENTRE ST WEST ROXBURY, MA 021324034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
DIANES PEN PALS FOUNDATION INC PO BOX 455 BEVERLY, MA 019157208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF WORCESTER49 ELM ST WORCESTER, MA 01609	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
DIOCESE OF WORCESTER49 ELM ST WORCESTER, MA 01609	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
DJ DREAM FUND 31 MILK STREET LOBBY PO BOX 961233 BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DJ DREAM FUND 31 MILK STREET LOBBY PO BOX 961233 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DORCHESTER HISTORICAL SOCIETY 195 BOSTON ST DORCHESTER, MA 021251613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DORCHESTER HISTORICAL SOCIETY 195 BOSTON ST DORCHESTER, MA 021251613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUG FLUTIE JR FOUNDATION FOR AUTIS PO BOX 2157 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,110
DOUG FLUTIE JR FOUNDATION FOR AUTIS PO BOX 2157 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
DOUG FLUTIE JR FOUNDATION FOR AUTIS PO BOX 2157 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUG FLUTIE JR FOUNDATION FOR AUTIS PO BOX 2157 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
DOUG FLUTIE JR FOUNDATION FOR AUTIS 1661 WORCESTER ROAD SUITE 102 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	302
DOUG FLUTIE JR FOUNDATION FOR AUTIS PO BOX 2157 FRAMINGHAM, MA 01703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUGLAS ATHLETIC BOOSTER CLUB PO BOX 965 DOUGLAS, MA 015160965	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
DOUGLAS ATHLETIC BOOSTER CLUB PO BOX 965 DOUGLAS, MA 015160965	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
DOUGLAS ATHLETIC BOOSTER CLUB PO BOX 965 DOUGLAS, MA 015160965	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOVER AND SHERBORN EDUCATION FUND I P O BOX 421 DOVER, MA 020300421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DREAM BIG INC 281 NEEDHAM ST STE 202 NEWTON, MA 024641522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
DREAM BIG INC 281 NEEDHAM ST STE 202 NEWTON, MA 024641522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM BIG INC 281 NEEDHAM ST STE 202 NEWTON, MA 024641522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
DREAM BIG INC 281 NEEDHAM ST STE 202 NEWTON, MA 024641522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
DRESS FOR SUCCESS BOSTON INC 989 COMMONWEALTH AVE BOSTON, MA 022151308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS BOSTON INC 989 COMMONWEALTH AVE BOSTON, MA 022151308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DRESS FOR SUCCESS BOSTON INC 989 COMMONWEALTH AVE BOSTON, MA 022151308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DRESS FOR SUCCESS BOSTON INC 989 COMMONWEALTH AVE BOSTON, MA 022151308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS WORCESTER INC 484 MAIN STREET SUITE 110 WORCESTER, MA 01608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DUDLEY STREET NEIGHBORHOOD INITIATI 550 DUDLEY ST ROXBURY, MA 021192767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DUNSTABLE RURAL LAND TRUST DAVID E TULLY 1070 MAIN STREET DUNSTABLE, MA 018270000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUNSTABLE RURAL LAND TRUST DAVID E TULLY 1070 MAIN STREET DUNSTABLE, MA 018270000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DUNSTABLE RURAL LAND TRUST DAVID E TULLY 1070 MAIN STREET DUNSTABLE, MA 018270000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
DUXBURY BEACH RESERVATION INC PO BOX 2593 DUXBURY, MA 01331	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
E ETHEL LITTLE SCHOOL PARENTS TEACH 7 BARBERRY RD NORTH READING, MA 01864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EAGLE HILL SCHOOLPO BOX 116 HARDWICK, MA 01037	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
EAGLE HILL SCHOOLPO BOX 116 HARDWICK, MA 01037	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE HILL SCHOOLPO BOX 116 HARDWICK, MA 01037	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
EASTER SEALS MASSACHUSETTS INC 484 MAIN STREET SUITE 600 WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
EASTERN NAZARENE COLLEGE 23 E ELM AVE QUINCY, MA 021702905	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN ORTHODOX MANAGEMENT CORP 300 BARBER AVENUE WORCESTER, MA 01606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	284
EASTERN ORTHODOX MANAGEMENT CORP 300 BARBER AVENUE WORCESTER, MA 01606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	267
EASTERN ORTHODOX MANAGEMENT CORP 300 BARBER AVENUE WORCESTER, MA 01606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTHAM HISTORICAL SOCIETY INC PO BOX 8 EASTHAM, MA 026420008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EASTON CHILDRENS MUSEUM INC PO BOX 417 NORTH EASTON, MA 023560417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EASTON CHILDRENS MUSEUM INC PO BOX 417 NORTH EASTON, MA 023560417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTON WOMEN OF TODAY INC PO BOX 196 EASTON, MA 02334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EBENEZER FOUNDATION INC 21 MCGRATH HIGHWAY SUITE 201 QUINCY, MA 021690000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	570
EBENEZER FOUNDATION INC 21 MCGRATH HIGHWAY SUITE 201 QUINCY, MA 021690000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECUMENICAL SOCIAL ACTION COMMITTEE 434 JAMAICAWAY JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EL HOGAR MINISTRIES INC 21 CUMMINGS PARK DRIVE SUITE 238 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ELDREDGE PUBLIC LIBRARY 564 MAIN ST CHATHAM, MA 026332238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDREDGE PUBLIC LIBRARY 564 MAIN ST CHATHAM, MA 026332238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ELDREDGE PUBLIC LIBRARY 564 MAIN ST CHATHAM, MA 026332238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ELEVATE YOUTH INC 89 SOUTH ST SUITE 203 BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH PEABODY HOUSE ASSOCIATION 275-277 BROADWAY SOMERVILLE, MA 02145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ELIZABETH SCHICKEL FOUNDATION INC 20 FERN ST NATICK, MA 017604241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ELIZABETH SCHICKEL FOUNDATION INC 20 FERN ST NATICK, MA 017604241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ELLEN M GIFFORD SHELTERING HOME COR 30 UNDINE RD BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EMERALD NECKLACE CONSERVANCY INC 125 THE FENWAY BOSTON, MA 021153700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD NECKLACE CONSERVANCY INC 125 THE FENWAY BOSTON, MA 021153700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EMERSON COLLEGE 120 BOYLSTON STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
EMERSON HOSPITAL133 ORNAC CONCORD, MA 017424159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMMAUS INCPO BOX 568 HAVERHILL, MA 01831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EMPLOYMENT OPTIONS INC 82 BRIGHAM STREET MARLBOROUGH, MA 017523137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENCHANTED CIRCLE INC 4 OPEN SQUARE WAY HOLYOKE, MA 010406295	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ENCHANTED CIRCLE INC 4 OPEN SQUARE WAY HOLYOKE, MA 010406295	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ENGLISH FOR NEW BOSTONIANS INC 105 CHAUNCY ST 4TH FLOOR BOSTON, MA 021111759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL LEAGUE OF MASSACHUSET 15 COURT SQUARE SUITE 1000 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	526
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EPILEPSY FOUNDATION NEW ENGLAND INC 650 SUFFOLK ST 405 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
EPIPHANY SCHOOL INC154 CENTRE ST DORCHESTER, MA 02124	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERNEST F UPHAM PARENT TEACHER ORGAN C/O E F UPHAM SCHOOL 35 WYNNEWOOD WELLESLEY, MA 024810000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ESPERANZA ACADEMY INC 198 GARDEN STREET LAWRENCE, MA 01840	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ESPERANZA ACADEMY INC 198 GARDEN STREET LAWRENCE, MA 01840	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESPLANADE ASSOCIATION INC 575 BOYLSTON STREET SUITE 4R BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EVEN GROUND INC88 OAK ST WELLESLEY, MA 02482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPECT MIRACLES FOUNDATION PO BOX 51267 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EXPECT MIRACLES FOUNDATION PO BOX 51267 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EXPECT MIRACLES FOUNDATION PO BOX 51267 BOSTON, MA 02205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FACIOSCAPULOHUMERAL SOCIETY 450 BEDFORD STREET LEXINGTON, MA 024201535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FACIOSCAPULOHUMERAL SOCIETY 450 BEDFORD STREET LEXINGTON, MA 024201535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,084
FALMOUTH ACADEMY 7 HIGHFIELD DRIVE FALMOUTH, MA 025402303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FALMOUTH ACADEMY 7 HIGHFIELD DRIVE FALMOUTH, MA 025402303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,602
FAMILY PANTRY OF CAPE COD CORP THE 133 QUEEN ANNE RD HARWICH, MA 026452406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY PROMISE METROWEST INC 6 MULLIGAN ST NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	753
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE METROWEST INC 6 MULLIGAN ST NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY REACH FOUNDATION 142 BERKELEY ST 3RD FLOOR BOSTON, MA 021165143	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILYAID BOSTON INC 3815 WASHINGTON STREET BOSTON, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILYAID BOSTON INC 3815 WASHINGTON STREET BOSTON, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FAMILYAID BOSTON INC 727 ATLANTIC AVENUE BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FARM AID INC 501 CAMBRIDGE ST THIRD FLOOR CAMBRIDGE, MA 02141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT ST BROCKTON, MA 023014921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FATHER BILLS & MAINSPRING INC 38 BROAD STREET QUINCY, MA 02169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FATHER BILLS & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILM MAKERS COLLABORATIVE INCORPORA 6 EASTMAN PLACE 202 MELROSE, MA 02176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
FIND THE CAUSE INCPO BOX 2112 FRAMINGHAM, MA 017032112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FIRST LITERACY INC 160 BOYLSTON STREET 2ND FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST LITERACY INC 160 BOYLSTON STREET 2ND FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FIRST LITERACY INC 160 BOYLSTON STREET 2ND FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FIRST LITERACY INC 160 BOYLSTON STREET 2ND FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE OF BOSTON INC PO BOX 230 S WALPOLE, MA 02071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FITCHBURG STATE UNIVERSITY FOUNDATI 160 PEARL ST FITCHBURG, MA 014202631	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
FOLK ARTS CENTER OF NEW ENGLAND INC 10 FRANKLIN STREET STONEHAM, MA 021801862	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FONTBONNE ACADEMY930 BROOK RD MILTON, MA 02186	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	775
FONTBONNE ACADEMY930 BROOK RD MILTON, MA 02186	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FONTBONNE ACADEMY930 BROOK RD MILTON, MA 02186	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR FREE COMMITTEES INC 11 INMAN ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FOOD PROJECT INC10 LEWIS STREET LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOR KIDS SAKE FOUNDATION INCORPORAT 550 KELLEY BLVD NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORESTDALE SCHOOL151 ROUTE 130 SANDWICH, MA 02644	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
FOREVER PAWS ANIMAL SHELTER 300 LYNWOOD ST FALL RIVER, MA 027212103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOUNDATION FOR BOSTON CENTERS FOR Y 1483 TREMONT ST BOSTON, MA 021202908	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR METROWEST INC 3 ELIOT STREET NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
FOUNDATION FOR METROWEST INC 3 ELIOT STREET NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FOUNDATION OF THE MASSACHUSETTS EYE 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMINGHAM STATE UNIVERSITY FOUNDAT 100 STATE ST FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
FRAMINGHAM STATE UNIVERSITY FOUNDAT 100 STATE ST FRAMINGHAM, MA 01701	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
FRANCISCAN HOSPITAL FOR CHILDREN IN 30 WARREN STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN HOSPITAL FOR CHILDREN IN 30 WARREN STREET BRIGHTON, MA 02135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FRANKLIN COUNTY COMMUNITY MEALS PRO PO BOX 172 GREENFIELD, MA 013020172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FRANKLIN FOOD PANTRY INCORPORATED PO BOX 116 FRANKLIN, MA 020380116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAXA RESEARCH FOUNDATION INC 10 PRINCE PLACE SUITE 203 NEWBURYPORT, MA 01950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FREETOWN LAKEVILLE ATHLETIC ASSOCIA PO BOX 575 EAST FREETOWN, MA 02717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF ADAMS FARM INC PO BOX 725 WALPOLE, MA 020810725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BOSTON LATIN ACADEMY INC 205 TOWNSEND ST BOSTON, MA 021211223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF BOSTON LATIN ACADEMY INC 205 TOWNSEND ST BOSTON, MA 021211223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FRIENDS OF BOSTON LATIN ACADEMY INC 205 TOWNSEND ST BOSTON, MA 021211223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CAMBRIDGE RINDGE AND PO BOX 391541 CAMBRIDGE, MA 021390016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF CCHS LACROSSE PO BOX 142 CONCORD, MA 017420142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF CCHS LACROSSE PO BOX 142 CONCORD, MA 017420142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CONCORD CARLISLE HIGH SC 114 GROVE ST CONCORD, MA 017421509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF DANA-FARBER CANCER INSTI 450 BROOKLINE AVE SW120 BOSTON, MA 022155418	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	325
FRIENDS OF SCITUATE DOG PARK PO BOX 246 SCITUATE, MA 020660246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ST PATRICK INC 7 WEST ST WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF ST PATRICK INC 7 WEST ST WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,667
FRIENDS OF ST PATRICK INC 7 WEST ST WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ST PATRICK INC 7 WEST ST WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	833
FRIENDS OF ST PATRICK INC 7 WEST ST WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	417
FRIENDS OF STEVENS MEMORIAL LIBRARY PO BOX 992 NORTH ANDOVER, MA 018450992	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE AQUINNAH PUBLIC LIBR 65 STATE RD AQUINNAH, MA 025351345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE ARAVA INSTITUTE LTD 1320 CENTRE STREET STE 206 NEWTON CENTRE, MA 02459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	108
FRIENDS OF THE ARAVA INSTITUTE LTD 1320 CENTRE STREET STE 206 NEWTON CENTRE, MA 02459	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE BLUE HILLS CHARITABL PO BOX 416 MILTON, MA 021860004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE BLUE HILLS CHARITABL PO BOX 416 MILTON, MA 021860004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE CAPE COD NATIONAL SE PO BOX 550 WELLFLEET, MA 026670550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CAPE COD NATIONAL SE PO BOX 550 WELLFLEET, MA 026670550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE CAPE COD NATIONAL SE PO BOX 550 WELLFLEET, MA 026670550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CAPE COD NATIONAL SE PO BOX 550 WELLFLEET, MA 026670550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CHILDREN-BOSTON INC 184 DUDLEY STREET SUITE 100 ROXBURY, MA 021192556	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FRIENDS OF THE EASTHAM PUBLIC LIBRA PO BOX 1025 EASTHAM, MA 026421025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE HALEY 570 AMERICAN LEGION HWY ROSLINDALE, MA 021313210	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE HALEY 570 AMERICAN LEGION HWY ROSLINDALE, MA 021313210	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
FRIENDS OF THE HALEY 570 AMERICAN LEGION HWY ROSLINDALE, MA 021313210	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF THE LYNNFIELD PUBLIC LIB 18 SUMMER ST LYNNFIELD, MA 019401837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE MONTEREY LIBRARY PO BOX 172 MONTEREY, MA 012450172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FRIENDS OF THE PLYMOUTH POUND INC PO BOX 578 MANOMET, MA 023450578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE SCITUATE SHELTER INC 780 CHIEF JUSTICE CUSHING HWY RT 3A SCITUATE, MA 020660000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SHERBORN LIBRARY PO BOX 134 SHERBORN, MA 017700134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF THE TAUNTON ANIMAL CARE 821 WEST WATER STREET TAUNTON, MA 02780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE WINCHESTER PUBLIC LI 80 WASHINGTON STREET WINCHESTER, MA 018902714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WORCESTER FREE PUBLI 3 SALEM SQ WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THOMAS CRANE LIBRARY 40 WASHINGTON ST QUINCY, MA 021695304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 021380000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 021380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 021380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF TOBIN SCHOOL INC C/O 197 VASSAL LANE CAMBRIDGE, MA 021380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OR RELATIVES WITH AUTISM & PO BOX 1174 SOUTH DENNIS, MA 026601174	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDSHIP HOME INCPO BOX 916 NORWELL, MA 02061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
FRIENDSHIPWORKS INC 105 CHAUNCY ST BOSTON, MA 021111758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULL FRAME INITIATIVE INC 308 MAIN STREET STE 2A GREENFIELD, MA 01301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FULL FRAME INITIATIVE INC 308 MAIN STREET STE 2A GREENFIELD, MA 01301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FUND FOR BOSTON NEIGHBORHOODS INC PO BOX 961555 BOSTON, MA 021961555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAINING GROUND INCPO BOX 374 CONCORD, MA 017420374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GARDEN SCHOOL OF BEVERLY 11 AMES ST BEVERLY, MA 019153130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GENERAL SOCIETY OF MAYFLOWER DESCEN PO BOX 3297 PLYMOUTH, MA 02361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL SOCIETY OF MAYFLOWER DESCEN PO BOX 3297 PLYMOUTH, MA 02361	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GIFTS FOR KIDS INCP O BOX 464 SHARON, MA 02067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIFTS FOR KIDS INCP O BOX 464 SHARON, MA 02067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CENTRAL AND WESTERN 115 CENTURY DRIVE WORCESTER, MA 01606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,260
GIRL SCOUTS OF EASTERN MASSACHUSETT 420 BOYLSTON ST STE 505 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GIRLS INCORPORATED OF WORCESTER 125 PROVIDENCE STREET WORCESTER, MA 01604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS LATIN SCHOOL-BOSTON LATIN ACA 25 HATCH ST EVERETT, MA 021492608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIRLS ON THE RUN GREATER BOSTON 89 SOUTH ST STE LL02 BOSTON, MA 021113611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GLOBAL HEALTH INTERACTION INC 30 SEDUM LN UXBRIDGE, MA 015691133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLF FIGHTS CANCER INC 300 ARNOLD PALMER BLVD NORTON, MA 027661365	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	563
GOLF FIGHTS CANCER INC 300 ARNOLD PALMER BLVD NORTON, MA 027661365	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GOOD SPORTS INC 1515 WASHINGTON STREET BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SPORTS INC 1515 WASHINGTON STREET BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
GOOD SPORTS INC 1515 WASHINGTON STREET BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
GOOD SPORTS INC 1515 WASHINGTON STREET BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SPORTS INC 1515 WASHINGTON STREET BRAINTREE, MA 02184	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,687
GOSNOLD INC200 TER HEUN DR FALMOUTH, MA 02540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
GOSNOLD INC200 TER HEUN DR FALMOUTH, MA 02540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOVERNOR DUMMER ACADEMY 1 ELM STREET BYFIELD, MA 019222734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GOVERNOR DUMMER ACADEMY 1 ELM STREET BYFIELD, MA 019222734	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
GRAHAM HALE GARDNER FOUNDATION 20 ANDREW ST SALEM, MA 019704004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT BARRINGTON RUDOLF STEINER SCH 35 W PLAIN RD GT BARRINGTON, MA 012301573	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
GREATER LAWRENCE KIWANIS CLUB FOUND PO BOX 3068 ANDOVER, MA 018100802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GREATER LAWRENCE KIWANIS CLUB FOUND PO BOX 3068 ANDOVER, MA 018100802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER WESTFIELD EMERGENCY FOOD PA 101 MEADOW ST WESTFIELD, MA 010853292	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GREENLIGHT FUND INC 120 STJAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
GREENLIGHT FUND INC 120 STJAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENLIGHT FUND INC 120 STJAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GREENLIGHT FUND INC 120 STJAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREENLIGHT FUND INC 120 STJAMES AVENUE 6TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWOOD SCHOOL PTO 1030 MAIN ST WAKEFIELD, MA 018803928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREG HILL FOUNDATION 800 WEST CUMMINGS PARK STE 3700 WOBURN, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GROTON CONSERVATION TRUST PO BOX 395 GROTON, MA 014500395	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,436
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROTON CONSERVATION TRUST PO BOX 395 GROTON, MA 014500395	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GROTON SCHOOL282 FARMERS ROW GROTON, MA 01450	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUNDWORK LAWRENCE INC 50 ISLAND STREET SUITE 101 LAWRENCE, MA 018401835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 60 ISLAND STREET SUITE 214E LAWRENCE, MA 018401835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY METROWEST - GR 640 LINCOLN STREET SUITE 100 WORCESTER, MA 01605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY METROWEST - GR 640 LINCOLN STREET SUITE 100 WORCESTER, MA 01605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HAITI PROJECTS INC335 WATER ST HANOVER, MA 02339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALEY HOUSE INC 23 DARTMOUTH STREET BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HAMPDEN PTO38 NORTH RD HAMPDEN, MA 010369122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARBOR STAGE COMPANY INC HARBOR STAGE COMPANY WELLFLEET, MA 02667	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY FUND INC 800 MAIN STREET SUITE 217 HOLDEN, MA 015201838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HAVEN PROJECT INC 57 MUNROE STREET LYNN, MA 01901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	371
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	606
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
HAYMAKERS FOR HOPE INC 745 ATLANTIC AVE C/O WEWORK 8TH FLOOR SUITE 800 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEADING HOME INC THE SCHRAFFT CENTER 529 MAIN STREET SUITE 100 CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING ABUSE WORKING FOR CHANGE IN 27 CONGRESS ST SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
HEALING ABUSE WORKING FOR CHANGE IN 27 CONGRESS ST SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
HEALTH IMPERATIVES INC 942 WEST CHESTNUT STREET BROCKTON, MA 02301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HANDS SIMIAN AIDES FOR THE 541 CAMBRIDGE ST BOSTON, MA 021342428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HELPING HANDS SIMIAN AIDES FOR THE 541 CAMBRIDGE STREET BOSTON, MA 02134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HEROES IN TRANSITION INC 22 BATES RD SUITE 135 MASHPEE, MA 026493280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH ROCK-POLLARD PARENT TEACHER CO 200 HARRIS AVE NEEDHAM, MA 024923335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HILLTOP HUMANE SOCIETY INC PO BOX 553 RANDOLPH, MA 02368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HINGHAM GIRLS HOCKEY BOOSTERS INC 159 HERSEY HINGHAM, MA 02043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOCKOMOCK YOUNG MENS CHRISTIAN ASSO 300 ELMWOOD STREET NORTH ATTLEBORO, MA 02760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HOLLISTON COMMUNITY ACTION FUND INC 770 WASHINGTON STREET HOLLISTON, MA 017462169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOLY TRINITY ARMENIAN APOSTLE CHURC 145 BRATTLE ST CAMBRIDGE, MA 021382234	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,925
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMES FOR OUR TROOPS INC 6 MAIN ST TAUNTON, MA 02780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	828
HOMESTART INC 105 CHAUNCY ST SUITE 502 BOSTON, MA 021111726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HOMESTART INC 105 CHAUNCY ST SUITE 502 BOSTON, MA 021111726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMESTART INC 105 CHAUNCY ST SUITE 502 BOSTON, MA 021111726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
HOOPER FUND FOR MANCHESTER CHILDREN PO BOX 544 MANCHESTER, MA 01944	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HORIZONS FOR HOMELESS CHILDREN INC 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOSPICE OF MARTHAS VINEYARD INC PO BOX 1748 79 BEACH ROAD VINEYARD HVN, MA 025685523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF POSSIBILITIES INC 350 WASHINGTON STREET NORTH EASTON, MA 02356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOUSING ASSISTANCE CORPORATION 460 WEST MAIN STREET HYANNIS, MA 02601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOUSING FAMILIES INC 919 EASTERN AVENUE MALDEN, MA 02148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY & SHELTER SOUTHCOAST 31 VENTURA DR N DARTMOUTH, MA 027471244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNTINGTON THEATRE COMPANY INC 264 HUNTINGTON AVENUE BOSTON, MA 021154606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HUNTINGTON THEATRE COMPANY INC 264 HUNTINGTON AVENUE BOSTON, MA 021154606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE SQUARE TASK FORCE INC 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HYDE SQUARE TASK FORCE INC 30 SUNNYSIDE STREET JAMAICA PLAIN, MA 02130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
IMPACT 100 BOSTON 91 CHADWICK STREET NORTH ANDOVER, MA 01845	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN CIRCLE FOR CARING USA INC 220 TOTTEN POND RD WALTHAM, MA 024517500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INITIATIVE FOR A COMPETITIVE INNER 56 WARREN STREET SUITE 300 ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
INLY SCHOOL INC46 WATCH HILL DR SCITUATE, MA 020664457	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INLY SCHOOL INC46 WATCH HILL DR SCITUATE, MA 020664457	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
INNERCITY WEIGHTLIFTING INC PO BOX 171313 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
INNERCITY WEIGHTLIFTING INC PO BOX 171313 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INQUILINOS BORICUAS EN ACCION INC 405 SHAWMUT AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
INQUILINOS BORICUAS EN ACCION INC 405 SHAWMUT AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRE ARTS AND MUSIC INC 47 FAIRMOUNT AVENUE BOSTON, MA 02136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
INSTITUTE OF CONTEMPORARY ART 25 HARBOR SHORE DRIVE BOSTON, MA 022102172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INTERFAITH COUNCIL FOR THE HOMELESS PO BOX 828 ORLEANS, MA 026530828	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH SOCIAL SERVICES INC 105 ADAMS ST QUINCY, MA 021692004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
INTERFAITH SOCIAL SERVICES INC 105 ADAMS ST QUINCY, MA 021692004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
INTERFAITH SOCIAL SERVICES INC 105 ADAMS ST QUINCY, MA 021692004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH SOCIAL SERVICES INC 105 ADAMS ST QUINCY, MA 021692004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
INTERNATIONAL ANIMAL RESCUE US PO BOX 137 SHREWSBURY, MA 01545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL ASSOCIATION FOR PREME 8 YONKER PLACE WALPOLE, MA 02081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
INTERNATIONAL FUND FOR ANIMAL WELFA 290 SUMMER STREET YARMOUTH PORT, MA 02675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL OCD FOUNDATION INC PO BOX 961029 BOSTON, MA 02196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
INTERNATIONAL OCD FOUNDATION INC PO BOX 961029 BOSTON, MA 02196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
INTERNATIONAL OCD FOUNDATION INC PO BOX 961029 BOSTON, MA 02196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERSEMINARIAN-PROJECT PLACE INC 1145 WASHINGTON STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
INTERSEMINARIAN-PROJECT PLACE INC 1145 WASHINGTON STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
INTERSEMINARIAN-PROJECT PLACE INC 1145 WASHINGTON STREET BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRISH INTERNATIONAL IMMIGRANT CENTE 1 STATE STREET 8TH FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ISABELLA STEWART GARDNER MUSEUM INC 25 EVANS WAY BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ITALIAN GREYHOUND RESCUE FOUNDATION 7 DAMON ST NORTH READING, MA 018642210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITALIAN GREYHOUND RESCUE FOUNDATION 7 DAMON ST NORTH READING, MA 018642210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
ITALIAN GREYHOUND RESCUE FOUNDATION 7 DAMON ST NORTH READING, MA 018642210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
ITALIAN GREYHOUND RESCUE FOUNDATION 7 DAMON ST NORTH READING, MA 018642210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITALIAN HOME FOR CHILDREN INC 1125 CENTRE ST JAMAICA PLAIN, MA 021303445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
ITS ALL ABOUT THE ANIMALS INC 103 MARION RD ROCHESTER, MA 027704124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JA WORLDWIDE INC 745 ATLANTIC AVENUE 8TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JA WORLDWIDE INC 745 ATLANTIC AVENUE 8TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
JA WORLDWIDE INC 745 ATLANTIC AVENUE 8TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
JA WORLDWIDE INC 745 ATLANTIC AVENUE 8TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOBS PILLOW DANCE FESTIVAL INC 358 GEORGE CARTER RD BECKET, MA 012230000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
JAMES L MCKEOWN BOYS AND GIRLS CLUB 1 CHARLES GARDNER LANE WOBURN, MA 01801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JAPANESE LANGUAGE SCHOOL OF GREATER 792 MASSACHUSETTS AVENUE ARLINGTON, MA 02019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAPANESE LANGUAGE SCHOOL OF GREATER 792 MASSACHUSETTS AVENUE ARLINGTON, MA 02019	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
JBS KEYS TO DMD INCPO BOX 446 DOVER, MA 020301847	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	570
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	646
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 60 WALNUT STREET WELLESLEY HILLS, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JEANNE GEIGER CRISIS CENTER INC 2 HARRIS ST NEWBURYPORT, MA 019502603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH BIG BROTHER-SISTER ASSOCIATI 333 NAHANTON ST NEWTON CENTRE, MA 024593213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH BIG BROTHER-SISTER ASSOCIATI 333 NAHANTON ST NEWTON CENTRE, MA 024593213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH BIG BROTHER-SISTER ASSOCIATI 333 NAHANTON ST NEWTON CENTRE, MA 024593213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH VOCATIONAL SERVICE INC 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JEWISH VOCATIONAL SERVICE INC 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JOBS FOR THE FUTURE INC 88 BROAD STREET BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE ANDRUZZI FOUNDATION INC 49 PLAIN STREET SUITE 500 NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
JOE ANDRUZZI FOUNDATION INC 49 PLAIN STREET SUITE 500 NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JOE ANDRUZZI FOUNDATION INC 49 PLAIN STREET SUITE 500 NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE ANDRUZZI FOUNDATION INC 49 PLAIN STREET SUITE 500 NORTH ATTLEBORO, MA 02760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	327
JOEY O DONNELL FOUNDATION TRUST 55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JOHN FITZGERALD KENNEDY LIBRARY FOU COLUMBIA POINT BOSTON, MA 02125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JONAH FINN FOUNDATION INC 250 CHESTNUT ST CAMBRIDGE, MA 021394621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSLIN CLINIC INCONE JOSLIN PLACE BOSTON, MA 02215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSLIN DIABETES CENTER INC ONE JOSLIN PL BOSTON, MA 022155306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
JOY OF MUSIC PROGRAM INC 1 GORHAM ST WORCESTER, MA 01605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOY OF MUSIC PROGRAM INC 1 GORHAM ST WORCESTER, MA 01605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JULIES FAMILY LEARNING PROGRAM INC 133 DORCHESTER ST SOUTH BOSTON, MA 021272637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST 6TH FLOOR BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST 6TH FLOOR BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST 6TH FLOOR BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
JUMPSTART FOR YOUNG CHILDREN INC 308 CONGRESS ST 6TH FLOOR BOSTON, MA 022101015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF NORTHERN NEW 209 BURLINGTON ROAD SUITE 211 BEDFORD, MA 01730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN NEW 209 BURLINGTON ROAD SUITE 211 BEDFORD, MA 01730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF SOUTHERN MASS 128 UNION STREET SUITE 304 NEW BEDFORD, MA 02740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUSTICE RESOURCE INSTITUTE INC 160 GOULD ST SUITE 300 NEEDHAM, MA 02494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUSTICE RESOURCE INSTITUTE INC 160 GOULD STREET SUITE 300 NEEDHAM, MA 02494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
KAIS LIFE GUARDIANS24 PLEASANT ST HINGHAM, MA 020432872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KAJI ASO STUDIO INC 40 SAINT STEPHEN ST BOSTON, MA 021154510	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP MASSACHUSETTS BEAUTIFUL 11 OLD NORTH TRAIL MANSFIELD, MA 02048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
KEEP NORTH ATTLEBOROUGH BEAUTIFUL I 500 E WASHINGTON ST NORTH ATTLEBORO, MA 027606301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KESHET INC284 AMORY ST JAMAICA PLAIN, MA 021302317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KESHET INC284 AMORY ST JAMAICA PLAIN, MA 021302317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7
KHS BOSTON SCHOLARSHIP FUND 119A GREW AVE ROSLINDALE, MA 02131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
KINGDOM ROCK CHILDRENS VILLAGE INC 10 WINSLOW AVE SOMERVILLE, MA 021442514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KISORO CHILDRENS FOUNDATION INC 17 HOLLY AVE CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LAHEY CLINIC FOUNDATION INC PHILANTHROPY OFFICE 41 MALL ROAD BURLINGTON MA 01809 BURLINGTON, MA 01805	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LAHEY CLINIC FOUNDATION INC PHILANTHROPY OFFICE 41 MALL ROAD BURLINGTON MA 01809 BURLINGTON, MA 01805	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAHEY CLINIC HOSPITAL INC PHILANTHROPY OFFICE 41 MALL RD BURLINGTON, MA 01805	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
LALIBERTE ELEMENTARY SCHOOL 777 PLEASANT STREET RAYNHAM, MA 02767	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
LANDMARK SCHOOLPO BOX 227 PRIDES CROSSING, MA 01965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDMARK SCHOOL INC429 HALE ST PRIDES CROSSING, MA 019650000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LASELL COLLEGE 1844 COMMONWEALTH AVE NEWTON, MA 024662709	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
LAST HOPE K9 RESCUE 71 COMMERCIAL ST STE 184 BOSTON, MA 021091320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAST HOPE K9 RESCUE 71 COMMERCIAL ST STE 184 BOSTON, MA 021091320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAST HOPE K9 RESCUE 71 COMMERCIAL ST STE 184 BOSTON, MA 021091320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LATHAM CENTERS INC 1646 ROUTE 6A PO BOX 1879 BREWSTER, MA 02631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE BOYS CLUB & GIRLS CLUB INC 136 WATER ST LAWRENCE, MA 018414722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LAWRENCE COMMUNITY WORKS INC 168 NEWBURY STREET LAWRENCE, MA 01841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LAWRENCE COMMUNITY WORKS INC 168 NEWBURY STREET LAWRENCE, MA 01841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAZARUS HOUSE INCORPORATED PO BOX 408 LAWRENCE, MA 01842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEGACY RESCUE INC 20 WHITTEMORE ST ARLINGTON, MA 024746602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	735
LIFELINKS INC4 OMNI WAY CHELMSFORD, MA 01824	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINGZI FOUNDATION 1 INTERNATIONAL PLACE SUITE 3700 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LINGZI FOUNDATION 1 INTERNATIONAL PLACE SUITE 3700 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LITTLE LEAGUE BASEBALL INC PO BOX 104 AMESBURY, MA 01913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 780 CHARLTON CITY, MA 01508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 22 COUNTRYSIDE ROAD N GRAFTON, MA 01536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE SISTERS OF THE ASSUMPTION FA 550 DUDLEY ST ROXBURY, MA 021192770	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE THEATRE OF FALL RIVER INC PO BOX 1282 FALL RIVER, MA 02722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LIVING INDEPENDENTLY FOREVER INC 550 LINCOLN ROAD EXT HYANNIS, MA 02601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONGYEAR FOUNDATION 910 BOYLSTON STREET CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LORING PARENT TEACHER ORGANIZATION 80 WOODSIDE RD SUDBURY, MA 017763486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	281
LOVIN SPOONFULS INC 1304 COMMONWEALTH AVENUE SUITE E BOSTON, MA 02134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVIN SPOONFULS INC 1304 COMMONWEALTH AVENUE SUITE E BOSTON, MA 02134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
LOWELLS MARITIME FOUNDATION DBA LOW 459 MAIN ST AMESBURY, MA 019134207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LOWER CAPE OUTREACH COUNCIL INC 19 BREWSTER CROSS ROAD ORLEANS, MA 02653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCYS LOVE BUS CHARITABLE TRUST PO BOX 464 AMESBURY, MA 019130010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
LUMIND-RESEARCH DOWN SYNDROME FOUND 20 MALL ROAD SUITE 200 BURLINGTON, MA 01803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,455
LUMIND-RESEARCH DOWN SYNDROME FOUND 20 MALL ROAD SUITE 200 BURLINGTON, MA 01803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYRIC STAGE COMPANY OF BOSTON INC 140 CLARENDON ST BOSTON, MA 021165169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
LYRIC STAGE COMPANY OF BOSTON INC 140 CLARENDON ST BOSTON, MA 021165169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	343
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,023
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 133 FEDERAL STREET 2ND FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
MALDEN CATHOLIC HIGH SCHOOL 99 CRYSTAL ST MALDEN, MA 02148	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
MALDEN CATHOLIC HIGH SCHOOL 99 CRYSTAL ST MALDEN, MA 02148	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAMELODI INITIATIVE FOUNDATION INC 56 LINNAEAN STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MANITHA NEYAM TRUST INC 97 CHARTER RD ACTON, MA 017203001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MANITHA NEYAM TRUST INC 97 CHARTER RD ACTON, MA 017203001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANITHA NEYAM TRUST INC 97 CHARTER RD ACTON, MA 017203001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MANITHA NEYAM TRUST INC 97 CHARTER RD ACTON, MA 017203001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MANY HOPES INC 67 TROTTING PARK ROAD EAST FALMOUTH, MA 02536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAPLE FARM SANCTUARY INC 101 NORTH AVE MENDON, MA 017561015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MAPLE FARM SANCTUARY INC 101 NORTH AVE MENDON, MA 017561015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MARBLEHEAD FOOD PANTRY INC 80 ATLANTIC AVE MARBLEHEAD, MA 019453036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARCH OF DIMES INCPO BOX 573 BUZZARDS BAY, MA 025320573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 112 TURNPIKE RD STE 300 WESTBOROUGH, MA 01851	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,610
MARLBORO YOUTH BASEBALL ASSOCIATION PO BOX 5715 MARLBORO, MA 017528715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARTHAS VINEYARD CEREBRAL PALSY CAM PO BOX 1357 VINEYARD HAVEN, MA 02568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVE DORCHESTER, MA 021221386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN W RICHARD CHARITABLE 1452 DORCHESTER AVENUE 4TH FLOOR DORCHESTER, MA 02122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARTINSON ELEMENTARY SCHOOL PTO 257 FOREST ST MARSHFIELD, MA 020502300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
MASS MENTORING PARTNERSHIP INC 75 KNEELAND STREET 11TH FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS ALBANIAN AMERICANSOCI 160 COMMONWEALTH AVENUE BOSTON, MA 021162707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
MASSACHUSETTS ASSOCIATION OF COMMUN 15 COURT SQUARE SUITE 600 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	498
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MASSACHUSETTS AUDUBON SOCIETY INC 208 SOUTH GREAT ROAD LINCOLN, MA 01773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS BUDGET AND POLICY CEN 15 COURT SQ STE 700 BOSTON, MA 021082532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MASSACHUSETTS COLLEGE OF LIBERAL AR 375 CHURCH STREET NORTH ADAMS, MA 01247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
MASSACHUSETTS DOWNS SYNDROME CONGRE 20 BURLINGTON MALL RD STE 261 BURLINGTON, MA 018034127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS FOUNDATION FOR HUMANI 66 BRIDGE STREET NORTHAMPTON, MA 01060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MASSACHUSETTS HISTORICAL SOCIETY 1154 BOYLSTON STREET BOSTON, MA 02215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MASSACHUSETTS HISTORY ALLIANCE PO BOX 41 PLAINFIELD, MA 010700041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS IMMIGRANT AND REFUGEE 105 CHAUNCY STREET SUITE 901 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	314
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,050
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS INSTITUTE OF TECHNOLO 600 MEMORIAL DRIVE W98-200 CAMBRIDGE, MA 021394822	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
MASSACHUSETTS ME-CFS & FM ASSOCIATI PO BOX 690305 QUINCY, MA 022690305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS MILITARY HEROES FUND 77 WARREN STREET BUILDING TWO BRIGHTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
MASSACHUSETTS PREMIER SOCCER INC 85 CENTRAL STREET WALTHAM, MA 024535435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,980
MASSACHUSETTS SOCIETY FOR THE PREVE 400 BROADWAY METHUEN, MA 01844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	470
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MASSACHUSETTS SOCIETY FOR THE PREVE 3815 WASHINTGON ST STE 2 JAMAICA PLAIN, MA 021303760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 3815 WASHINTGON ST STE 2 JAMAICA PLAIN, MA 021303760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MASSACHUSETTS SOCIETY FOR THE PREVE 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MASSACHUSETTS SOCIETY FOR THE PREVE 3815 WASHINTGON ST STE 2 JAMAICA PLAIN, MA 021303760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MASSACHUSETTS SOCIETY FOR THE PREVE 3815 WASHINTGON ST STE 2 JAMAICA PLAIN, MA 021303760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MASSACHUSETTS SOCIETY FOR THE PREVE 1577 FALMOUTH ROAD CENTERVILLE, MA 02632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS SOCIETY FOR THE PREVE 350 SOUTH HUNTINGTON AVE BOSTON, MA 02130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MASSACHUSETTS STATE POLICE MUSEUM A PO BOX 319 SOUTH GRAFTON, MA 015600319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MASSACHUSETTS STATE POLICE MUSEUM A PO BOX 319 SOUTH GRAFTON, MA 015600319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS STATE POLICE MUSEUM A PO BOX 319 SOUTH GRAFTON, MA 015600319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
MASSACHUSETTS SYMPHONY ORCHESTRA IN PO BOX 20070 WEST SIDE STATION WORCESTER, MA 016020070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MASSACHUSETTS VEST-A-DOG PO BOX 48 WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSACHUSETTS VEST-A-DOG PO BOX 48 WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	335
MASSACHUSETTS VEST-A-DOG PO BOX 48 WALPOLE, MA 02081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	67
MASTOCYTOSIS SOCIETY INC PO BOX 416 STERLING, MA 015640416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW L GREER CHILDRENS FOUNDATIO 860 NEWTON ST CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,950
MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
MCCALL MIDDLE SCHOOL PARENTS ASSOCI 458 MAIN ST WINCHESTER, MA 018902944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MEADOWBROOK SCHOOL10 FARM RD WESTON, MA 02493	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDFORD YOUTH SOCCER INC 11 TERRIER ROAD MEDFORD, MA 02155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MEDICAL MISSIONS FOR CHILDREN INC 100 CUMMINGS CENTER BEVERLY, MA 01801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEDICINES FOR HUMANITY INC 800 HINGHAM ST SUITE 200N ROCKLAND, MA 023701074	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERRIMACK COLLEGE 315 TURNPIKE STREET NORTH ANDOVER, MA 018455806	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
METROPOLITAN BOSTON HOUSING PARTNER 1411 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
METROPOLITAN BOSTON HOUSING PARTNER 1411 TREMONT ST BOSTON, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROWEST YMCA 280 OLD CONNECTICUT PATH FRAMINGHAM, MA 01701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX SCHOOLPO BOX 9122 CONCORD, MA 017429122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
MILL CITY GROWS INC 650 SUFFOLK STREET SUITE G10 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MILL CITY GROWS INC 650 SUFFOLK STREET SUITE G10 LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MILTON ACADEMY170 CENTRE STREET MILTON, MA 02186	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILTON FOUNDATION FOR EDUCATION PO BOX 223 MILTON, MA 021865628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MILTON LIBRARY FOUNDATION INC PO BOX 314 MILTON, MA 02186	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
MINDS MATTER OF BOSTON INC PO BOX 51066 BOSTON, MA 02205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIT INTERNATIONAL INC 77 MASSACHUSETTS AVENUE 7-206 CAMBRIDGE, MA 021394301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MORE THAN WORDS INC 56 FELTON STREET WALTHAM, MA 02453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MORGAN MEMORIAL GOODWILL INDUSTRIES 1010 HARRISON AVENUE BOSTON, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT ALVERNIA ACADEMY INC 20 MANET RD CHESTNUT HILL, MA 024671018	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
MULLEN HALL PARENT TEACHER ORGANIZA 130 KATHERINE LEE BATES FALMOUTH, MA 02540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MUSEUM OF AFRO AMERICAN HISTORY INC 14 BEACON ST SUITE 401 BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF AFRO AMERICAN HISTORY INC 14 BEACON ST SUITE 401 BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 021155523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	765
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 021155523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF FINE ARTS 465 HUNTINGTON AVE BOSTON, MA 021155523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	403
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46,000
MUSEUM OF SCIENCE1 SCIENCE PARK BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC WORCESTER INC 319 MAIN STREET WORCESTER, MA 016081511	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MUSICCOUNTS IN CANTONPO BOX 182 CANTON, MA 020210182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUSTARD SEED COMMUNITIES INC 29 JANES AVENUE MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,040
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	179
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MY BROTHERS KEEPER INCPO BOX 338 NORTH EASTON, MA 023560338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET ATHENEUMPO BOX 808 NANTUCKET, MA 02554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	383
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	521
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,740
NANTUCKET CONSERVATION FOUNDATION I PO BOX 13 NANTUCKET, MA 025540013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET HISTORICAL ASSOCIATION PO BOX 1016 NANTUCKET, MA 02554	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NANTUCKET INTERFAITH COUNCIL PO BOX 2597 NANTUCKET, MA 02584	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
NANTUCKET MARIA MITCHELL ASSOC 4 VESTAL STREET NANTUCKET, MA 02554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NANTUCKET SAFE HARBOR FOR ANIMALS I PO BOX 2844 NANTUCKET, MA 025842844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NASHOBA LEARNING GROUP INC 10 OAK PARK DR BEDFORD, MA 017301414	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NATIONAL BRAILLE PRESS INC NATIONAL BRAILLE PRESS BOSTON, MA 02115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAILLE PRESS INC NATIONAL BRAILLE PRESS BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET SUITE 200 NEWTON, MA 02458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	720
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,266
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL STREET STE 200 NEWTON, MA 024581070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 209 WEST CENTRAL STREET NATICK, MA 01760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
NATIONAL MENTORING PARTNERSHIP INCO 201 SOUTH STREET SUITE 615 BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 021170290	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 021170290	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 170280 BOSTON, MA 021170290	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL OVARIAN CANCER COALITION I PO BOX 329 ARLINGTON, MA 02476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I PO BOX 329 ARLINGTON, MA 02476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL SOCIETY OF COLONIAL DAMES 55 BEACON ST BOSTON, MA 021080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NATIONAL SOCIETY OF THE DAUGHTERS O 11 PARSONS HILL RD WENHAM, MA 01984	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL TAY SACHS & ALLIED DISEASE 2001 BEACON ST - SUITE 204 BOSTON, MA 02135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIVITY PREPARATORY SCHOOL 39 LAMARTINE STREET JAMAICA PLAIN, MA 02130	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
NATIVITY PREPARATORY SCHOOL 39 LAMARTINE STREET JAMAICA PLAIN, MA 02130	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVITY SCHOOL OF WORCESTER INC 67 LINCOLN STREET WORCESTER, MA 016052634	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NATIVITY SCHOOL OF WORCESTER INC 67 LINCOLN STREET WORCESTER, MA 016052634	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
NATIVITY SCHOOL OF WORCESTER INC 67 LINCOLN STREET WORCESTER, MA 016052634	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIVITY-BOSTON INC 39 LAMARTINE STREET JAMAICA PLAIN, MA 021301947	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
NEADS INCPO BOX 1100 PRINCETON, MA 01541	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02494	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02494	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02494	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEEDHAM COMMUNITY COUNCIL INC 570 HILLSIDE AVE NEEDHAM, MA 02494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333
NEEDHAM EDUCATION FOUNDATION INC PO BOX 920145 NEEDHAM, MA 02494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEEDHAM HISTORICAL SOCIETY INC 1147 CENTRAL AVENUE NEEDHAM, MA 02494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD ASSOCIATION OF THE BAC 160 COMMONWEALTH AVE L8 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEUROENDOCRINE TUMOR RESEARCH FOUND 321 COLUMBUS AVENUE SUITE 5R BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEUROFIBROMATOSIS INCORPORATED NORT 9 BEDFORD ST BURLINGTON, MA 018033702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVINS COMMUNITY SERVICES INC 10 INGALLS CT METHUEN, MA 018443712	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW BOSTON PRIDE COMMITTEE INC 398 COLUMBUS AVENUE 285 BOSTON MA 02116 BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
NEW BOSTON PRIDE COMMITTEE INC 398 COLUMBUS AVE 285 BOSTON, MA 02116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND AQUARIUM CORPORATION CENTRAL WHARF BOSTON, MA 021100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEW ENGLAND BAPTIST HOSPITAL 125 PARKER HILL AVE BOSTON, MA 021202847	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND CENTER FOR CHILDREN INC 33 TURNPIKE RD SOUTHBOROUGH, MA 017722108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW ENGLAND CONSERVATORY OF MUSIC 290 HUNTINGTON AVE BOSTON, MA 021155018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,000
NEW ENGLAND DONOR SERVICES INC 60 1ST AVE WALTHAM, MA 024511106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND HISTORIC GENEALOGICAL S 101 NEWBURY STREET BOSTON, MA 02116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NEW GARDEN PARK INC 89 SHREWSBURY ST STE 300 WORCESTER, MA 016044655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
NEW GARDEN PARK INC 89 SHREWSBURY ST STE 300 WORCESTER, MA 016044655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE TUTORIALS INCPO BOX 96 BOXFORD, MA 019210096	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW LIFE FURNITURE BANK OF MA INC PO BOX 573 MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
NEW PROFIT INC 225 FRANKLIN STREET SUITE 350 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
NEWTON COUNTRY DAY SCHOOL 785 CENTRE STREET NEWTON, MA 02458	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTON FIREFIGHTERS CHILDRENS FUND PO BOX 650094 WEST NEWTON, MA 024650094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NEWTON MONTESSORI SCHOOL INC 80 CRESCENT AVE NEWTON CENTER, MA 024592102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
NEWTON SCHOOLS FOUNDATION INC PO BOX 590020 NEWTON, MA 02459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTON SOUTH HIGH SCHOOL BOOSTERS C 140 BRANDEIS RD NEWTON, MA 024592745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEWTON SOUTH HIGH SCHOOL PARENTTEAC 140 BRANDEIS RD NEWTON CENTRE, MA 024592745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
NEWVUE COMMUNITIES INC 470 MAIN STREET FITCHBURG, MA 01420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NHS FRIENDS OF MUSIC INC P O BOX 9200026 NEEDHAM, MA 024920000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NICHOLS COLLEGE 129 CENTER ROAD PO BOX 5000 DUDLEY, MA 01571	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NICHOLS HOUSE MUSEUM INC 55 MOUNT VERNON ST BOSTON, MA 02108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE & GREENOUGH SCHOOL 10 CAMPUS DRIVE DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,250
NORTH ANDOVER SCHOLARSHIP FOUNDATIO P O BOX 524 NORTH ANDOVER, MA 018450524	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NORTH EAST EDUCATIONAL AND DEVELOPM 1390 MAIN ST TEWKSBURY, MA 018762269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH END COMMUNITY HEALTH COMMITTE 332 HANOVER STREET BOSTON, MA 02113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NORTH SHORE NURSERY SCHOOL INC 204 GREENWOOD AVENUE BEVERLY, MA 01915	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NORTHBOROUGH FOOD PANTRY 63 MAIN ST NORTHBOROUGH, MA 015321943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
NORTHEAST ANIMAL SHELTER INC 347 HIGHLAND AVENUE SALEM, MA 01970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST HOSPITAL CORPORATION 85 HERRICK STREET BEVERLY, MA 019151777	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,059
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,550
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE 118 CU BOSTON, MA 021155000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,025
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
NORTHFIELD MOUNT HERMON SCHOOL 1 LAMPLIGHTER WAY MOUNT HERMON, MA 01354	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NORWELL VISITING NURSE ASSOC INC 120 LONGWATER DRIVE NORWELL, MA 020611646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY SCHOOL 1073 MAIN STREET HINGHAM, MA 02043	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NURTURING MINDS INCPO BOX 600617 NEWTONVILLE, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NURTURING MINDS INCPO BOX 600617 NEWTONVILLE, MA 02460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NURTURY INC 2201 WASHINGTON ST 306 ROXBURY, MA 021193212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OLD COLONY HISTORICAL SOCIETY 66 CHURCH GREEN TAUNTON, MA 02780	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	50
OLD DARTMOUTH HISTORICAL SOCIETY 18 JOHNNY CAKE HILL NEW BEDFORD, MA 02740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE FAMILY INC 423 WEST BROADWAY SUITE 402 SOUTH BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ONE MISSION INC 69 MILK STREET STE 300 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPERATION ABLE OF GREATER BOSTON IN 174 PORTLAND STREET BOSTON, MA 02114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY WORKS INC 10 OPPORTUNITY WAY NEWBURYPORT, MA 019504043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OPTION INSTITUTE AND FELLOWSHIP 2080 S UNDERMOUNTAIN RD SHEFFIELD, MA 012579643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ORLEANS HISTORICAL SOCIETY 3 RIVER ROAD ORLEANS, MA 02653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR SISTERS SCHOOL INC 145 BROWNELL AVE NEW BEDFORD, MA 027401654	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	943
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OXFAM-AMERICA INC 226 CAUSEWAY ST 5TH FL BOSTON, MA 021142206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	346
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
PACE UNIVERSITYPO BOX 419268 BOSTON, MA 022419268	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,926
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,018
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,975
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,680
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,750
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM HGTS, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34,341
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,934
PAN MASSACHUSETTS CHALLENGE TRUST 77 4TH AVE NEEDHAM, MA 024942704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS FAMILIES AND FRIENDS OF LES 85 RIVER STREET WALTHAM, MA 02453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PARK SCHOOL CORPORATION 171 GODDARD AVE BROOKLINE, MA 024457412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 57 PROSPECT STREET NANTUCKET, MA 025542799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
PARTNERS HEALTHCARE SYSTEM INC 2014 WASHINGTON ST NEWTON, MA 02462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,180
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PARTNERS HEALTHCARE SYSTEM INC 57 PROSPECT STREET NANTUCKET, MA 025542799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST STE 540 BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARTNERS HEALTHCARE SYSTEM INC 81 HIGHLAND AVE SALEM, MA 019702714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 1575 CAMBRIDGE ST CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PARTNERS HEALTHCARE SYSTEM INC 57 PROSPECT STREET NANTUCKET, MA 025542799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	521
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST SUITE 540 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
PARTNERS HEALTHCARE SYSTEM INC 57 PROSPECT STREET NANTUCKET, MA 025542799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA STREET SUITE 540 BOSTON, MA 021142621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PARTNERS HEALTHCARE SYSTEM INC 243 CHARLES ST BOSTON, MA 021143002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PARTNERS HEALTHCARE SYSTEM INC 125 NASHUA ST STE 540 BOSTON, MA 02115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS HEALTHCARE SYSTEM INC 116 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET SUITE 300 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PATHFINDER INTERNATIONAL 9 GALEN STREET STE 217 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PATHFINDER INTERNATIONAL 9 GALEN STREET STE 217 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHFINDER INTERNATIONAL 9 GALEN STREET STE 217 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PATHFINDER INTERNATIONAL 9 GALEN STREET STE 217 WATERTOWN, MA 02472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PATHLIGHT INC220 BROOKDALE DRIVE SPRINGFIELD, MA 01104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL REVERE MEMORIAL ASSOC CORP 19 NORTH SQ BOSTON, MA 021132405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PAVE YOUR PATH INC 48 SANDALWOOD DRIVE ATTLEBORO, MA 02703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PEABODY ESSEX MUSEUM INC 161 ESSEX ST SALEM, MA 01970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEARL STREET UNITED METHODIST CHURC 415 PEARL ST BROCKTON, MA 02301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
PERKINS SCHOOL FOR THE BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PERMANENT ENDOWMENT FUND FOR MARTHA PO BOX 243 WEST TISBURY, MA 02575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETTENGILL HOUSE13 LAFAYETTE RD SALISBURY, MA 019522042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHILANTHROPY CONNECTION INC 1770 MASSACHUSETTS AVENUE SUITE 222 CAMBRIDGE, MA 021402808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PHILANTHROPY MASSACHUSETTS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILANTHROPY MASSACHUSETTS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PHILANTHROPY MASSACHUSETTS INC 133 FEDERAL STREET SUITE 802 BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
PHILLIPS BROOK HOUSE ASSOCIATION IN 10 WARE STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE SCHOOL INCSUNSET ROCK ROAD ANDOVER, MA 018100000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PINE MANOR COLLEGE OFFICE OF ANNUAL GIVING AND ALUMNAE RELATIONS 400 HEATH STREET CHESTNUT HILL, MA 02467	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94,000
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	455
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PINE STREET INN INC 444 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEWOODS CAMP INC 80 CORNISH FIELD ROAD PLYMOUTH, MA 02360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
PLANNED PARENTHOOD LEAGUE OF MASSAC 1055 COMMONWEALTH AVE BOSTON, MA 022151001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PLAYWORKS EDUCATION ENERGIZED 67 KEMBLE STREET SUITE 36 BOSTON, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASANT BAY COMMUNITY BOATING INC PO BOX 21 NORTH CHATHAM, MA 026500021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
PLEON YACHT CLUB INCPO BOX 160 MARBLEHEAD, MA 01945	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLUMMER YOUTH PROMISE INC 37 WINTER ISLAND ROAD SALEM, MA 01970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLUMMER YOUTH PROMISE INC 37 WINTER ISLAND ROAD SALEM, MA 01970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
PLUMMER YOUTH PROMISE INC 37 WINTER ISLAND ROAD SALEM, MA 01970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PLUMMER YOUTH PROMISE INC 37 WINTER ISLAND ROAD SALEM, MA 01970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLYMOUTH GUILD INC11 NORTH ST PLYMOUTH, MA 02360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLYMOUTH GUILD INC11 NORTH ST PLYMOUTH, MA 02360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
POLYMNIA CHORAL SOCIETY INC PO BOX 760718 MELROSE, MA 021760012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPE JOHN PAUL II HIGH SCHOOL INC 120 HIGH SCHOOL RD HYANNIS, MA 026014540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
POPE JOHN PAUL II HIGH SCHOOL INC 120 HIGH SCHOOL RD HYANNIS, MA 026014540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
POPE JOHN PAUL II HIGH SCHOOL INC 120 HIGH SCHOOL RD HYANNIS, MA 026014540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,600
PRESIDENT AND FELLOWS OF HARVARD CO 10 GARDEN STREET CAMBRIDGE, MA 021383600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	16,800
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
PRESIDENT AND FELLOWS OF HARVARD CO PO BOX 419209 BOSTON, MA 022419209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST EAST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST EAST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST EAST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST EAST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROJECT BREAD - THE WALK FOR HUNGER 145 BORDER ST EAST BOSTON, MA 021281903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PROJECT CITIZENSHIP INC 4 FANEUIL SOUTH MARKET BUILDING 3RD FLOOR BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT HILL ACADEMY CHARTER SCHOO 50 ESSEX ST CAMBRIDGE, MA 021392602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
PROSPECT HILL ACADEMY CHARTER SCHOO 50 ESSEX ST CAMBRIDGE, MA 021392602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	248
PROSPECT HILL ACADEMY CHARTER SCHOO 50 ESSEX ST CAMBRIDGE, MA 021392602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT HILL ACADEMY CHARTER SCHOO 50 ESSEX ST CAMBRIDGE, MA 021392602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROVINCETOWN COMMONS 46 BRADFORD ST PROVINCETOWN, MA 026573124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROVINCETOWN COMMUNITY COMPACT INC 7 CARNES LN PROVINCETOWN, MA 026571340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MASSACHUSETTS PARENT-TEACHER AS 260 QUAKER MEETING HOUSE RD EAST SANDWICH, MA 025371372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PUZZLES TO REMEMBER 20 MANCHESTER PLACE NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RAW ART WORKS INC 37 CENTRAL SQUARE LYNN, MA 019011379	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
READ TO A CHILD INC 20 WILLIAM ST G25 WELLESLEY, MA 02481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE-IMMIGRATION MINISTRY 6 PLEASANT ST SUITE 227 MALDEN, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
REFUGEE-IMMIGRATION MINISTRY 6 PLEASANT ST SUITE 227 MALDEN, MA 02481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
REGIS COLLEGE235 WELLESLEY ST WESTON, MA 024931505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENSSELAER POLYTECHNIC INSTITUTE GIFT PROCESSING CENTER PO BOX 3164 BOSTON, MA 022413164	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,900
RENSSELAER POLYTECHNIC INSTITUTE GIFT PROCESSING CENTER PO BOX 3164 BOSTON, MA 022413164	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
RESILIENT CODERS INC 50 MILK ST 16TH FL BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPOND INC PO BOX 555 SOMERVILLE, MA 02143	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RETT SYNDROME ASSOCIATION OF MASSAC 28 CONSTITUTION DR SOUTHBORO, MA 017724018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
RETT SYNDROME ASSOCIATION OF MASSAC 217 SOUTH ST WALTHAM, MA 024532710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIVER VALLEY CHARTER SCHOOL FOUNDAT 2 PERRY WAY NEWBURYPORT, MA 019504001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERVIEW SCHOOL INC551 ROUTE 6A EAST SANDWICH, MA 025371448	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ROBERT F KENNEDY CHILDRENS ACTION C 40 COURT STREET SUITE 410 BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ROBERT M MURPHY CHARITABLE FOUNDATI 174 HAVERHILL ST UNIT 332 ANDOVER, MA 01810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT P PUBLICOVER MEMORIAL FUND 98 SUGAR RD BOLTON, MA 01740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROCA INC101 PARK STREET CHELSEA, MA 021502771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ROCA INC101 PARK STREET CHELSEA, MA 021502771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ROMAN CATHOLIC ARCHBISHOP OF BOSTON 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ROSE FITZGERALD KENNEDY GREENWAY CO 185 KNEELAND STREET 2ND FLOOR BOSTON, MA 02111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROSIES PLACE INC889 HARRISON AVE ROXBURY, MA 021184004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSIES PLACE INC889 HARRISON AVE BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROSLINDALE VILLAGE MAIN STREET INC 4236A WASHINGTON STREET ROSLINDALE, MA 02131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ROTARY COMMUNITY CORPS OF ADULTS DA C/O BARRY CLAYMAN 90 BEACON ST SOUTH YARMOUTH, MA 02664	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROXBURY LATIN SCHOOL INC 101 SAINT THERESA AVE WEST ROXBURY, MA 021323496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,400
ROXBURY LATIN SCHOOL INC 101 SAINT THERESA AVE WEST ROXBURY, MA 021323496	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,900
ROXBURY YOUTHWORKS INC 841 PARKER STREET SUITE 104-106 ROXBURY CROSSING, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE PASSAGE INC76 CARLON DRIVE NORTHAMPTON, MA 01060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAINT ANTHONY SHRINE100 ARCH ST BOSTON, MA 021101100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
SAINT ANTHONY SHRINE100 ARCH ST BOSTON, MA 021101100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ANTHONY SHRINE100 ARCH ST BOSTON, MA 021101100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,786
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAINT FRANCIS HOUSE INC ADMINISTRATION OFFICE 7 BOYLSTON SQUARE BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SANKATY HEAD FOUNDATION INC PO BOX 875 SIASCONSET, MA 025640875	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAHS PLACE ADULT DAY HEALTH 180 WATER STREET HAVERHILL, MA 018306216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SARITA AND CLAIRE WRIGHT LUCAS FOUN PO BOX 171031 BOSTON, MA 02117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SARITA AND CLAIRE WRIGHT LUCAS FOUN PO BOX 171031 BOSTON, MA 02117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARITA AND CLAIRE WRIGHT LUCAS FOUN PO BOX 171031 BOSTON, MA 02117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SCHOLAR ATHLETES INC 57 MAGAZINE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
SCHOLARSHIP AMERICA INC P O BOX 23 MANSFIELD, MA 02048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIP AMERICA INC PO BOX 380 BRIDGEWATER, MA 023240000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SCHOLARSHIP AMERICA INC P O BOX 23 MANSFIELD, MA 02048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SCHOOL THE WORLD 376 BOYLSTON ST ST203 BOSTON, MA 021163812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL YEAR ABROAD INC 120 WATER ST 310 NORTH ANDOVER, MA 018452650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,250
SCIENCE FROM SCIENTISTS INC 1 DEANGELO DRIVE SUITE C BEDFORD, MA 01730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SCITUATE LIBRARY FOUNDATION INC 85 BRANCH ST SCITUATE, MA 020662534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
SCLERODERMA FOUNDATION 300 ROSEWOOD DR STE 105 DANVERS, MA 019231389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SCONSET TRUST INCPO BOX 821 SIASCONSET, MA 025640821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCONSET TRUST INCPO BOX 821 SIASCONSET, MA 025640821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	417
SCONSET TRUST INCPO BOX 821 SIASCONSET, MA 025640821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 025430006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 025430006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SEA EDUCATION ASSOCIATION INC PO BOX 6 WOODS HOLE, MA 025430006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,464
SECOND CHANCE ANIMAL SERVICES INC 111 YOUNG RD EAST BROOKFIELD, MA 01515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND STEP INCPO BOX 600213 NEWTONVILLE, MA 024600002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SEED GLOBAL HEALTH INC 20 ASHBURTON PLACE BOSTON, MA 02108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
SEEKONK LIBRARY TRUST 410 NEWMAN AVE SEEKONK, MA 027714604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN HILLS FOUNDATION INC 81 HOPE AVENUE WORCESTER, MA 01603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SEVEN HILLS FOUNDATION INC 81 HOPE AVE WORCESTER, MA 016032212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SHARING A NEW SONG INC 10 COURT ST 32 ARLINGTON, MA 02476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING A NEW SONG INC 10 COURT ST 32 ARLINGTON, MA 02476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SHARING A NEW SONG INC 10 COURT ST 32 ARLINGTON, MA 02476	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SHELTER MUSIC BOSTON INC 1337 MASSACHUSETTS AVE 116 ARLINGTON, MA 02476	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERBORN COMMUNITY CENTER FOUNDATIO PO BOX 2 SHERBORN, MA 01770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SHERBORN FIRE AND RESCUE ASSOCIATIO PO BOX 277 SHERBORN, MA 017700277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
SHREWSBURY MONTESSORI SCHOOL CORPOR SHREWSBURY MONTESSORI SCHOOL SHREWSBURY, MA 01545	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHULTZS GUEST HOUSE SERVICES INC 7 BURGESS LN DEDHAM, MA 020265530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SIMMONS UNIVERSITY 300 THE FENWAY ADVANCEMENT OFFICE BOSTON, MA 021155820	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SIMMONS UNIVERSITY 300 THE FENWAY ADVANCEMENT OFFICE BOSTON, MA 021155820	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL FINANCE INC 10 MILK STREET SUITE 1010 BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
SOCIAL VENTURE PARTNERS BOSTON 71 COMMERCIAL STREET 139 BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SOCIAL VENTURE PARTNERS BOSTON 71 COMMERCIAL STREET 139 BOSTON, MA 02109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIEDAD LATINA INC 1530 TREMONT STREET ROXBURY, MA 02120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOMERVILLE HOMELESS COALITION INCOR ONE DAVIS SQUARE SOMERVILLE, MA 02144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOMERVILLE HOMELESS COALITION INCOR ONE DAVIS SQUARE SOMERVILLE, MA 02144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERVILLE HOMELESS COALITION INCOR ONE DAVIS SQUARE SOMERVILLE, MA 02144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOMERVILLE HOMELESS COALITION INCOR ONE DAVIS SQUARE SOMERVILLE, MA 02144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SOUTH BOSTON NEIGHBORHOOD HOUSE INC 136 H STREET SOUTH BOSTON, MA 02127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BOSTON NEIGHBORHOOD HOUSE INC 136 H STREET SOUTH BOSTON, MA 02127	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SOUTH SHORE CONSERVATORY OF MUSIC I 135 WEBSTER STREET HANOVER, MA 023391200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTH SHORE CONSERVATORY OF MUSIC I 135 WEBSTER STREET HANOVER, MA 023391200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SHORE HEALTH SYSTEM INC 55 FOGG RD S WEYMOUTH, MA 021902432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SOUTH SHORE HEALTH SYSTEM INC 55 FOGG RD S WEYMOUTH, MA 021902432	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
SOUTH SHORE HOSPITAL INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 021900000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH SHORE HOSPITAL INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 021900000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SOUTH SHORE HOSPITAL INC 55 FOGG ROAD SOUTH WEYMOUTH, MA 021900000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SOUTH SHORE YOUTH FOUNDATION INC 53 PLEASANT ST ROCKLAND, MA 023701230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN MASSACHUSETTS REGIONAL PO BOX 55 MANSFIELD, MA 020480055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SPEAK EASY STAGE INC 539 TREMONT ST BOSTON, MA 021166306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SPEAK FOR THE TREES INC 49 OLIVER ST WATERTOWN, MA 024724714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,215
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	209
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,652
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,390
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MASSACHUSETTS INC 512 FOREST ST MARLBOROUGH, MA 017523054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD SCHOOL VOLUNTEERS INC 1550 MAIN STREET SPRINGFIELD, MA 01109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPRUCE STREET NURSERY SCHOOL 5 AVERY ST BOSTON, MA 021111004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
SQUASHBUSTERS INC 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON ST BRIGHTON, MA 02135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
ST COLUMBKILLE PARTNERSHIP SCHOOL 25 ARLINGTON ST BRIGHTON, MA 02135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST JOHN THE EVANGELIST SCHOOL 39 WASHINGTON STREET WELLESLEY, MA 02481	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN THE EVANGELIST SCHOOL 39 WASHINGTON STREET WELLESLEY, MA 02481	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST JOHNS HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST JOHNS HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS HIGH SCHOOL 378 MAIN STREET SHREWSBURY, MA 01545	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	45
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,650
ST JOHNS PREPARATORY SCHOOL 72 SPRING STREET DANVERS, MA 01923	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST JOSEPH ELEMENTARY SCHOOL 1382 HIGHLAND AVENUE NEEDHAM, MA 02492	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
ST JUDE CHILDRENS RESEARCH HOSPITAL 313 WASHINGTON ST STE 310 NEWTON, MA 02458	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARK'S SCHOOL 25 MARLBORO ROAD SOUTHBOROUGH, MA 017721207	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST MARYS CENTER FOR WOMEN AND CHILD 90 CUSHING AVENUE DORCHESTER, MA 021252028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
ST MARYS CENTER FOR WOMEN AND CHILD 90 CUSHING AVENUE DORCHESTER, MA 021252028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY-SACRED HEART SCHOOL 57 RICHARDS AVE NORTH ATTLEBORO, MA 02760	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST PATRICKS PARISH 25 CHESTNUT STREET WATERTOWN, MA 024720000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST ROCK HAITI FOUNDATION LTD 372 GRANITE AVE STE 1 MILTON, MA 021865040	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ROCK HAITI FOUNDATION LTD 372 GRANITE AVE STE 1 MILTON, MA 021865040	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST SEBASTIANS SCHOOL 1191 GREENDALE AVE NEEDHAM, MA 02492	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST SEBASTIANS SCHOOL 1191 GREENDALE AVE NEEDHAM, MA 02492	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,040
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SEBASTIANS SCHOOL 1191 GREENDALE AVE NEEDHAM, MA 02492	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,325
ST SEBASTIANS SCHOOL FUND INC 1191 GREENDALE AVE NEEDHAM, MA 024924727	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
ST STEPHEN'S ARMENIAN ELEMENTARY SC 47 NICHOLS AVENUE WATERTOWN, MA 024724126	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS AQUINAS CHURCH 103 CENTER ST BRIDGEWATER, MA 02324	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
ST MARY'S CHURCH - CUB SCOUTS PACK 35 COACH RD PLAINVILLE, MA 02762	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST STEPHEN'S EPISCOPAL CHURCH 16 HIGHLAND AVENUE COHASSET, MA 02025	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,577
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STE JEANNE DARC SCHOOL OF LOWELL MA 68 DRACUT ST LOWELL, MA 018542417	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
STEPPINGSTONE FOUNDATION INC 1 APPLETON STREET BOSTON, MA 02116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
STEPPINGSTONE INC 522 NORTH MAIN STREET FALL RIVER, MA 02720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEHAM THEATRE CORPORATION 395 MAIN STREET STONEHAM, MA 02180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STONEHILL COLLEGE INC 320 WASHINGTON ST NORTH EASTON, MA 02357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
STONEHILL COLLEGE INC 320 WASHINGTON STREET EASTON, MA 023570000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEHILL COLLEGE INC 320 WASHINGTON ST NORTH EASTON, MA 02357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
STONEHILL COLLEGE INC 320 WASHINGTON STREET EASTON, MA 023570000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
STONELEIGH BURNHAM SCHOOL 574 BERNARDSTON ROAD GREENFIELD, MA 013011102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRATEGIES FOR YOUTH INC 1000 CAMBRIDGE STREET SUITE 2A CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SUFFOLK UNIVERSITY8 ASHBURTON PL BOSTON, MA 021082701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
SUFFOLK UNIVERSITY8 ASHBURTON PL BOSTON, MA 021082701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUFFOLK UNIVERSITY8 ASHBURTON PL BOSTON, MA 021082701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SUFFOLK UNIVERSITY8 ASHBURTON PL BOSTON, MA 021082701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SUFFOLK UNIVERSITY8 ASHBURTON PL BOSTON, MA 021082701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE LIVING INC 400 W CUMMINGS PARK 6100 WOBURN, MA 018014936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
SUPPORTIVE LIVING INC 400 W CUMMINGS PARK 6100 WOBURN, MA 018014936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 205 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 205 NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 205 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	516
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVE STE 205 NEWTON, MA 024662004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	436
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 2000 COMMONWEALTH AVENUE NEWTON, MA 02466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
SWEET PAWS RESCUE310 MAIN ST GROVELAND, MA 01834	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
TABOR ACADEMY66 SPRING STREET MARION, MA 02738	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
TALL SPIRE NURSERY SCHOOL INC 3 CHESTNUT STREET WAKEFIELD, MA 01880	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TANZANIAN CHILDRENS FUND INC 2 GARDEN STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TANZANIAN CHILDRENS FUND INC 2 GARDEN STREET CAMBRIDGE, MA 02138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TARGETCANCER FOUNDATION INC 955 MASSACHUSETTS AVE 343 CAMBRIDGE, MA 021393233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARGETCANCER FOUNDATION INC 955 MASSACHUSETTS AVE 343 CAMBRIDGE, MA 021393233	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
TAUNTON AREA COMMUNITY TABLE INC PO BOX 2225 TAUNTON, MA 02780	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TEAM HEART INCORPORATED PO BOX 446 MILTON, MA 02186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TECH GOES HOME INCORPORATED 867 BOYLSTON STREET 5TH FLOOR BOSTON, MA 02116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
TEDYS TEAM INC 78 SOUTH ST UNIT 104 WRETHAM, MA 02093	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN CHALLENGE NEW ENGLAND INC 1315 MAIN ST BROCKTON, MA 02301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TETREAULT LAND CONSERVATION INC 5 GROVE STREEET DOUGLAS, MA 01516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE 15-40 CONNECTION INC PO BOX 1153 WESTBOROUGH, MA 01581	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ACADEMY AT PENGUIN HALL INC 36 ESSEX ST WENHAM, MA 019841710	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE ADVENT SCHOOL 15 BRIMMER STREET BOSTON, MA 021081034	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AMERICAN IRELAND FUND 10 POST OFFICE SQUARE SUITE 1205 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE ASPERGER-AUTISM NETWORK INC 51 WATER ST WATERTOWN, MA 024724411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE ASPERGER-AUTISM NETWORK INC 51 WATER ST WATERTOWN, MA 024724411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BASEBALL INC11 WALNUT PARK ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,523
THE BERKSHIRE TACONIC COMMUNITY FOU 800 NORTH MAIN STREET SHEFFIELD, MA 01257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
THE BORN TO RUN FOUNDATION INC 10 WOODFALL RD MEDFIELD, MA 02052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CAPE AND ISLANDS VETERANS OUTRE 247 STEVENS STREET HYANNIS, MA 02601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CAPE AND ISLANDS VETERANS OUTRE 247 STEVENS STREET HYANNIS, MA 02601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 017733104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 017733104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
THE CARROLL SCHOOL 25 BAKER BRIDGE ROAD LINCOLN, MA 017733104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
THE COMMUNITY YOUNG MENS CHRISTIAN YMCA IN GREENFIELD GREENFIELD, MA 01301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELLIE FUND 200 RESERVOIR ST STE 300 NEEDHAM, MA 02494	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE ESTHER R SANGER CENTER FOR COMP PO BOX 31 WOLLASTON, MA 021700001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE FOOD BANK OF WESTERN MASSACHUSE PO BOX 160 HATFIELD, MA 010380160	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FUND FOR PARKS AND RECREATION I 1010 MASSACHUSETTS AVENUE - THIRD FLOOR BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,230
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET BOSTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE HOME FOR LITTLE WANDERERS INC 10 GUEST STREET SUITE 300 BRIGHTON, MA 021352066	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOUSING PARTNERSHIP NETWORK INC ONE WASHINGTON MALL 12TH FLOOR BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
THE KINGSLEY MONTESSORI SCHOOL INC 30 FAIRFIELD ST BOSTON, MA 02116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
THE KINGSLEY MONTESSORI SCHOOL INC 30 FAIRFIELD ST BOSTON, MA 02116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LENNY ZAKIM FUND INC 33 ARCH STREET 26TH FLOOR BOSTON, MA 021101424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
THE MAY INSTITUTE INC 41 PACELLA PARK DRIVE RANDOLPH, MA 023681755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MERCY HOSPITAL INC 271 CAREW ST SPRINGFIELD, MA 011042377	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
THE MICHAEL LISNOW RESPITE CENTER I 112 MAIN ST HOPKINTON, MA 017481137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE POSSE FOUNDATION INC 45 FRANKLIN STREET 3RD FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE PROGERIA RESEARCH FOUNDATION IN PO BOX 3453 PEABODY, MA 019613453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
THE RED SOX FOUNDATION INC 4 JERSEY ST BOSTON, MA 022153409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 25 SHAWMUT ROAD CANTON, MA 02021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
THE SALVATION ARMYPO BOX 2611 ATTLEBORO, MA 02703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
THE SALVATION ARMYPO BOX 2611 ATTLEBORO, MA 02703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHOLARSHIP FUND OF CONCORD AND 34 WALDEN ST UNIT 217 CONCORD, MA 017422542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 021142699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	258
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 021142699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 02114	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	52
THE SHRINERS HOSPITAL FOR CHILDREN 51 BLOSSOM STREET BOSTON, MA 021142699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
THE TANZANIA SCHOOL FOUNDATION INC 2 CANTON STREET STE 222 STOUGHTON, MA 02072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UMASS MEMORIAL FOUNDATION INC 333 SOUTH ST SHREWSBURY, MA 01545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
THE WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVENUE ADVANCEMENT OFFICE EASTHAMPTON, MA 010272205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
THE WILLISTON NORTHAMPTON SCHOOL 19 PAYSON AVENUE ADVANCEMENT OFFICE EASTHAMPTON, MA 010272205	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THETA DELTA CHI EDUCATIONAL FOUNDAT 214 LEWIS WHARF BOSTON, MA 021103927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIRD SECTOR NEW ENGLAND INC 101 HUNTINGTON AVENUE SUITE 1300 MS 0116 BOSTON, MA 02199	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
THIRD SECTOR NEW ENGLAND INC PO BOX 190478 BOSTON, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THIRD SECTOR NEW ENGLAND INC 89 SOUTH ST STE 700 BOSTON, MA 021112679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS CHEW MEMORIAL BOYS CLUB INC PO BOX 5155 FALL RIVER, MA 02723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THOMPSON ISLAND OUTWARD BOUND EDUCA PO BOX 127 BOSTON, MA 02127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THOMPSON ISLAND OUTWARD BOUND EDUCA PO BOX 127 BOSTON, MA 021270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE BAYS PRESERVATION INC PO BOX 215 OSTERVILLE, MA 026550215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THREE SQUARES NEW ENGLAND PO BOX 31 BELMONT, MA 02478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THRIVE SUPPORT & ADVOCACY INC 65 BOSTON POST ROAD WEST SUITE 220 MARLBOROUGH, MA 01752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THRIVE SUPPORT & ADVOCACY INC 65 BOSTON POST ROAD WEST SUITE 220 MARLBOROUGH, MA 01752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THRIVE SUPPORT & ADVOCACY INC 65 BOSTON POST ROAD WEST SUITE 220 MARLBOROUGH, MA 01752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TIAN YUE ACADEMY OF THE ARTS 128 MARBLEHEAD ST NORTH READING, MA 01864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIAN YUE ACADEMY OF THE ARTS 128 MARBLEHEAD ST NORTH READING, MA 01864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TITLE IX GIRLS RUNNING CLUB INC PO BOX 391535 CAMBRIDGE, MA 021390016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TOUGH WARRIOR PRINCESSES 80 MONROE ST AMESBURY, MA 019133215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWER SCHOOL IN MARBLEHEAD INC 75 W SHORE DR MARBLEHEAD, MA 019451256	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
TOYS FOR JOYS INCPO BOX 315 BELMONT, MA 024782119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
TRAVIS ROY FOUNDATION INC 101 HUNTINGTON AVENUE SUITE 520 BOSTON, MA 02199	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS ROY FOUNDATION INC 101 HUNTINGTON AVENUE SUITE 520 BOSTON, MA 02199	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	825
TRAVIS ROY FOUNDATION INC 101 HUNTINGTON AVENUE SUITE 520 BOSTON, MA 02199	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	550
TRIPLETT FUND INC C/O RICHARD Q WILLIAMS 33 MT VERNON STREET CHARLESTOWN, MA 02129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIVIUM SCHOOLPO BOX 597 SOUTH LANCASTER, MA 015610597	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	620
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
TRUSTEES OF BOSTON UNIVERSITY 595 COMMONWEALTH AVE WEST ENTRANCE SUITE 700 BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF BOSTON UNIVERSITY 890 COMMONWEALTH AVE 3RD FLOOR BOSTON, MA 02215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
TRUSTEES OF DEERFIELD ACADEMY PO BOX 306 DEERFIELD, MA 013420306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,050
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET - OFFICE OF DEVELOPMENT SOUTH HADLEY, MA 010751486	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 01075	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
TRUSTEES OF MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET - OFFICE OF DEVELOPMENT SOUTH HADLEY, MA 010751486	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,475
TRUSTEES OF PHILLIPS ACADEMY 180 MAIN STREET ANDOVER, MA 01810	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,077
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF RESERVATIONS 200 HIGH ST 4TH FLOOR BOSTON, MA 02110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TRUSTEES OF THAYER ACADEMY 745 WASHINGTON ST BRAINTREE, MA 02184	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,814
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,121
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,808
TRUSTEES OF THE COLLEGE OF THE HOLY 1 COLLEGE ST WORCESTER, MA 016102322	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF THE LAWRENCE ACADEMY AT 26 POWDERHOUSE ROAD PO BOX 992 GROTON, MA 014500992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE LAWRENCE ACADEMY AT 26 POWDERHOUSE ROAD PO BOX 992 GROTON, MA 014500992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,050
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
TRUSTEES OF THE SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,722
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,750
TRUSTEES OF TUFTS COLLEGE 80 GEORGE STREET SUITE 200 MEDFORD, MA 02155	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUFTS MEDICAL CENTER PARENT INC 800 WASHINGTON ST BOX 231 BOSTON, MA 021111526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TUFTS VETERINARY EMERGENCY TREATMEN 80 GEORGE STREET MEDFORD, MA 02155	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
TUFTS VETERINARY EMERGENCY TREATMEN 80 GEORGE STREET MEDFORD, MA 02155	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TUTORING PLUS OF CAMBRIDGE INC 225 WINDSOR ST CAMBRIDGE, MA 021391913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
UASPIRE INC 31 MILK STREET SUITE 900 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
UASPIRE INC 31 MILK STREET SUITE 900 BOSTON, MA 02109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UASPIRE INC 31 MILK STREET SUITE 900 BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UASPIRE INC 31 MILK STREET SUITE 900 BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UDAVUM KARANGAL OF USA 19 CROSBY DRIVE SUITE 240 B BEDFORD, MA 01730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UDAVUM KARANGAL OF USA 19 CROSBY DRIVE SUITE 240 B BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UDAVUM KARANGAL OF USA 19 CROSBY DRIVE SUITE 240 B BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
UDAVUM KARANGAL OF USA 19 CROSBY DRIVE SUITE 240 B BEDFORD, MA 01730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNICO MERRIMACK VALLEY FOUNDATION I 40 BAYFIELD DR NORTH ANDOVER, MA 018456016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNION OF CONCERNED SCIENTISTS INC 2 BRATTLE SQUARE CAMBRIDGE, MA 021383780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	728
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,540
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,540
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITARIAN UNIVERSALIST SERVICE COMM 689 MASS AVE CAMBRIDGE, MA 021393302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
UNITED SERVICE ORGANIZATIONS INC 427 COMMERICAL STREET BOSTON, MA 02109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED SOUTH END SETTLEMENTS 48 RUTLAND STREET BOSTON, MA 02118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CATHOLIC CONFERENCE 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
UNITED STATES CATHOLIC CONFERENCE 66 BROOKS DR BRAINTREE, MA 021843839	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
UNITED WAY OF ACTON-BOXBOROUGH INC PO BOX 2258 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ACTON-BOXBOROUGH INC PO BOX 2258 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
UNITED WAY OF ACTON-BOXBOROUGH INC PO BOX 2258 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
UNITED WAY OF ACTON-BOXBOROUGH INC PO BOX 2258 ACTON, MA 01720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CAPE CODPO BOX 367 CENTERVILLE, MA 02632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
UNITED WAY OF CAPE CODPO BOX 367 CENTERVILLE, MA 02632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
UNITED WAY OF CAPE CODPO BOX 367 CENTERVILLE, MA 02632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CAPE CODPO BOX 367 CENTERVILLE, MA 02632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	930
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	698
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL MASSACHUSETTS 484 MAIN STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	233
UNITED WAY OF FRANKLIN COUNTY INC 51 DAVIS ST 2 GREENFIELD, MA 013012422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF FRANKLIN COUNTY INC 51 DAVIS ST 2 GREENFIELD, MA 013012422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FRANKLIN COUNTY INC 51 DAVIS ST 2 GREENFIELD, MA 013012422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF GREATER ATTLEBORO-TA 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
UNITED WAY OF GREATER ATTLEBORO-TA 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ATTLEBORO-TA 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
UNITED WAY OF GREATER ATTLEBORO-TA 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
UNITED WAY OF GREATER FALL RIVER IN PO BOX 2550 FALL RIVER, MA 027222550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	612
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER FALL RIVER IN PO BOX 2550 FALL RIVER, MA 027222550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	797
UNITED WAY OF GREATER FALL RIVER IN PO BOX 2550 FALL RIVER, MA 027222550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	157
UNITED WAY OF GREATER NEW BEDFORD I 128 UNION STREET SUITE 105 NEW BEDFORD, MA 02740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER NEW BEDFORD I 128 UNION STREET SUITE 105 NEW BEDFORD, MA 02740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
UNITED WAY OF GREATER NEW BEDFORD I 128 UNION STREET SUITE 105 NEW BEDFORD, MA 02740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY OF GREATER PLYMOUTH COUN 934 WEST CHESTNUT ST BROCKTON, MA 023015538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER PLYMOUTH COUN 934 WEST CHESTNUT ST BROCKTON, MA 023015538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
UNITED WAY OF GREATER PLYMOUTH COUN 934 WEST CHESTNUT ST BROCKTON, MA 023015538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
UNITED WAY OF GREATER PLYMOUTH COUN 934 WEST CHESTNUT ST BROCKTON, MA 023015538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,266
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350,000
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,785
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,640
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,270
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 022101276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 51 SLEEPER STREET BOSTON, MA 02210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF TRI COUNTY INC 46 PARK STREET FRAMINGHAM, MA 017026652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF TRI COUNTY INC 46 PARK STREET FRAMINGHAM, MA 017026652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TRI COUNTY INC 46 PARK STREET FRAMINGHAM, MA 017026652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF TRI COUNTY INC 46 PARK STREET FRAMINGHAM, MA 017026652	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
UNIVERSITY OF MASSACHUSETTS 134 HICKS WAY MEMORIAL HALL AMHERST, MA 010039270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS 134 HICKS WAY MEMORIAL HALL AMHERST, MA 010039270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF MASSACHUSETTS 13 DOWN LN MANSFIELD, MA 02048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF MASSACHUSETTS AMHERST 134 HICKS WAY MEMORIAL HALL ROOM 3 AMHERST, MA 01003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 32ND FLOOR BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 32ND FLOOR BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 31ST FL BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS FOUNDAT ONE BEACON STREET 31ST FL BOSTON, MA 02108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
UNIVERSITY OF MASSACHUSETTS FOUNDAT 45 LAWRENCE DRIVE LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,071
UNIVERSITY OF MASSACHUSETTS FOUNDAT 45 LAWRENCE DRIVE LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MASSACHUSETTS FOUNDAT 100 MORRISSEY BOULEVARD BOSTON, MA 021253393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF MASSACHUSETTS FOUNDAT 45 LAWRENCE DRIVE LOWELL, MA 01854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
URBAN FARMING INSTITUTE OF BOSTON 487R NORFOLK STREET MATTAPAN MA 02126 MATTAPAN, MA 02126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN FOOD INITIATIVE 420 WASHINGTON STREET DORCHESTER, MA 02124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
URBAN LEAGUE OF EASTERN MASSACHUSET 88 WARREN ST BOSTON, MA 021193208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
URBANITY DANCE INC 725 HARRISON AVENUE SUITE 100 BOSTON, MA 02118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY85 LOWDER ST DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
URSULINE ACADEMY85 LOWDER ST DEDHAM, MA 02026	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
UTEC INC15 WARREN STREET 3 LOWELL, MA 01852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTANAS FOR THE CHILDREN OF VENEZU 24 GROVE ROAD NATICK, MA 01760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VESTED INTEREST IN K9S INC PO BOX 9 EAST TAUNTON, MA 02718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
VESTED INTEREST IN K9S INC PO BOX 9 EAST TAUNTON, MA 02718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VESTED INTEREST IN K9S INC PO BOX 9 EAST TAUNTON, MA 02718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
VETERANS ASSOCIATION OF BRISTOL COU 755 PINE STREET FALL RIVER, MA 02720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VETERANS ASSOCIATION OF BRISTOL COU 755 PINE STREET FALL RIVER, MA 02720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS LEGAL SERVICES INC VLS PO BOX 8457 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
VETERANS LEGAL SERVICES INC VLS PO BOX 8457 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
VETERANS LEGAL SERVICES INC VLS PO BOX 8457 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS LEGAL SERVICES INC VLS PO BOX 8457 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VETERANS LEGAL SERVICES INC VLS PO BOX 8457 BOSTON, MA 02114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVE BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VICTORY PROGRAMS INC 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 021082601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 021082601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VIETNAM VETERANS WORKSHOP INC 17 COURT STREET BOSTON, MA 021082601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VINCENT CLUB71 BRIMMER STREET BOSTON, MA 02108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
VISITING NURSE ASSOCIATIONS OF MASS 120 THOMAS STREET WORCESTER, MA 01608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VNA CARE HOSPICE INC 120 THOMAS ST WORCESTER, MA 016081223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA CARE NETWORK INC 199 ROSEWOOD DR STE 180 DANVERS, MA 01923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VOICE HEALTH INSTITUTE ONE BOWDOIN SQ 11TH FLOOR BOSTON, MA 021142927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
VOKES PLAYERS INCPO BOX 283 WAYLAND, MA 017780283	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALKER INC1968 CENTRAL AVENUE NEEDHAM, MA 02492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WALKER INC1968 CENTRAL AVENUE NEEDHAM, MA 02492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALTHAM BOYS AND GIRLS CLUB INC 20 EXCHANGE ST WALTHAM, MA 024514404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
WAY FINDERS INC 120 MAPLE STREET 4TH FL SPRINGFIELD, MA 01103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WAYPOINT ADVENTURE 453 CONCORD AVENUE LEXINGTON, MA 02421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	235
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
WELLESLEY MIDDLE SCHOOL PTO 50 KINGSBURY ST WELLESLEY, MA 024814831	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
WELLESLEY STUDENTS AID SOCIETY INC 106 CENTRAL ST WELLESLEY, MA 024818203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLESLEY STUDENTS AID SOCIETY INC 106 CENTRAL ST WELLESLEY, MA 024818203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WELLESLEY THEATRE PROJECT INC 219 WASHINGTON ST WELLESLEY, MA 024813105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,000
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLSPRING HOUSE INC 302 ESSEX AVENUE GLOUCESTER, MA 01930	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
WELLSPRING INC814 NANTASKET AVE HULL, MA 020451533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
WELLSPRING INC814 NANTASKET AVE HULL, MA 020451533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLSPRING INC814 NANTASKET AVE HULL, MA 020451533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
WELLSPRING INC814 NANTASKET AVE HULL, MA 020451533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WEST END HOUSE INC105 ALLSTON ST ALLSTON, MA 021345030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM RD SPRINGFIELD, MA 011192612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WESTERN NEW ENGLAND UNIVERSITY 1215 WILBRAHAM RD SPRINGFIELD, MA 011192612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,900
WESTPORT RIVER WATERSHED ALLIANCE I PO BOX 3427 WESTPORT, MA 02790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEYMOUTH COUNCIL FOR THE HUNGRY JAM PO BOX 890009 WEYMOUTH, MA 021890001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WGBH EDUCATIONAL FOUNDATION ONE GUEST STREET BOSTON, MA 02135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
WGBH MUSIC INC1 GUEST ST BOSTON, MA 021352016	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,060
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
WHEATON COLLEGE26 E MAIN ST NORTON, MA 027662308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WHY ME INC1152 PLEASANT ST WORCESTER, MA 01602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WICKED GOOD CAUSE ORGANIZATION INC PO BOX 217A DUXBURY, MA 02332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WILBRAHAM & MONSON ACADEMY 423 MAIN ST WILBRAHAM, MA 010951699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,703
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILBRAHAM & MONSON ACADEMY 423 MAIN ST WILBRAHAM, MA 010951699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
WILD CARE INC10 SMITH LN EASTHAM, MA 026422671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
WILLIAM J GOULD ASSOCIATES INC PO BOX 157 100 GOULD ROAD MONTEREY, MA 012450157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
WILLIAMS COLLEGE75 PARK STREET WILLIAMSTOWN, MA 01267	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMSTOWN THEATRE FOUNDATION INC PO BOX 517 WILLIAMSTOWN, MA 012670517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
WILLISTON NORTHAMPTON SCHOOL ADVANCEMENT OFFICE 19 PAYSON AVE EASTHAMPTON, MA 010272213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WINCHESTER COMMUNITY MUSIC SCHOOL T 407 HIGHLAND AVENUE WINCHESTER, MA 018904050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER COMMUNITY MUSIC SCHOOL T 407 HIGHLAND AVENUE WINCHESTER, MA 018904050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WINCHESTER HIGH SCHOOL PARENT FACUL 80 SKILLINGS RD WINCHESTER, MA 018902899	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVE WINCHESTER, MA 018901446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WINCHESTER HOSPITAL FOUNDATION INC 41 HIGHLAND AVENUE WINCHESTER, MA 01890	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WINCHESTER SENIORS ASSOCIATION TRUS 109 SKILLINGS RD WINCHESTER, MA 018902884	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINCHESTER SENIORS ASSOCIATION TRUS 109 SKILLINGS RD WINCHESTER, MA 018902884	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
WINCHESTER SOCCER CLUB PO BOX 421 WINCHESTER, MA 018900521	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
WINGATE HEALTHCARE EMPLOYEE EMERGEN 63 KENDRICK ST NEEDHAM, MA 024942708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGATE HEALTHCARE EMPLOYEE EMERGEN 63 KENDRICK ST NEEDHAM, MA 024942708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WINGATE HEALTHCARE EMPLOYEE EMERGEN 63 KENDRICK ST NEEDHAM, MA 024942708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
WINSOR SCHOOLTHE WINSOR SCHOOL BOSTON, MA 02215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSOR SCHOOLTHE WINSOR SCHOOL BOSTON, MA 02215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
WINSOR SCHOOLTHE WINSOR SCHOOL BOSTON, MA 02215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
WOMENS EDUCATIONAL CENTER 46 PLEASANT STREET CAMBRIDGE, MA 02139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS LUNCH PLACE INC PO BOX 170900 BOSTON, MA 02117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WORCESTER ACADEMY 81 PROVIDENCE ST WORCESTER, MA 01604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
WORCESTER ANIMAL RESCUE LEAGUE 139 HOLDEN STREET WORCESTER, MA 01606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER ANIMAL RESCUE LEAGUE 139 HOLDEN STREET WORCESTER, MA 01606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WORCESTER ART MUSEUM 55 SALISBURY ST WORCESTER, MA 016093196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WORCESTER CENTER FOR PERFORMING ART 2 SOUTHBRIDGE STREET WORCESTER, MA 016082014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER CHAMBER MUSIC SOCIETY INC 323 MAIN STREET WORCESTER, MA 01608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COMMUNITY ACTION COUNCIL 484 MAIN STREET 2ND FLOOR WORCESTER, MA 016081810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WORCESTER COMPREHENSIVE CHILD CARE 160 TACOMA ST WORCESTER, MA 016053500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WORCESTER COUNTY FOOD BANK INC 474 BOSTON TURNPIKE SHREWSBURY, MA 015453948	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WORCESTER COUNTY MECHANICS ASSOCIAT 321 MAIN ST WORCESTER, MA 016081522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COUNTY MECHANICS ASSOCIAT 321 MAIN ST WORCESTER, MA 016081522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,575
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE RD WORCESTER, MA 016092247	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
WRITEBOSTON INC 2300 WASHINGTON STREET FLOOR 6 ROXBURY, MA 02119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
XAVERIAN BROTHERS HIGH SCHOOL 800 CLAPBOARDTREE STREET WESTWOOD, MA 02090	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
YAD CHAIM INC63 LEAMINGTON RD BRIGHTON, MA 021354038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500,000
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 021095165	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YEAR UP INC45 MILK STREET FLOOR 9 BOSTON, MA 02109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 021095165	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 766 MAIN STREET WORCESTER, MA 016103161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
YOUNG MENS CHRISTIAN ASSOCIATION OF 766 MAIN STREET WORCESTER, MA 016103161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 316 HUNTINGTION AVE BOSTON, MA 021155019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
YOUNG MENS CHRISTIAN ASSOCIATION OF 316 HUNTINGTION AVE BOSTON, MA 021155019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 36 ARTHUR B LORD DRIVE READING, MA 01867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 140 CLARENDON ST SUITE 403 BOSTON, MA 02116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,600
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YOUTH ENRICHMENT SERVICES INC 412 MASSACHUSETTS AVENUE BOSTON, MA 021180350	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YOUTHBUILD BOSTON INC 27 CENTRE STREET ROXBURY, MA 02119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHBUILD USA INC58 DAY STREET SOMERVILLE, MA 021442800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
YWCA CENTRAL MASSACHUSETTS INC ONE SALEM SQUARE WORCESTER, MA 016082015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
ZUMIX INC260 SUMNER STREET EAST BOSTON, MA 021283109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
7 MOUNTAINS INC4112 AYODHYA WAY IJAMSVILLE, MD 217549198	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,602
ABERDEEN ROTARY CLUB CHARITIES INC PO BOX 422 ABERDEEN, MD 210010422	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ABILITIES NETWORK INC 8503 LASALLE RD TOWSON, MD 21286	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPTIONS TOGETHER INC 4061 POWDER MILL ROAD SUITE 320 CALVERTON, MD 20705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ADVENTIST DEVELOPMENT AND RELIEF AG 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 209046601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
ADVENTIST DEVELOPMENT AND RELIEF AG 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 209046601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,038
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	118
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEY CAT ALLIES INCORPORATED 7920 NORFOLK AVENUE SUITE 600 BETHESDA, MD 208142525	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ALLEY CAT RESCUE INCPO BOX 585 MT RAINIER, MD 20712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	259
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	437
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ALZHEIMERS DISEASE AND RELATED DISO 1850 YORK RD SUITE D TIMONIUM, MD 210935122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
AMERICAN BATTLEFIELD TRUST 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BREAST CANCER FOUNDATION 10400 LITTLE PATUXENT PARKWAY SUITE 480 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN BREAST CANCER FOUNDATION 10400 LITTLE PATUXENT PARKWAY SUITE 480 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN CANCER SOCIETY INC 7500 GREENWAY CENTER DR STE 300 GREENBELT, MD 20770	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 405 WILLIAMS CT STE 120 BALTIMORE, MD 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
AMERICAN CANCER SOCIETY INC 405 WILLIAMS CT STE 120 BALTIMORE, MD 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	141
AMERICAN CANCER SOCIETY INC 405 WILLIAMS CT STE 120 BALTIMORE, MD 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1050 E INDUSTRIAL BLVD UNIT 3 CUMBERLAND, MD 21502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 405 WILLIAMS CT STE 120 BALTIMORE, MD 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,070
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	896
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
AMERICAN HEART ASSOCIATION INC 217 E REDWOOD STREET SUITE 1100 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
AMERICAN KIDNEY FUND INC 11921 ROCKVILLE PIKE SUITE 300 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 4800 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN NATIONAL RED CROSS 4800 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
AMERICAN NATIONAL RED CROSS 4800 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
AMERICAN NATIONAL RED CROSS 4800 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
AMMAN IMMAN WATER IS LIFE 914 ROBIN ROAD SILVER SPRING, MD 20901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMVETS NATIONAL SERVICE FOUNDATION 4647 FORBES BLVD LANHAM, MD 207060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DR STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 30 W GUDE DRIVE STE 150 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANACOSTIA WATERSHED SOCIETY INC 4302 BALTIMORE AVENUE BLADENSBURG, MD 207101031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANDREW COOPER GREGG THOMAS FMAILY F 12930 OLIVINE WAY SILVER SPRING, MD 20904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ADVOCATES OF HOWARD COUNTY I PO BOX 1403 ELLICOTT CITY, MD 210411403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ANIMAL ADVOCATES OF HOWARD COUNTY I PO BOX 1403 ELLICOTT CITY, MD 210411403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL ADVOCATES OF HOWARD COUNTY I PO BOX 1403 ELLICOTT CITY, MD 210411403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS ANGELS INCORPORATED PO BOX 1056 WESTMINSTER, MD 21158	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANNAPOLIS SYMPHONY ORCHESTRA ASSOCI 801 CHASE ST 204 ANNAPOLIS, MD 214013530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ANNAPOLIS TRIATHLON CLUB INC PO BOX 3714 CROFTON, MD 21114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL COMMUNITY COLLEGE FOUN 101 COLLEGE PARKWAY ARNOLD, MD 21012	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,075
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL COUNTY CASA INC COURT 8 CHURCH CIRCLE STE H-103 ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ANNE ARUNDEL COUNTY FOOD BANK INC PO BOX 650 CROWNSVILLE, MD 210320650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANNE ARUNDEL MEDICAL CENTER FOUNDAT 2000 MEDICAL PKWY BELCHER PAVILION STE 604 ANNAPOLIS, MD 214013280	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNE ARUNDEL MEDICAL CENTER INC 2000 MEDICAL PKWY BELCHER PAVILION STE 604 ANNAPOLIS, MD 214013280	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ANNE ARUNDEL MEDICAL CENTER INC 2000 MEDICAL PKWY BELCHER PAVILION STE 604 ANNAPOLIS, MD 214013280	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
APLASTIC ANEMIA & MDS INTERNATIONAL 4330 EAST WEST AVW BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN MOUNTAIN MANTRAILING AN DAVID WEIK REISTERSTOWN, MD 21136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
APPALACHIAN MOUNTAIN MANTRAILING AN DAVID WEIK REISTERSTOWN, MD 21136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
APPALACHIAN MOUNTAIN MANTRAILING AN DAVID WEIK REISTERSTOWN, MD 21136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN MOUNTAIN MANTRAILING AN DAVID WEIK REISTERSTOWN, MD 21136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
APPALACHIAN MOUNTAIN MANTRAILING AN DAVID WEIK REISTERSTOWN, MD 21136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
ARCHBISHOP CURLEY HIGH SCHOOL 3701 SINCLAIR LN BALTIMORE, MD 212132018	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	635
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,923
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT RD SEVERN, MD 211442301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,259
ASSATEAGUE ISLAND ALLIANCE 7206-2 NATIONAL SEASHORE LANE BERLIN, MD 21811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	738
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	513
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	390
ASSOCIATED CATHOLIC CHARITIES INC 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	235
ASSOCIATION FOR INDIAS DEVELOPMENT 5011 TECUMSEH ST COLLEGE PARK, MD 207413005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC GENERAL HOSPITAL 10320 OLD OCEAN CITY BLVD BERLIN, MD 21811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AUDREY HERMAN SPOTLIGHTERS THEATRE 817 SAINT PAUL ST BALTIMORE, MD 212022472	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AUTISM SOCIETY OF AMERICA 6110 EXECUTIVE BLVD STE 305 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET MOBILE INC9425 SUNFALL CT COLUMBIA, MD 210462057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE ANIMAL RESCUE AND CARE SH 301 STOCKHOLM ST BALTIMORE, MD 212303205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BALTIMORE CHESAPEAKE BAY OUTWARD BO 1900 EAGLE DRIVE BALTIMORE, MD 21207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BALTIMORE CHILDRENS MUSEUM INC 35 MARKET PLACE BALTIMORE, MD 212024002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE CHILDRENS MUSEUM INC 35 MARKET PLACE BALTIMORE, MD 212024002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BALTIMORE CITY FOUNDATION INC 7 E REDWOOD STREET 9TH FLOOR BALTIMORE, MD 212021820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25,000
BALTIMORE CITY FOUNDATION INC 7 E REDWOOD STREET 9TH FLOOR BALTIMORE, MD 212021820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE CITY FOUNDATION INC 7 E REDWOOD STREET 9TH FLOOR BALTIMORE, MD 212021820	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
BALTIMORE COMMUNITY FOUNDATION INC POST OFFICE BOX 37422 BALTIMORE, MD 212989388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BALTIMORE COMMUNITY FOUNDATION INC POST OFFICE BOX 37422 BALTIMORE, MD 212989388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE COMMUNITY FOUNDATION INC POST OFFICE BOX 37422 BALTIMORE, MD 212989388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BALTIMORE COMMUNITY FOUNDATION INC POST OFFICE BOX 37422 BALTIMORE, MD 212989388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BALTIMORE COMMUNITY LENDING INC 875 HOLLINS STREET SUITE 301 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE COMMUNITY LENDING INC 875 HOLLINS STREET SUITE 301 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BALTIMORE MUSEUM OF ART INC 10 ART MUSEUM DRIVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BALTIMORE OFFICE OF PROMOTION AND T 10 E BALTIMORE STREET 10TH FLOOR BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE POLYTECHNIC INSTITUTE FOU 1400 W COLD SPRING LN BALTIMORE, MD 212094904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
BALTIMORE SCHOOL FOR THE ARTS 712 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
BALTIMORE SCHOOL FOR THE ARTS 712 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE SYMPHONY ORCHESTRA INC 1212 CATHEDRAL STREET BALTIMORE, MD 212015545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BALTIMORE SYMPHONY ORCHESTRA INC 1212 CATHEDRAL STREET BALTIMORE, MD 212015545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BALTIMORE SYMPHONY ORCHESTRA INC 1212 CATHEDRAL STREET BALTIMORE, MD 212015545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,086
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALTIMORE URBAN BASEBALL ASSOCIATIO 1401 JACKSON ST BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
BALTIMORE URBAN LEAGUE 512 ORCHARD ST BALTIMORE, MD 212011947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAYS INCPO BOX 732 ARNOLD, MD 210124732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAGLE RESCUE EDUCATION AND WELFARE 5701 DIMES RD DERWOOD, MD 20855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BEAGLE RESCUE EDUCATION AND WELFARE 5701 DIMES RD DERWOOD, MD 20855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAGLE RESCUE OF SOUTHERN MARYLAND PO BOX 983 WALDORF, MD 206040983	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BEL AIR ROTARY FOUNDATION INC PO BOX 6 FOREST HILL, MD 21050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BEL AIR VOLUNTEER FIRE COMPANY INC 109 S HICKORY AVE BEL AIR, MD 210143730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELAIR-EDISON NEIGHBORHOODS INC 3545 BELAIR RD BALTIMORE, MD 21213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BELLO MACHRE INC 7765 FREETOWN RD GLEN BURNIE, MD 210608701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	229
BELLO MACHRE INC 7765 FREETOWN RD GLEN BURNIE, MD 210608701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	198
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLO MACHRE INC 7765 FREETOWN RD GLEN BURNIE, MD 210608701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	132
BELLO MACHRE INC 7765 FREETOWN RD GLEN BURNIE, MD 210608701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	66
BEST BUDDIES INTERNATIONAL INC 101 NORTH HAVEN ST STE 205 BALTIMORE, MD 21224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETH TFILOH FOUNDATION INC 3300 OLD COURT ROAD BALTIMORE, MD 21208	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BETHESDA CARES INC 7728 WOODMONT AVENUE BETHESDA, MD 20814	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
BIOTECHNICAL INSTITUTES OF MARYLAND 1101 WEST PRATT STREET SUITE 302 BALTIMORE, MD 21223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP MCNAMARA HIGH SCHOOL 6800 MARLBORO PK FORESTVILLE, MD 20747	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
BLIND INDUSTRIES & SERVICES OF MARY 3345 WASHINGTON BOULEVARD BALTIMORE, MD 21227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BLOSSOMS OF GUYANA 9023 WALKERTON DR LANHAM, MD 207061964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIBBON PROJECTPO BOX 1736 EDGEWATER, MD 21037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,234
BLUE RIBBON PROJECTPO BOX 1736 EDGEWATER, MD 21037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOHEMIA MANOR HIGH SCHOOL BAND BOOS 2755 AUGUSTINE HERMAN HWY CHESAPEAKE CITY, MD 21915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BON SECOURS OF MARYLAND FOUNDATION 1525 MARRIOTTSVILLE RD MARRIOTTSVILLE, MD 21104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
BOWIE CROFTON PREGNANCY CENTER INC 934 WEST ST ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
BOY SCOUTS OF AMERICA 701 WYMAN PARK DR BALTIMORE, MD 212112805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF ANNAPOLIS & A 121 SOUTH VILLA AVE ANNAPOLIS, MD 214013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF METROPOLITAN 1201 S SHARP STREET SUITE 302 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METROPOLITAN 1201 S SHARP STREET SUITE 302 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUBS OF METROPOLITAN 1201 S SHARP STREET SUITE 302 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SOUTHERN MARY PO BOX 413 9021 DAYTON AVENUE NORTH BEACH, MD 20714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF HARFORD COUN PO BOX 1106 ABERDEEN, MD 210016106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS AND GIRLS CLUB OF HARFORD COUN PO BOX 1106 ABERDEEN, MD 210016106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,500
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS LATIN SCHOOL OF MARYLAND INCOR 822 W LAKE AVENUE BALTIMORE, MD 212101241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DR CLARKSBURG, MD 208712005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRYN MAWR SCHOOL 109 W MELROSE AVENUE BALTIMORE, MD 212101326	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYN MAWR SCHOOL FOR GIRLS OF BALTI 109 W MELROSE AVE BALTIMORE, MD 212101326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
BRYN MAWR SCHOOL FOR GIRLS OF BALTI 109 W MELROSE AVE BALTIMORE, MD 212101326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BUDHANIKANTHA SCHOOL ENDOWMENT FUND 8 RIVERWATCH LN INDIAN HEAD, MD 206401560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLEIGH MANOR ANIMAL SANCTUARY AND 3950 WHITE ROSE WAY ELLICOTT CITY, MD 21042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BURROWS HILL FOUNDATION TO FIGHT FR 107 OLD CROSSING LANE ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
C&O CANAL TRUST INC 1850 DUAL HWY STE 100 HAGERSTOWN, MD 217406622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERT COUNTY DAY SCHOOL INC 300 CALVERTON SCHOOL RD HUNTINGTOWN, MD 206399479	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CALVERT HALL COLLEGE HIGH SCHOOL 8102 LASALLE ROAD BALTIMORE, MD 212868022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
CALVERT HALL COLLEGE OF BALTIMORE C 8102 LASALLE RD BALTIMORE, MD 212868066	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERT HALL COLLEGE OF BALTIMORE C 8102 LASALLE RD BALTIMORE, MD 212868066	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CALVERT SCHOOL INC 105 TUSCANY ROAD BALTIMORE, MD 21210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
CALVERTHEALTH FOUNDATION INC PO BOX 2127 PRINCE FREDERICK, MD 20678	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERTHEALTH FOUNDATION INC PO BOX 2127 PRINCE FREDERICK, MD 20678	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,000
CAMP INCLUSION4113 FLINTLOCK CT GLENELG, MD 217379505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CAROLINE FRIESS CENTER INC 900 SOMERSET STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARSON SCHOLARS FUND INC 305 W CHESAPEAKE AVENUE SUITE 310 TOWSON, MD 212044421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CASA DE MARYLAND INC 8151 15TH AVENUE HYATTSVILLE, MD 20783	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CASA DE MARYLAND INC 8151 15TH AVENUE HYATTSVILLE, MD 20783	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASH CAMPAIGN OF MARYLAND INC 575 S CHARLES STREET SUITE 500 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CASH CAMPAIGN OF MARYLAND INC 575 S CHARLES STREET SUITE 500 BALTIMORE, MD 21201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC HIGH SCHOOL OF BALTIMORE I 2800 EDISON HIGHWAY BALTIMORE, MD 212131696	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC HIGH SCHOOL OF BALTIMORE I 2800 EDISON HIGHWAY BALTIMORE, MD 212131696	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,745
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,184
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,323
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	922
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	461
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC RELIEF SERVICES UNITED STA 228 W LEXINGTON ST BALTIMORE, MD 212013422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CECIL COUNTY ARTS COUNCIL INC 135 E MAIN ST ELKTON, MD 219215932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CECIL COUNTY ARTS COUNCIL INC 135 E MAIN ST ELKTON, MD 219215932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CECIL COUNTY ARTS COUNCIL INC 135 E MAIN ST ELKTON, MD 219215932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CECIL COUNTY ARTS COUNCIL INC 135 E MAIN ST ELKTON, MD 219215932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CECIL COUNTY CHORAL SOCIETY INC PO BOX 2128 ELKTON, MD 219222128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CECIL COUNTY EXTENSION ADVISORY COU 200 CHESAPEAKE BLVD STE 1500 ELKTON, MD 219216653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CECIL MANOR PTO PARENT TEACHER ORGA 971 ELK MILLS RD ELKTON, MD 219213805	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CELEBRATE HOPE FOUNDATION INC 3541 RUSSELL THOMAS LN DAVIDSONVILLE, MD 210352522	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR URBAN FAMILIES INC 2201 N MONROE ST BALTIMORE, MD 212171321	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHARLES E SMITH JEWISH DAY SCHOOL O 1901 EAST JEFFERSON STREET ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY FOUNDATION INC 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
CHESAPEAKE CHURCH 6045 SOLOMONS ISLAND RD HUNTINGTOWN, MD 20639	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
CHESAPEAKE CONSERVANCY INC 716 GIDDINGS AVE STE 42 ANNAPOLIS, MD 214011421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE FELINE ASSOCIATION INC PO BOX 743 NORTH EAST, MD 21901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHESAPEAKE THERAPEUTIC RIDING INC PO BOX 475 ABINGDON, MD 21009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHESAPEAKE THERAPEUTIC RIDING INC PO BOX 475 ABINGDON, MD 21009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE THERAPEUTIC RIDING INC PO BOX 475 ABINGDON, MD 21009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CHESAPEAKE THERAPEUTIC RIDING INC PO BOX 475 ABINGDON, MD 21009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHESAPEAKE THERAPEUTIC RIDING INC PO BOX 475 ABINGDON, MD 21009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF FALLEN SOLDIERS RELIEFF PO BOX 1099 TEMPLE HILLS, MD 20757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 650 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL FOUNDATION 801 ROEDER ROAD SUITE 650 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS INN AT NIH INC 7 WEST DRIVE BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
CHRISTMAS IN APRIL ST MARYS COUNTY 28231 THREE NOTCH RD MECHANICSVILLE, MD 206593298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CLARKSVILLE MIDDLE 6535 S TROTTER RD CLARKSVILLE, MD 210291204	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL HOSPICE INCPO BOX 1733 SALISBURY, MD 218021733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
COASTAL HOSPICE INCPO BOX 1733 SALISBURY, MD 218021733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
COLLEGE AND CAREER PATHWAYS PO BOX 724 GREENBELT, MD 20768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE AND CAREER PATHWAYS PO BOX 724 GREENBELT, MD 20768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
COMMUNITY ADVOCATES FOR FAMILY & YO 9201 BASIL COURT ST 160 UPPER MARLBORO, MD 207745461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY ADVOCATES FOR FAMILY & YO 9201 BASIL COURT ST 160 UPPER MARLBORO, MD 207745461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ADVOCATES FOR FAMILY & YO 9201 BASIL COURT ST 160 UPPER MARLBORO, MD 207745461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COMMUNITY FOUNDATION OF ANNE ARUNDE 914 BAY RIDGE RD STE 220 ANNAPOLIS, MD 214033919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
COMMUNITY FOUNDATION OF CARROLL COU 255 CLIFTON BOULEVARD WESTMINSTER, MD 211574690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF FREDERICK C 312 E CHURCH ST FREDERICK, MD 217015611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF HARFORD COU PO BOX 612 BEL AIR, MD 210140612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF SOUTHERN MA PO BOX 716 CHARLOTTE HALL, MD 206220716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PRESERVATION AND DEVELOPM 8403 COLESVILLE ROAD SUITE 1150 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMPREHENSIVE HOUSING ASSISTANCE IN 5809 PARK AVENUE BALTIMORE, MD 21215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CONGREGATION BNAI TZEDEK 10621 S GLEN RD POTOMAC, MD 208544137	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNELLY SCHOOL OF THE HOLY CHILD 9029 BRADLEY BOULEVARD POTOMAC, MD 20854	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CONSUMER CREDIT COUNSELING SERVICE 6315 HILLSIDE COURT SUITE B COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CONSUMER CREDIT COUNSELING SERVICE 6315 HILLSIDE COURT SUITE B COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENTION OF THE PROTESTANT EPISCO 3100 MONKTON ROAD MONKTON, MD 21111	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LN STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LN STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LN STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LN STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COOL KIDS CAMPAIGN FOUNDATION INC 8422 BELLONA LN STE 102 TOWSON, MD 21204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON ECONOMIC EDUCATION IN MA 8000 YORK RD TOWSON UNIVERSITY TOWSON, MD 212520001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COUNTRY SCHOOL INC 716 GOLDSBOROUGH ST EASTON, MD 216013907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
COUNTRY SCHOOL INC 716 GOLDSBOROUGH ST EASTON, MD 216013907	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLE OF HOPE ADOPTION CENTER INC 8630 FENTON ST STE 310 SILVER SPRING, MD 20910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	208
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
CURESEARCH FOR CHILDRENS CANCER 4600 EAST WEST HWY SUITE 600 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CURESEARCH FOR CHILDRENS CANCER PO BOX 45781 BALTIMORE, MD 21297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYLBURN ARBORETUM ASSOCIATION INC 4915 GREENSPRING AVE BALTIMORE, MD 212094642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,151
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,708
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,680
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,865
CYSTIC FIBROSIS FOUNDATION 10626 YORK ROAD SUTIE A COCKEYSVILLE, MD 210302393	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	955
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,870
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,580
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	524
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE SUITE 1100 N BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA, MD 208143304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DEEP ROOTS INCPO BOX 113 EARLEVILLE, MD 219190113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEEP ROOTS INCPO BOX 113 EARLEVILLE, MD 219190113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DEFENDERS OF ANIMAL RIGHTS INC PO BOX 25 PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
DEFENDERS OF ANIMAL RIGHTS INC PO BOX 25 PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEFENDERS OF ANIMAL RIGHTS INC PO BOX 25 PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
DEFENDERS OF ANIMAL RIGHTS INC PO BOX 25 PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
DEFENDERS OF ANIMAL RIGHTS INC PO BOX 25 PHOENIX, MD 211311446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
DEMATHA CATHOLIC HIGH SCHOOL 4313 MADISON STREET HYATTSVILLE, MD 20781	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIGITAL HARBOR FOUNDATION INC 1045 LIGHT STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DOUBLE DOG DARE RESCUE INC 1014 OLD MANCHESTER RD WESTMINSTER, MD 21157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ELK NECK ELEMENTARY 41 RACINE SCHOOL RD ELKTON, MD 219217546	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELK NECK ELEMENTARY 41 RACINE SCHOOL RD ELKTON, MD 219217546	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ELK NECK ELEMENTARY 41 RACINE SCHOOL RD ELKTON, MD 219217546	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
ELKTON HIGH110 JAMES ST ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
END HUNGER IN CALVERT COUNTY INC PO BOX 758 ATTN GRANTS OFFICE HUNTINGTOWN, MD 206390758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250,000
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
ENTERPRISE COMMUNITY PARTNERS INC 11000 BROKEN LAND PARKWAY SUITE 700 COLUMBIA, MD 21044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE WEST SUITE 230 LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE WEST SUITE 230 LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE WEST SUITE 230 LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE WEST SUITE 230 LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE WEST SUITE 230 LANDOVER, MD 207852237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
EPIPHANY EPISCOPAL CHURCH 2216 POT SPRING RD LUTHVLE TIMON, MD 210932724	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUIHAB FOUNDATION LTD 111 S MAIN ST NORTH EAST, MD 219013911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FACES OF VALOR USA INC 1507 WILD CRANBERRY DR CROWNSVILLE, MD 210322018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,235
FALLSTON RECREATION COUNCIL INC 1707 FALLSTON RD FALLSTON, MD 210471410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEDERATION OF TAMIL SANGAMS OF NORT 701 JACKSON RD SILVER SPRING, MD 209042804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEDERATION OF TAMIL SANGAMS OF NORT 3825 GRAY ROCK DR ELLICOTT CITY, MD 21042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FEDERATION OF TAMIL SANGAMS OF NORT 3825 GRAY ROCK DR ELLICOTT CITY, MD 21042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEYNMAN SCHOOL11810 FALLS RD POTOMAC, MD 20854	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
FIGHTING FOR KAIDEN FOUNDATION INC 118 ALVIEW TERRACE GLEN BURNIE, MD 21060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	121
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	188
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FISHER HOUSE FOUNDATION INC 12300 TWINBROOK PARKWAY SUITE 410 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR THE GIRLS514 HILLSBORO DRIVE SILVER SPRING, MD 20902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FIGHTING BLINDNESS CLINI 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463256	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	455
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 COLUMBIA, MD 210463255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FIGHTING BLINDNESS INC 7168 COLUMBIA GATEWAY DR STE 100 MVNL COLUMBIA, MD 210463256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR COMMUNITY BETTERMENT PO BOX 358 ARNOLD, MD 21012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOUNDATION FOR COMMUNITY BETTERMENT PO BOX 358 ARNOLD, MD 21012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	302
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
FRANCISCAN CENTER INC 101 W 23RD ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
FRANKLIN SQUARE HOSPITAL CENTER FOU 9000 FRANKLIN SQ DR BALTIMORE, MD 212373901	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDERICK HEALTH HOSPITAL INC 400 W 7TH ST FREDERICK, MD 217014593	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
FREDERICK MEMORIAL HOSPITAL INC 400 W 7TH ST FREDERICK, MD 217014593	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS FOUNDATION OF THE CECIL COU 301 NEWARK AVE ELKTON, MD 219215441	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS FOUNDATION OF THE CECIL COU 301 NEWARK AVE ELKTON, MD 219215441	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
FRIENDS FOUNDATION OF THE CECIL COU 301 NEWARK AVE ELKTON, MD 219215441	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS FOUNDATION OF THE CECIL COU 301 NEWARK AVE ELKTON, MD 219215441	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CECIL COUNTY PARKS AND R 200 CHESAPEAKE BLVD SUITE 1200 ELKTON, MD 219216653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF GREENBELT THEATRE 129 CENTERWAY GREENBELT, MD 207701802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE BOHEMIA INC 40 TWO RIVERS LN CHESAPEAKE CY, MD 219151703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS SCHOOL OF BALTIMORE INC 5114 N CHARLES ST BALTIMORE, MD 212102021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
FRIENDS SCHOOL OF BALTIMORE INC 5114 N CHARLES ST BALTIMORE, MD 212102021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
FROSTBURG STATE UNIVERSITY FOUNDATI 101 BRADDOCK RD FROSTBURG, MD 215322303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR EDUCATIONAL EXCELLENCE INC 800 NORTH CHARLES ST SUITE 400 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GARRISON FOREST SCHOOL INC 300 GARRISON FOREST ROAD OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
GARWYN OAKS NORTHWEST HOUSING RESOU 2300 GARRISON BLVD STE 140 BALTIMORE, MD 212162309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GB CHARITIES INCPO BOX 4954 LUTHERVILLE TIMONIUM, MD 21094	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENTLE GIANTS DRAFT HORSE RESCUE SO 17250 OLD FREDERICK RD MT AIRY, MD 21771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 208523209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
GEORGETOWN PREPARATORY SCHOOL 10900 ROCKVILLE PIKE NORTH BETHESDA, MD 208523209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN PREPARATORY SCHOOL INC 10900 ROCKVILLE PIKE ROCKVILLE, MD 208523209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,625
GILCHRIST HOSPICE CARE INC 11311 MCCORMICK RD STE 350 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
GILMAN SCHOOL INC5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
GILMAN SCHOOL INC 5407 ROLAND AVE BALTIMORE, MD 212101991	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF THE GREATER CHE 129 LUBRANO DR L-102 ANNAPOLIS, MD 214017568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLYNDON VOLUNTEER FIRE COMPANY OF G 4812 BUTLER RD PO BOX 3671 GLYNDON, MD 210714209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOODWILL INDUSTRIES INTERNATIONAL I 15810 INDIANOLA DRIVE ROCKVILLE, MD 208552674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOVANS ECUMENICAL DEVELOPMENT CORPO 1010 E 33RD STREET-TERRACE LEVEL BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GRACE UNITED METHODIST CHURCH 110 W BEL AIR AVE ABERDEEN, MD 21001	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASSROOTS CRISIS INTERVENTION CENT 6700 FREETOWN RD COLUMBIA, MD 210444137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
GREATER BEL AIR COMMUNITY FOUNDATIO 505 S MAIN ST BEL AIR, MD 210143967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
HABITAT FOR HUMANITY INTERNATIONAL 8380 COLESVILLE ROAD SUITE 700 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 8380 COLESVILLE ROAD SUITE 700 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,060
HABITAT FOR HUMANITY INTERNATIONAL 205 S HAYS STREET BEL AIR, MD 210143646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27,000
HABITAT FOR HUMANITY OF THE CHESAPE 3741 COMMERCE DRIVE SUITE 309 BALTIMORE, MD 212271664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF THE CHESAPE 3741 COMMERCE DRIVE SUITE 309 BALTIMORE, MD 212271664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
HADASSAH THE WOMENS ZIONIST ORGANIZ 3723 OLD COURT ROAD SUITE 205 BALTIMORE, MD 21208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HALEYS HELPING HANDS OF MARYLAND IN 124 W BAY VIEW DR ANNAPOLIS, MD 214033805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD COMMUNITY ACTION AGENCY INC 1321 B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
HARFORD COMMUNITY ACTION AGENCY INC 1321 B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HARFORD COMMUNITY ACTION AGENCY INC 1321 B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD COMMUNITY ACTION AGENCY INC 1321 B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HARFORD COMMUNITY ACTION AGENCY INC 1321 B WOODBRIDGE STATION WAY EDGEWOOD, MD 21040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HARFORD COMMUNITY COLLEGE FOUNDATIO 401 THOMAS RUN RD BEL AIR, MD 210151627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD COMMUNITY COLLEGE FOUNDATIO 401 THOMAS RUN RD BEL AIR, MD 210151627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HARFORD DAY SCHOOL INC 715 MOORES MILL RD BEL AIR, MD 210142713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
HARFORD DAY SCHOOL INC 715 MOORES MILL RD BEL AIR, MD 210142713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD FAMILY HOUSE INC 53 E BEL AIR AVE APT 3 ABERDEEN, MD 210013796	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HARFORD FAMILY HOUSE INC 53 E BEL AIR AVE APT 3 ABERDEEN, MD 210013796	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	118
HARFORD FAMILY HOUSE INC 53 E BEL AIR AVE APT 3 ABERDEEN, MD 210013796	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARFORD FAMILY HOUSE INC 53 E BEL AIR AVE APT 3 ABERDEEN, MD 210013796	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HARFORD NORTH STARSPO BOX 373 ABINGDON, MD 21009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HARFORD NORTH STARSPO BOX 373 ABINGDON, MD 21009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN MINISTRIES INCPO BOX 44 CHESTER, MD 216190044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HAVRE DE GRACE HIGH 700 CONGRESS AVE HAVRE DE GRACE, MD 210783089	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
HEALTH PARTNERS INCPO BOX 1865 WALDORF, MD 20604	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHWELL FOUNDATION 20440 CENTURY BLVD STE 250 GERMANTOWN, MD 208749180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE SUITE 1200 BETHESDA, MD 20814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE BETHESDA, MD 20814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE SUITE 1200 BETHESDA, MD 20814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,810
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE SUITE 1200 BETHESDA, MD 20814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE STE 1200 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARING LOSS ASSOCIATION OF AMERICA 7910 WOODMONT AVE SUITE 1200 BETHESDA, MD 20814	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	889
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING UP MISSION OF BALTIMORE CIT 1029 E BALTIMORE ST BALTIMORE, MD 212024705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	896
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HIAS INC1300 SPRING ST STE 500 SILVER SPRING, MD 209103634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKORY RECREATIONAL COUNCIL INCORP 1314 SWEETBRIAR LANE BEL AIR, MD 21014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HISTORIC ANNAPOLIS INC 42 EAST STREET ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOLY REDEEMER CATHOLIC ELEMENTARY S 9715 SUMMIT AVENUE KENSINGTON, MD 208953649	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFREE USA INC 6200 BALTIMORE AVENUE RIVERDALE, MD 20737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180,000
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	308
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	417
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONDURAS COMPASSION PARTNERS INC PO BOX 177 HUNTINGTOWN, MD 206390177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	417
HOPEWORKS OF HOWARD COUNTY INC 9770 PATUXENT WOODS DRIVE SUITE 300 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOUSE OF HOPE ANIMAL RESCUE INC 31 SPARROWS WAY ELKTON, MD 219216538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF HOPE ANIMAL RESCUE INC 31 SPARROWS WAY ELKTON, MD 219216538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	862
HOUSE OF HOPE ANIMAL RESCUE INC 31 SPARROWS WAY ELKTON, MD 219216538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,105
HOUSE OF HOPE ANIMAL RESCUE INC 31 SPARROWS WAY ELKTON, MD 219216538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF HOPE ANIMAL RESCUE INC 31 SPARROWS WAY ELKTON, MD 219216538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
HOUSE OF RUTH MARYLAND INC 2201 ARGONNE DRIVE BALTIMORE, MD 212181627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOUSE OF RUTH MARYLAND INC 2201 ARGONNE DRIVE BALTIMORE, MD 212181627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF RUTH MARYLAND INC 2201 ARGONNE DRIVE BALTIMORE, MD 212181627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSE OF RUTH MARYLAND INC 2201 ARGONNE DRIVE BALTIMORE, MD 212181627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSE OF RUTH MARYLAND INC 2201 ARGONNE DRIVE BALTIMORE, MD 212181627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING INITIATIVE PARTNERSHIP INC 6525 BELCREST ROAD SUITE 555 HYATTSVILLE, MD 20782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
HOUSING INITIATIVE PARTNERSHIP INC 6525 BELCREST ROAD SUITE 555 HYATTSVILLE, MD 20782	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOUSING UNLIMITED INC 12125 VEIRS MILL ROAD SUITE 201 SILVER SPRING, MD 20906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING UNLIMITED INC 12125 VEIRS MILL ROAD SUITE 201 SILVER SPRING, MD 20906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOWARD COMMUNITY COLLEGE EDUCATIONA 10901 LITTLE PATUXENT PKWY COLUMBIA, MD 210443110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
HOWARD COMMUNITY COLLEGE EDUCATIONA 10901 LITTLE PATUXENT PKWY COLUMBIA, MD 210443110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD COUNTY AUTISM SOCIETY INC 9770 PATUXENT WOODS DRIVE SUITE 308 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HOWARD COUNTY AUTISM SOCIETY INC 9326 WILD GRASS CT JESSUP, MD 207949595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOWARD COUNTY AUTISM SOCIETY INC 9770 PATUXENT WOODS DRIVE SUITE 308 COLUMBIA, MD 21046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD HOSPITAL FOUNDATION INC 5755 CEDAR LANE COLUMBIA, MD 21044	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
HUMAN SERVICES PROGRAMS OF CARROLL 10 DISTILLERY DRIVE SUITE G1 WESTMINSTER, MD 21157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN, MD 211365830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN, MD 211365830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	189
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN, MD 211365830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF BALTIMORE COUNTY 1601 NICODEMUS RD REISTERSTOWN, MD 211365830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CARROLL CO INC 2517 LITTLESTOWN PIKE WESTMINSTER, MD 211582230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF HARFORD COUNTY IN 2208 CONNOLLY RD FALLSTON, MD 210472534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 208793418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF THE UNITED STATES 700 PROFESSIONAL DR GAITHERSBURG, MD 208793418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANITY FIRST USA 300 EAST LOMBARD ST SUITE 840 BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANITY FIRST USA 300 EAST LOMBARD ST SUITE 840 BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANITY FIRST USA 300 EAST LOMBARD ST SUITE 840 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
HUMANITY FIRST USA 300 EAST LOMBARD ST SUITE 840 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMANITY FIRST USA 300 EAST LOMBARD ST SUITE 840 BALTIMORE, MD 21202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDROCEPHALUS ASSN 4340 EAST WEST HWY STE 905 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
HYDROCEPHALUS ASSN 4340 EAST WEST HWY STE 905 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
IMMUNE DEFICIENCY FOUNDATION 110 WEST ROAD STE 300 TOWSON, MD 21204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 OF THE GREATER CHESAPEAK PO BOX 6779 ANNAPOLIS, MD 21401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	515
INDIA DEVELOPMENT AND RELIEF FUND I 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 208523238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,196
INDIA DEVELOPMENT AND RELIEF FUND I 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 208523238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH HOUSING ALLIANCE INC 5301 BUCKEYSTOWN PIKE SUITE 320 FREDERICK, MD 21704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
INTERFAITH WORKS INC 114 MONTGOMERY AVENUE ROCKVILLE, MD 208504213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
INTERFAITH WORKS INC 114 W MONTGOMERY AVE ROCKVILLE, MD 208504213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL BIOMEDICAL RESEARCH A IBRA/FAES 10 CENTER DRIVE RM 1N241 MSC 115 BETHEDA, MD 20892	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST RD STE 360 BALTIMORE, MD 21204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST RD STE 360 BALTIMORE, MD 21204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL ORTHODOX CHRISTIAN CH 110 WEST RD STE 360 BALTIMORE, MD 21204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ITINERIS FOUNDATION 2050 ROCKROSE AVENUE BALTIMORE, MD 21211	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
IVY WOODS FELINE SANCTUARY INC 1500 IVY WOODS LN WESTMINSTER, MD 21158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSONVILLE VOLUNTEER FIRE CO INC 3500 SWEET AIR RD PHOENIX, MD 21131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JACOB TOME INSTITUTE 581 S MARYLAND AVE NORTHEAST, MD 219014029	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
JARRETTSVILLE RECREATION COUNCIL IN 1805 MIDSUMMER LN JARRETTSVILLE, MD 21084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JARRETTSVILLE RECREATION COUNCIL IN 1805 MIDSUMMER LN JARRETTSVILLE, MD 21084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
JARRETTSVILLE RECREATION COUNCIL IN 1805 MIDSUMMER LN JARRETTSVILLE, MD 21084	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	334
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM HEIGHTS, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	87
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD SUITE 150 LINTHICUM HEIGHTS, MD 21090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JEWISH WOMENS RENAISSANCE PROJECT I 6101 EXECUTIVE BLVD STE 240 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,460
JOHN CARROLL SCHOOL 703 E CHURCHVILLE ROAD BEL AIR, MD 21014	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN CARROLL SCHOOL 703 E CHURCHVILLE ROAD BEL AIR, MD 21014	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
JOHN CARROLL SCHOOL 703 E CHURCHVILLE ROAD BEL AIR, MD 21014	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N4327B BALTIMORE, MD 212112226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,000
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
JOHNS HOPKINS UNIVERSITY 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD - SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,551
JOHNS HOPKINS UNIVERSITY 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
JOHNS HOPKINS UNIVERSITY 525 N WOLFE ST BALTIMORE, MD 21205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNS HOPKINS UNIVERSITY 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 21211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
JUNIOR ACHIEVEMENT OF CENTRAL MARYL 10711 RED RUN BOULEVARD SUITE 110 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE EASTERN S 123 C CAMDEN STREET SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF THE EASTERN S 123 C CAMDEN STREET SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR LEAGUE OF ANNAPOLIS INC 128 LUBRANO DRIVE ANNAPOLIS, MD 214017028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST TRYAN IT INCPO BOX 34589 BETHESDA, MD 208270589	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	782
JUST TRYAN IT INCPO BOX 34589 BETHESDA, MD 208270589	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	366
KENMORE ELEMENTARY 2475 SINGERLY ROAD ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENMORE ELEMENTARY 2475 SINGERLY ROAD ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	51
KENMORE ELEMENTARY 2475 SINGERLY RD ELKTON, MD 219212733	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
KENMORE ELEMENTARY 2475 SINGERLY ROAD ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENMORE ELEMENTARY 2475 SINGERLY ROAD ELKTON, MD 21921	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	11
KENNEDY KRIEGER EDUCATION AND COMMU 707 N BROADWAY BALTIMORE, MD 212051832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KEY TO LIONS HEART RESCUE INC 7200 BLANCHARD DR ROCKVILLE, MD 20855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEY TO LIONS HEART RESCUE INC 7200 BLANCHARD DR ROCKVILLE, MD 20855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KEY TO LIONS HEART RESCUE INC 7200 BLANCHARD DR ROCKVILLE, MD 20855	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LANDON SCHOOL6101 WILSON LANE BETHESDA, MD 208173199	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDON SCHOOL CORPORATION 6101 WILSON LANE BETHESDA, MD 20817	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LEA MARIE FARAONE FOUNDATION TO ASS PO BOX 20396 TOWSON, MD 21284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC PO BOX 75 ELKTON, MD 21922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 75 ELKTON, MD 21922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LITTLE LEAGUE BASEBALL INC PO BOX 75 ELKTON, MD 21922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
LITTLE SISTERS OF JESUS AND MARY IN PO BOX 1755 SALISBURY, MD 21802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA BLAKEFIELDP O BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
LOYOLA BLAKEFIELDPO BOX 6819 BALTIMORE, MD 21285	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,900
LOYOLA BLAKEFIELDPO BOX 6819 BALTIMORE, MD 21285	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL BLAKEFIELD PO BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	274
LOYOLA HIGH SCHOOL OF BALTIMORE INC P O BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
LOYOLA HIGH SCHOOL OF BALTIMORE INC POBOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF BALTIMORE INC POBOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
LOYOLA HIGH SCHOOL OF BALTIMORE INC POBOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	364
LOYOLA HIGH SCHOOL OF BALTIMORE INC P O BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA HIGH SCHOOL OF BALTIMORE INC POBOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	420
LOYOLA HIGH SCHOOL OF BALTIMORE INC P O BOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
LOYOLA HIGH SCHOOL OF BALTIMORE INC POBOX 6819 TOWSON, MD 212856819	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA UNIVERSITY MARYLAND INC 4501 N CHARLES ST BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
LOYOLA UNIVERSITY MARYLAND INC 4501 N CHARLES ST BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,130
LOYOLA UNIVERSITY MARYLAND INC 4501 N CHARLES ST BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN WORLD RELIEF INC 700 LIGHT ST BALTIMORE, MD 212303850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MADISON HOUSE AUTISM FOUNDATION INC 820 W DIAMOND AVE 120 GAITHERSBURG, MD 20878	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	61
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	326
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,997
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE MID-A 6555 ROCK SPRING DRIVE SUITE 280 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
MAKERSPACE OF ANNAPOLIS INC PO BOX 6215 ANNAPOLIS, MD 214010215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MANAGEMENT LEADERSHIP FOR TOMORROW 7201 WISCONSIN AVENUE STE 400 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANAGEMENT LEADERSHIP FOR TOMORROW 7201 WISCONSIN AVENUE STE 400 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MANNA FOOD CENTER INC 9311 GAITHER RD GAITHERSBURG, MD 208771417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNEQART INC 9010 MAIER ROAD UNIT 100 LAUREL, MD 20723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 300 W PRATT STREET SUITE 250 BALTIMORE, MD 21201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MARIAN HOUSE INC949 GORSUCH AVE BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARLIN CLUB CREW OF OC INC 9724 STEPHEN DECATUR HWY OCEAN CITY, MD 21842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARLIN CLUB CREW OF OC INC 9724 STEPHEN DECATUR HWY OCEAN CITY, MD 21842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARYLAND FAMILY NETWORK INC 1001 EASTERN AVE FL 2 BALTIMORE, MD 212024325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE MD 21227 BALTIMORE, MD 21227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND FOOD BANK INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 212274551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARYLAND HALL FOR THE CREATIVE ARTS 801 CHASE ST ANNAPOLIS, MD 21401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARYLAND NETWORK AGAINST DOMESTIC V 4601 PRESIDENTS DR STE 370 LANHAM, MD 20706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND NEW DIRECTIONS INC 2700 N CHARLES STREET SUITE 200 BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLAND SPCA INC3300 FALLS RD BALTIMORE, MD 21211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MARYLAND THERAPEUTIC RIDING INC 1141 SUNRISE BEACH RD CROWNSVILLE, MD 210321126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MARYLAND YOUTH BALLET INC 926 ELLSWORTH DR SILVER SPRING, MD 209104401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYLANDERS TO PREVENT GUN VIOLENCE 2600 ST PAUL ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARYVALE PREPARATORY SCHOOL 11300 FALLS ROAD LUTHERVILLE, MD 21093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MATER DEI SCHOOL INC 9600 SEVEN LOCKS ROAD BETHESDA, MD 20817	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MC DANIEL COLLEGE INC 2 COLLEGE HILL WESTMINSTER, MD 21157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
MC DANIEL COLLEGE INC 2 COLLEGE HILL WESTMINSTER, MD 21157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MC DANIEL COLLEGE INC 2 COLLEGE HILL WESTMINSTER, MD 21157	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCDONOGH SCHOOLPO BOX 380 OWINGS MILLS, MD 211170380	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MCDONOGH SCHOOLPO BOX 380 OWINGS MILLS, MD 211170380	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
MCDONOGH SCHOOL INCORPORATED PO BOX 380 OWINGS MILLS, MD 211170380	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,571
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
MEALS ON WHEELS OF CENTRAL MARYLAND 515 S HAVEN ST BALTIMORE, MD 212244220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
MERCY HIGH SCHOOL 1300 E NORTHERN PARKWAY BALTIMORE, MD 21239	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HIGH SCHOOL 1300 E NORTHERN PARKWAY BALTIMORE, MD 21239	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MERCY HIGH SCHOOL 1300 E NORTHERN PARKWAY BALTIMORE, MD 21239	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
MERCY HIGH SCHOOL 1300 E NORTHERN PARKWAY BALTIMORE, MD 21239	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESSIAH COMMUNITY CHURCH 909 BERRYMANS LN REISTERSTOWN, MD 211366010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	106
MESSIAH COMMUNITY CHURCH 909 BERRYMANS LN REISTERSTOWN, MD 211366010	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	212
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	960
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
METAVIVOR RESEARCH AND SUPPORT INC 1783 FOREST DRIVE STE 184 ANNAPOLIS, MD 214014229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
MID-ATLANTIC SHOCKERS BASEBALL CLUB PO BOX 1233 BERLIN, MD 218115233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,800
MISSION OF MERCY INC 22 S MARKET ST SUITE 6D FREDERICK, MD 21701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	372
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONOCACY MONTESSORI COMMUNITY INC 217 DILL AVE FREDERICK, MD 217014905	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MONTESSORI SOCIETY OF CENTRAL MD IN 10807 TONY DR LUTHERVILLE, MD 210933617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
MONTGOMERY COUNTY PUBLIC SCHOOLS ED 850 HUNGERFORD DR STE 149 ROCKVILLE, MD 208501718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COUNTY PUBLIC SCHOOLS ED 850 HUNGERFORD DR STE 149 ROCKVILLE, MD 208501718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MONTGOMERY HOSPICE INC 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MONTGOMERY HOSPICE INC 1355 PICCARD DRIVE SUITE 100 ROCKVILLE, MD 20850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT AVIAT ACADEMY 399 CHILDS ROAD CHILDS, MD 21916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MOUNT AVIAT ACADEMY 399 CHILDS ROAD CHILDS, MD 21916	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MOUNT DE SALES ACADEMY 700 ACADEMY ROAD BALTIMORE, MD 21228	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT SAINT MARYS UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 217277799	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MOUNT SAINT MARYS UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 217277799	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MOUNT SAINT MARYS UNIVERSITY 16300 OLD EMMITSBURG RD EMMITSBURG, MD 217277799	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON PLACE CONSERVANCY INC PO BOX 2394 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN RD JOPPA, MD 210851919	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEABLE FEAST INCPO BOX 2298 BALTIMORE, MD 21203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOVEABLE FEAST INC 901 N MILTON AVE BALTIMORE, MD 212051316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MPT FOUNDATION INC 11767 OWINGS MILLS BOVD OWINGS MILLS, MD 21117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
MPT FOUNDATION INC 11767 OWINGS MILLS BOVD OWINGS MILLS, MD 21117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY SISTERS PLACE WOMENS CENTER FUND 1966 GREENSPRING DRIVE SUITE 200 TIMONIUM, MD 210930000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,700
MY SISTERS PLACE WOMENS CENTER FUND 1966 GREENSPRING DRIVE SUITE 200 TIMONIUM, MD 210930000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
NATIONAL AQUARIUM INC NATIONAL AQUARIUM 501 E PRATT STREET BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AQUARIUM INC NATIONAL AQUARIUM 501 E PRATT STREET BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL AQUARIUM INC NATIONAL AQUARIUM 501 E PRATT STREET BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL AQUARIUM INC NATIONAL AQUARIUM 501 E PRATT STREET BALTIMORE, MD 21202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSISTANCE LEAGUE PO BOX 1774 MILLERSVILLE, MD 21108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL ASSOCIATION FOR THE ADVANC 4805 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
NATIONAL ASSOCIATION FOR THE ADVANC 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION FOR THE ADVANC 4805 MT HOPE DRIVE BALTIMORE, MD 21215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NATIONAL ASSOCIATION OF BLACK ACCOU PO BOX 2172 BALTIMORE, MD 212032172	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NATIONAL ASSOCIATION OF BLACK ACCOU PO BOX 2172 BALTIMORE, MD 212032172	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR CHILDREN AND FA 6301 GREENTREE RD BETHESDA, MD 208173368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL CENTER FOR CHILDREN AND FA 6301 GREENTREE RD BETHESDA, MD 208173368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL CENTER FOR CHILDREN AND FA 6301 GREENTREE RD BETHESDA, MD 208173368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILDRENS GUILD FUND INC 6802 MCCLEAN BLVD BALTIMORE, MD 21234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL FALLEN FIREFIGHTERS FOUNDA PO BOX 498 EMMITSBURG, MD 217270498	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
NATIONAL FALLEN FIREFIGHTERS FOUNDA PO BOX 498 EMMITSBURG, MD 217270498	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FEDERATION OF THE BLIND IN 200 E WELLS ST BALTIMORE, MD 212304940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL FEDERATION OF THE BLIND IN 200 E WELLS ST BALTIMORE, MD 212304940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL FEDERATION OF THE BLIND IN 200 E WELLS ST BALTIMORE, MD 212304940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL FOUNDATION FOR CANCER RESE 5515 SECURITY LANE STE 1105 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL GALLERY OF ART 2000B SOUTH CLUB DRIVE LANDOVER, MD 20785	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL PANCREAS FOUNDATION 3 BETHESDA METRO CENTER STE 700 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL PANCREAS FOUNDATION 3 BETHESDA METRO CENTER STE 700 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PUBLIC RADIO INC PO BOX 791490 BALTIMORE, MD 212791490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PUBLIC RADIO INC PO BOX 791490 BALTIMORE, MD 212791490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL PUBLIC RADIO INC PO BOX 791490 BALTIMORE, MD 212791490	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY OF THE DAUGHTERS O 206 HERITAGE CT WALKERSVILLE, MD 21793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NATIONAL TRUST FOR HISTORIC PRESERV PO BOX 5043 HAGERSTOWN, MD 21741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NEIGHBORHOOD HOUSING SERVICES OF BA 25 E 20TH ST BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	947
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
NOTRE DAME PREPARATORY SCHOOL 815 HAMPTON LN TOWSON, MD 21286	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NUTRITIONFACTS ORG INC PO BOX 11400 TAKOMA PARK, MD 209131400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ODISHA SOCIETY OF THE AMERICAS 115 WIGHT AVE UNIT 493 COCKEYSVILLE, MD 210306520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ODISHA SOCIETY OF THE AMERICAS 115 WIGHT AVE UNIT 493 COCKEYSVILLE, MD 210306520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,280
OLDFIELDS SCHOOL INC 1500 GLENCOE RD SPARKS GLENCOE, MD 211529388	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLDFIELDS SCHOOL INC 1500 GLENCOE RD SPARKS GLENCOE, MD 211529388	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
OLDFIELDS SCHOOL INC 1500 GLENCOE RD SPARKS GLENCOE, MD 211529388	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
OLDFIELDS SCHOOL INC 1500 GLENCOE RD SPARKS GLENCOE, MD 211529388	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVIA CONSTANTS FOUNDATION INC 912 COMMERCE RD ANNAPOLIS, MD 21401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OLNEY THEATRE CORPORATION 2001 OLNEY SANDY SPRING RD OLNEY, MD 208321601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	222
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	222
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W DIAMOND AVE STE 210 GAITHERSBURG, MD 208781414	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	111
OUR DAILY BREAD EMPLOYMENT CENTERFU 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR DAILY BREAD EMPLOYMENT CENTERFU 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
OUR DAILY BREAD EMPLOYMENT CENTERFU 320 CATHEDRAL STREET BALTIMORE, MD 21201	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
OUTLET CHURCH 6669 SECURITY BLVD STE 201 BALTIMORE, MD 21207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTLET CHURCH 6669 SECURITY BLVD STE 201 BALTIMORE, MD 21207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	66
PARK SCHOOL OF BALTIMORE INC 2425 OLD COURT ROAD BALTIMORE, MD 21208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,150
PARK SCHOOL OF BALTIMORE INC 2425 OLD COURT ROAD BALTIMORE, MD 21208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKS & PEOPLE FOUNDATION INC 2100 LIBERTY HEIGHTS AVE BALTIMORE, MD 212172072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARSONSBURG FIRE CO INC PO BOX 208 PARSONSBURG, MD 218490208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PATHFINDERS INC 235 SCHILLING CIRCLE SUITE 103 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHFINDERS INC 235 SCHILLING CIRCLE SUITE 103 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
PATUXENT RIVER 4-H CENTER FOUNDATIO PO BOX 342 DAVIDSONVILLE, MD 210350342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PAULS PLACE INC1118 WARD STREET BALTIMORE, MD 212301817	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA REGIONAL MEDICAL CENTER F 100 E CARROLL ST SALISBURY, MD 218015422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
PENINSULA REGIONAL MEDICAL CENTER F 100 E CARROLL ST SALISBURY, MD 218015422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
PENINSULA REGIONAL MEDICAL CENTER F 100 E CARROLL ST SALISBURY, MD 218015422	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PER SCHOLAS INC 1400 SPRING STREET SUITE 501 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PERFORMING ARTS REPERTORY COMPANY 10 DECKMAN CT SILVER SPRING, MD 20906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 212013610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 212013610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	544
PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 212013610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	680
PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 212013610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 212013610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
PLAYWORKS EDUCATION ENERGIZED 2601 N HOWARD STREET BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PLAYWORKS EDUCATION ENERGIZED 2601 N HOWARD STREET SUITE 310 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLUMPTON PARK ZOOLOGICAL GARDENS IN 1416 TELEGRAPH RD RISING SUN, MD 219112025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
POPLAR SPRING ANIMAL SANCTUARY INC PO BOX 507 POOLESVILLE, MD 20837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
POPLAR SPRING ANIMAL SANCTUARY INC PO BOX 507 POOLESVILLE, MD 20837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPLAR SPRING ANIMAL SANCTUARY INC PO BOX 507 POOLESVILLE, MD 20837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,235
POTOMAC CONSERVANCY INC 8403 COLESVILLE RD SUITE 805 SILVER SPRING, MD 209103439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRAGER UNIVERSITY FOUNDATION 10045 RED RUN BOULEVARD SUITE 250 OWINGS MILLS, MD 21117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRANTIK INC6513 LIMERICK CT CLARKSVILLE, MD 210291546	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PROJECT HEALING WATERS FLY FISHING PO BOX 695 LA PLATA, MD 206460695	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
PTA MARYLAND COGNRESS OF PARENT & T 2350 NANTUCKET DR CROFTON, MD 21114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MARYLAND CONGRESS OF PARENTS & 505 MELVIN AVE ANNAPOLIS, MD 21401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA MARYLAND CONGRESS OF PARENTS & 6314 LONE OAK DR BETHESDA, MD 20817	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA MARYLAND CONGRESS OF PARENTS & 505 MELVIN AVE ANNAPOLIS, MD 21401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MARYLNAD CONGRESS OF PARENTS & 600 RED PUMP RD BEL AIR, MD 21014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD SUITE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD STE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD STE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PULMONARY HYPERTENSION ASSOCIATION 801 ROEDER RD STE 1000 SILVER SPRING, MD 20910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REGAL ALL STARS PARENT ORGANIZATION 2220 GREENSPRING DR TIMONIUM, MD 21093	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPECTABILITY 11333 WOODGLEN DRIVE SUITE 102 ROCKVILLE, MD 20852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65,000
RHHS BOOSTERS INC 12101 RTE 108 RIVER HL HIGH SCHOOL CLARKSVILLE, MD 210290000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RIVER HILL HIGH12101 ROUTE 108 CLARKSVILLE, MD 210299000	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBS BARBERSHOP COMMUNITY FOUNDATIO 2005 TEA ISLAND CT ODENTON, MD 211134001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROLAND PARK BASEBALL LEAGUES INC 4612 ROLAND AVE BALTIMORE, MD 21210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,500
ROLAND PARK COUNTRY SCHOOL INC 5204 ROLAND AVENUE BALTIMORE, MD 21210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ROLAND PARK PLACE INC 830 WEST 40TH STREET BALTIMORE, MD 212112116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH STREET BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,095
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1 AISQUITH ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROSE OF SHARON EQUESTRIAN SCHOOL IN 5630 SHARON DRIVE GLEN ARM, MD 21057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ROSE OF SHARON EQUESTRIAN SCHOOL IN 5630 SHARON DRIVE GLEN ARM, MD 21057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSE OF SHARON EQUESTRIAN SCHOOL IN 5630 SHARON DRIVE GLEN ARM, MD 21057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ROSE OF SHARON EQUESTRIAN SCHOOL IN 5630 SHARON DRIVE GLEN ARM, MD 21057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RUDE RANCH ANIMAL RESCUE INC 3200 IVY WAY HARWOOD, MD 207762104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALISBURY UNIVERSITY FOUNDATION INC 1120 CAMDEN AVENUE PO BOX 2655 SALSIBURY, MD 21802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SALISBURY UNIVERSITY FOUNDATION INC 1308 CAMDEN AVENUE SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
SALISBURY URBAN MINISTRIES PO BOX 1792 SALISBURY, MD 218021792	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDY SPRING FRIENDS SCHOOL 16923 NORWOOD RD SANDY SPRING, MD 208601112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,865
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANKARA NETHRALAYA OM TRUST INC 9710 TRAVILLE GATEWAY DRIVE NO392 ROCKVILLE, MD 20850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARCOMA FOUNDATION OF AMERICA INC 9899 MAIN ST STE 204 DAMASCUS, MD 20872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SAVE A CHILDS HEART FOUNDATION US I PO BOX 59172 POTOMAC, MD 208599172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SECOND CHANCE INC 1700 RIDGELY STREET BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERBIAN AMERICAN MEDICAL ASSOCIATIO 8629 CHATEAU DR POTOMAC, MD 20854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
SERBIAN AMERICAN MEDICAL ASSOCIATIO 8629 CHATEAU DR POTOMAC, MD 20854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SEVENTH DISTRICT ELEMENTARY 20300 YORK RD PARKTON, MD 211209234	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVERN SCHOOL INC 201 WATER STREET SEVERNA PARK, MD 21146	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SEVERN SCHOOL INC 201 WATER STREET SEVERNA PARK, MD 21146	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SHARE OUR STRENGTHPO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTHPO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SHARE OUR STRENGTHPO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
SHARE OUR STRENGTHPO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE, MD 212755475	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
SHEPHERDS STAFF INCPO BOX 127 WESTMINSTER, MD 211580127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERDS STAFF INCPO BOX 127 WESTMINSTER, MD 211580127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
SHEPHERDS STAFF INCPO BOX 127 WESTMINSTER, MD 211580127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SHEPHERDS STAFF INCPO BOX 127 WESTMINSTER, MD 211580127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERDS STAFF INC PO BOX 127 WESTMINSTER, MD 211580127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SISTERS CIRCLE INC PO BOX 84 TIMONIUM, MD 21094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOS CHILDRENS VILLAGES PAKISTAN WAS PO BOX 34604 BETHESDA, MD 20817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUL IN MOTION PLAYERS INC 14407 RIMFIRE CT BOYDS, MD 208416019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SOUTH BALTIMORE LEARNING CORP INC 28 E OSTEND ST BALTIMORE, MD 212304245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SOUTH BALTIMORE LEARNING CORP INC 28 E OSTEND ST BALTIMORE, MD 212304245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH BALTIMORE LEARNING CORP INC 28 E OSTEND ST BALTIMORE, MD 212304245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 1617 WALDORF, MD 20604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
SOUTH GERMANTOWN FOOTBALL ASSOCIATI PO BOX 603 GERMANTOWN, MD 20875	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH RIVER YOUTH ATHLETICS INC PO BOX 1300 EDGEWATER, MD 210377300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTH RIVER YOUTH ATHLETICS INC PO BOX 1300 EDGEWATER, MD 210377300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOUTHEAST COMMUNITY DEVELOPMENT 3323 EASTERN AVENUE SUITE 200 BALTIMORE, MD 21224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST BALTIMORE CHARTER SCHOOL 1300 HERKIMER ST BALTIMORE, MD 21223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SOUTHWEST BALTIMORE CHARTER SCHOOL 1300 HERKIMER ST BALTIMORE, MD 21223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS INC 1001 SADDLEBACK WAY BEL AIR, MD 21014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MARYLAND INC 3701 COMMERCE DR STE 103 BALTIMORE, MD 212271651	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
ST AMBROSE HOUSING AID CENTER INC 321 EAST 25TH STEET BALTIMORE, MD 21218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ST ANNS CENTER FOR CHILDREN YOUTH A 4901 EASTERN AVE HYATTSVILLE, MD 207823301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNS CENTER FOR CHILDREN YOUTH A 4901 EASTERN AVE HYATTSVILLE, MD 207823301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST ELIZABETHS SCHOOL 801 ARGONNE DR BALTIMORE, MD 212181943	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
ST HELENA COMMUNITY ASSOCIATION INC 6512 ST HELENA AVE BALTIMORE, MD 212224009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS HISTORIC TR FUND INC 740 N CALVERT ST BALTIMORE, MD 21202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST MARTINS HOME FOR THE AGED LITTLE 601 MAIDEN CHOICE LN BALTIMORE, MD 212283630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST MARTINS HOME FOR THE AGED LITTLE 601 MAIDEN CHOICE LN BALTIMORE, MD 212283630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS COLLEGE OF MARYLAND FOUNDA 18952 E FISHER RD ST MARYS CITY, MD 206863002	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
ST MARYS COLLEGE OF MARYLAND FOUNDA 18952 E FISHER RD ST MARYS CITY, MD 206863002	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,500
ST LOUIS SCHOOL 12500 CLARKSVILLE PIKE STATE ROUTE 108 CLARKSVILLE, MD 21029	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STELLA MARIS INC 2300 DULANEY VALLEY RD TIMONIUM, MD 210932739	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
STRONG CITY BALTIMORE 3503 N CHARLES ST BALTIMORE, MD 212182405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
STRONG CITY BALTIMORE PO BOX 67348 BALTIMORE, MD 21215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRONG CITY BALTIMORE 3503 N CHARLES ST BALTIMORE, MD 212182405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
STRONG CITY BALTIMORE 3503 N CHARLES ST BALTIMORE, MD 212182405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUITED TO SUCCEED INC 22 LIGHT ST STE 302 BALTIMORE, MD 212021204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUITED TO SUCCEED INC 22 LIGHT ST STE 302 BALTIMORE, MD 212021204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SUSAN G KOMEN BREAST CANCER FOUNDAT 303 INTERNATIONAL CIRCLE SUITE 390 HUNT VALLEY, MD 21030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
TALBOT MENTORS INC 108 MARYLAND AVE STE 102 EASTON, MD 216013451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 2601 NORTH HOWARD STREET SUITE 300 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
TEACH FOR AMERICA INC 2601 NORTH HOWARD STREET SUITE 300 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
TEACH FOR AMERICA INC 2601 NORTH HOWARD STREET SUITE 300 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 2601 NORTH HOWARD STREET SUITE 300 BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
TENDER BRIDGE INC 8711 EDDINGTON ROAD BALTIMORE, MD 212343523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TENDER BRIDGE INC 8711 EDDINGTON ROAD BALTIMORE, MD 212343523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF HOWARD COUNTY INC 11735 HOMEWOOD ROAD ELLICOTT CITY, MD 21042	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
THE ARC OF HOWARD COUNTY INC 11735 HOMEWOOD ROAD ELLICOTT CITY, MD 21042	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
THE BALTIMORE CHILD ABUSE CTR INC 2300 N CHARLES STREET BALTIMORE, MD 212185158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOYS SCHOOL OF SAINT PAULS PARI 11232 FALLS RD BROOKLANDVILLE, MD 21022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
THE BOYS SCHOOL OF SAINT PAULS PARI 11232 FALLS RD BROOKLANDVILLE, MD 21022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
THE BOYS SCHOOL OF SAINT PAULS PARI 11152 FALLS ROAD BROOKLANDVILLE, MD 210228100	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTRAL BALTIMORE PARTNERSHIP I 25 EAST 20 STREET BALTIMORE, MD 21218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE COMMUNITY FOUNDATION OF HOWARD 10440 LITTLE PATUXENT PKWY STE 230 COLUMBIA, MD 210446216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
THE COMMUNITY FOUNDATION OF HOWARD 10440 LITTLE PATUXENT PKWY STE 230 COLUMBIA, MD 210446216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EVERYMAN THEATRE INCORPORATED 315 WEST FAYETTE STREET BALTIMORE, MD 212013405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE HUMANE LEAGUEPO BOX 10476 ROCKVILLE, MD 20849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHNS HOPKINS HOSPITAL 750 E PRATT ST STE 1700 BALTIMORE, MD 21202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK ROAD SUITE N2100 BALTIMORE, MD 212112226	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE KENDALL BURROWS FOUNDATION INC 8 FOX KNOLL CT TIMONIUM, MD 21093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LIGHT HOUSE INC10 HUDSON ST ANNAPOLIS, MD 214013111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE MARYLAND ZOOLOGICAL SOCIETY INC 1876 MANSION HOUSE DRIVE DRUID HILL PARK BALTIMORE, MD 21217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE MONTGOMERY COUNTY COALITION FOR 405 EAST GUDE DRIVE SUITE 209 ROCKVILLE, MD 208508319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHEPHERDS TABLE INC 8106 GEORGIA AVE SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE SHEPHERDS TABLE INC 8106 GEORGIA AVE SILVER SPRING, MD 20910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE SUMMIT SCHOOL 664 CENTRAL AVENUE E EDGEWATER, MD 210373429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	55
THE TOME SCHOOL 581 S MARYLAND AVENUE NORTH EAST, MD 219014029	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRUSTEES OF THE LADEW TOPIARY G 3535 JARRETTSVILLE PIKE MONKTON, MD 211111910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
THE ULMAN CANCER FUND FOR YOUNG ADU 1215 E FORT AVE BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE UNITED WAY OF CALVERT INC PO BOX 560 PRINCE FREDERICK, MD 206780560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85,000
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,047
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,042
THE UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD SUITE 340 BALTIMORE, MD 21230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOMENS HOUSING COALITION INC 119 EAST 25TH STREET BALTIMORE, MD 212185232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE WOODS ACADEMY 6801 GREENTREE ROAD BETHESDA, MD 20817	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
THERAPEUTIC AND RECREATIONAL RIDING 3750 SHADY LN GLENWOOD, MD 217389539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THYCA THYROID CANCER SURVIVORS ASSO PO BOX 1102 OLNEY, MD 208301102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TOOLBANK USA INC 1224 WICOMICO ST BALTIMORE, MD 212302049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TOWSON UNIVERSITY FOUNDATION INC 8000 YORK ROAD TOWSON, MD 212520001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWSON UNIVERSITY FOUNDATION INC 8000 YORK ROAD TOWSON, MD 212520001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
TRAINING SOURCE INC59 YOST PLACE SEAT PLEASANT, MD 207432071	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
UNIFIED COMMUNITY CONNECTIONS INC 11350 MCCORMICK RD EP 3 STE 1100 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIFIED COMMUNITY CONNECTIONS INC 11350 MCCORMICK RD EP 3 STE 1100 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
UNIFIED COMMUNITY CONNECTIONS INC 11350 MCCORMICK RD EP 3 STE 1100 HUNT VALLEY, MD 21031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
UNION HOSPITAL OF CECIL COUNTY 147 W HIGH ST ELKTON, MD 21921	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION HOSPITAL OF CECIL COUNTY 147 W HIGH ST ELKTON, MD 21921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNION HOSPITAL OF CECIL COUNTY 147 W HIGH ST ELKTON, MD 21921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNITED STATES CONFERENCE OF CATHOLI 810 AIKEN AVENUE PERRYVILLE, MD 21903	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 810 AIKEN AVENUE PERRYVILLE, MD 21903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	280
UNITED STATES CONFERENCE OF CATHOLI 810 AIKEN AVENUE PERRYVILLE, MD 21903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	56
UNITED STATES NAVAL ACADEMY ALUMNI 247 KING GEORGE STREET ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES NAVAL ACADEMY ALUMNI 247 KING GEORGE STREET ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES NAVAL ACADEMY ALUMNI 247 KING GEORGE STREET ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,975
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED STATES NAVAL ACADEMY FOUNDAT 247 KING GEORGE ST ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES NAVAL ACADEMY FOUNDAT 566 BROWNSON ROAD ANNAPOLIS, MD 21402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF CECIL COUNTY PO BOX 342 ELKTON, MD 219220342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF CECIL COUNTY PO BOX 342 ELKTON, MD 219220342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CECIL COUNTY PO BOX 342 ELKTON, MD 219220342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF CECIL COUNTY PO BOX 342 ELKTON, MD 219220342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF FREDERICK COUNTY INCO 629 N MARKET STREET FREDERICK MD 21701 FREDERICK, MD 21701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FREDERICK COUNTY INCO 629 N MARKET STREET FREDERICK MD 21701 FREDERICK, MD 21701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
UNITED WAY OF FREDERICK COUNTY INCO 629 N MARKET STREET FREDERICK MD 21701 FREDERICK, MD 21701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF FREDERICK COUNTY INCO 629 N MARKET STREET FREDERICK MD 21701 FREDERICK, MD 21701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FREDERICK COUNTY INCO 629 N MARKET STREET FREDERICK MD 21701 FREDERICK, MD 21701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF THE LOWER EASTERN SHO 803 NORTH SALISBURY BOULEVARD SUITE 2100 SALISBURY, MD 21801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF BALTIMORE FOUNDATION 1130 N CHARLES ST BALTIMORE, MD 212015779	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARYLAND COLLEGE PARK 4603 CALVERT ROAD COLLEGE PARK, MD 20740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,350
UNIVERSITY OF MARYLAND COLLEGE PARK 4603 CALVERT ROAD COLLEGE PARK, MD 20740	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
UNIVERSITY OF MARYLAND FOUNDATION I 4603 CALVERT RD OFFICE OF GIFT ACCEPTANCE COLLEGE PARK, MD 207403421	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR 20903 SILVER SPRING, MD 20903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,225
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR 20903 SILVER SPRING, MD 20903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR 20903 SILVER SPRING, MD 20903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	333
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR 20903 SILVER SPRING, MD 20903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,795
UPLIFT A CHILD INTERNATIONAL INC 8705 KODIAK DR 20903 SILVER SPRING, MD 20903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,970
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE SUITE 405 BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE SUITE 405 BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE SUITE 405 BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
UPPER CHESAPEAKE HEALTH FOUNDATION 520 UPPER CHESAPEAKE DRIVE SUITE 405 BEL AIR, MD 210144339	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US LACROSSE INC2 LOVETON CIRCLE SPARKS, MD 21152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VEGETARIAN RESOURCE GROUP PO BOX 1463 BALTIMORE, MD 212031463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
VEGETARIAN RESOURCE GROUP PO BOX 1463 BALTIMORE, MD 212031463	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
VETERAN ENHANCEMENT PROJECT INC 5664 STONE ROAD FEDERICK, MD 21703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY HOUSING INC 11400 ROCKVILLE PIKE SUITE 505 ROCKVILLE, MD 20852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
WALTERS ART MUSEUM FOUNDATION INC 600 N CHARLES ST BALTIMORE, MD 212015118	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
WALTERS ART MUSEUM FOUNDATION INC 600 N CHARLES ST BALTIMORE, MD 212015118	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	775
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
WASHINGTON WALDORF SCHOOL INC 4800 SANGAMORE RD BETHESDA, MD 208163501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEINBERG CENTER FOR THE ARTS INC 20 WEST PATRICK STREET FREDERICK, MD 21701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
WILLIAM AND LANAEA C FEATHERSTONE F 11101 RESORT ROAD 107 ELLICOTT CITY, MD 21042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WILLIAM M SINGERLY STEAM FIRE PO BOX 444 ELKTON, MD 219220444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM M SINGERLY STEAM FIRE PO BOX 444 ELKTON, MD 219220444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
WILLIAM M SINGERLY STEAM FIRE PO BOX 444 ELKTON, MD 219220444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WILLIAM M SINGERLY STEAM FIRE PO BOX 444 ELKTON, MD 219220444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORCESTER COUNTY COMMISSION ON AGIN PO BOX 159 SNOW HILL, MD 218630159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WORCESTER PREPARATORY SCHOOL PO BOX 1006 BERLIN, MD 218110979	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
WORCESTER PREPARATORY SCHOOL PO BOX 1006 BERLIN, MD 218110979	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD RELIEF CORP OF NATIONAL ASSOC 7 E BALTIMORE ST BALTIMORE, MD 212021602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WOR-WIC COMMUNITY COLLEGE FOUNDATIO 32000 CAMPUS DRIVE SALISBURY, MD 21804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOUNDED WARRIOR HOUSING PROJECT INC 203 DUNMOEN RD SEVERNA PARK, MD 211461365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 2600 LIBERTY HEIGHTS AVENUE SOUTH PAVILION 3RD FLOOR BALTIMORE, MD 21215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100,000
YELLOW RIBBON FUND INC 7101 WISCONSIN AVENUE SUITE 800 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
YELLOW RIBBON FUND INC 7101 WISCONSIN AVENUE SUITE 800 BETHESDA, MD 20814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOW RIBBON FUND INC 7101 WISCONSIN AVENUE SUITE 800 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YELLOW RIBBON FUND INC 7101 WISCONSIN AVENUE SUITE 800 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
YELLOW RIBBON FUND INC 7101 WISCONSIN AVENUE SUITE 800 BETHESDA, MD 20814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 303 W CHESAPEAKE AVE BALTIMORE, MD 212044406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
YOUNG MENS CHRISTIAN ASSOCIATION OF 111-1 E DOVER STREET EASTON, MD 21601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG WOMENS CHRISTIAN ASSOC OF ANN 1517 RITCHIE HIGHWAY SUITE 201 ARNOLD, MD 210122461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOC OF ANN 1517 RITCHIE HIGHWAY SUITE 201 ARNOLD, MD 210122461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
YOUNG WOMENS CHRISTIAN ASSOC OF ANN 1517 RITCHIE HIGHWAY SUITE 201 ARNOLD, MD 210122461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUR PUBLIC RADIO CORPORATION 2216 N CHARLES ST BALTIMORE, MD 212185718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH FOR CHRIST USA INC 8900 BELAIR ROAD BALTIMORE, MD 212362463	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
30 MILE RIVER WATERSHED ASSOCIATION PO BOX 132 MT VERNON, ME 04352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,001
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AGAWAM COUNCIL 6 FUNDY RD SUITE 100 FALMOUTH, ME 041051779	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALZHEIMERS DISEASE AND RELATED DISO 383 US ROUTE ONE SUITE 2C SCARBOROUGH, ME 04074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 BOWDOIN MILL ISLAND SUITE 300 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 51 US RTE 1 SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN LUNG ASSOCIATION 122 STATE ST AUGUSTA, ME 043305615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 145 EXCHANGE ST 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
AMERICAN NATIONAL RED CROSS 145 EXCHANGE ST 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 2401 CONGRESS STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 145 EXCHANGE ST 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 2401 CONGRESS STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
AMERICAN NATIONAL RED CROSS 145 EXCHANGE ST 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL REFUGE LEAGUE OF GREATER POR PO BOX 336 WESTBROOK, ME 040980336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC ENGINE COMPANY NO 2 31 WASHINGTON STREET CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUGUSTA FOOD BANK 161 MT VERNON AVE AUGUSTA, ME 04330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AVESTA HOUSING DEVELOPMENT CORPORAT 307 CUMBERLAND AVE PORTLAND, ME 041014920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANGOR AREA HOMELESS SHELTER 263 MAIN ST BANGOR, ME 044016403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BANGOR HUMANE SOCIETY 693 MT HOPE AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	47
BANGOR HUMANE SOCIETY 693 MT HOPE AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BANGOR HUMANE SOCIETY 693 MT HOPE AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BANGOR HUMANE SOCIETY 693 MT HOPE AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BANGOR HUMANE SOCIETY 693 MT HOPE AVE BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACON PROJECTPO BOX 1135 ISLESBORO, ME 048481135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BELFAST AREA HIGH SCHOOL 98 WALDO AVE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BELFAST MASKERSPO BOX 541 BELFAST, ME 049151017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELFAST MASKERSPO BOX 541 BELFAST, ME 049151017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
BELFAST SOUP KITCHENPO BOX 1153 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF BATH BR 85 MAINE ST BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
BIG BROTHERS BIG SISTERS OF BATH BR 85 MAINE ST BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,464
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MID-MAI 66 ELM ST STE 100 CAMDEN, ME 04843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,568
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,000
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICAPO BOX 1869 BANGOR, ME 044021869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 146 PLAINS ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SOUTHERN MAIN 277 CUMBERLAND AVE PORTLAND, ME 04112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUBS OF SOUTHERN MAIN 277 CUMBERLAND AVE PORTLAND, ME 04112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTHERN MAIN 277 CUMBERLAND AVE PO BOX 7830 PORTLAND, ME 04110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BROOKSVILLE VOLUNTEER FIRE DEPARTME PO BOX 243 BROOKSVILLE, ME 046170243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRUNSWICK PUBLIC LIBRARY ASSOCIATIO 23 PLEASANT ST BRUNSWICK, ME 040112261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRUNSWICK PUBLIC LIBRARY ASSOCIATIO 23 PLEASANT ST BRUNSWICK, ME 040112261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BUCKSPORT AREA CHILD CARE CENTER IN 67 MILES LANE BUCKSPORT, ME 044160000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAMP ARCADIA SCHOLARSHIP FOUNDATION PO BOX 158 CASCO, ME 040150158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP CAPELLA INC8 PEARL POINT RD HOLDEN, ME 044290000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CAMP CAPELLA INC8 PEARL POINT RD HOLDEN, ME 044290000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAMP RUNOIA ALUMNAE ORGANIZATION 29 NORTHWOOD ROAD WEST BATH, ME 04530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP RUNOIA ALUMNAE ORGANIZATION 29 NORTHWOOD ROAD WEST BATH, ME 04530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CAMP RUNOIA ALUMNAE ORGANIZATION 29 NORTHWOOD ROAD WEST BATH, ME 04530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA RD SOUTH CASCO, ME 040153655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPTAIN ALBERT W STEVENS SCHOOL 31 ELEMENTARY AVENUE BELFAST, ME 04915	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CARRABASSETT VALLEY ACADEMY 3197 CARRABASSETT DRIVE CARRABASSETT VALLEY, ME 04947	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CENTER FOR FURNITURE CRAFTSMANSHIP 25 MILL ST ROCKPORT, ME 048564842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEWONKI FOUNDATION INC 485 CHEWONKI NECK RD WISCASSET, ME 045784822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS MUSEUM AND THEATRE OF MAI 142 FREE STREET PORTLAND, ME 041013961	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
CHILDRENS MUSEUM AND THEATRE OF MAI 142 FREE STREET PORTLAND, ME 04101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL ENTERPRISES INC 30 FEDERAL ST SUITE 100 BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
COASTAL OPPORTUNITIESPO BOX 637 CAMDEN, ME 04843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COASTAL OPPORTUNITIESPO BOX 637 CAMDEN, ME 04843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	776
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL OPPORTUNITIESPO BOX 637 CAMDEN, ME 04843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	971
COASTAL OPPORTUNITIESPO BOX 637 CAMDEN, ME 04843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	194
CUMBERLAND FARMERS CLUB PO BOX 745 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEAN SNELL CANCER FOUNDATION PO BOX 104 BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
DEAN SNELL CANCER FOUNDATION PO BOX 104 BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	202
DEAN SNELL CANCER FOUNDATION PO BOX 104 BRUNSWICK, ME 04011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMPSEY CENTERS FOR QUALITY CANCER PO BOX 277 AUBURN, ME 04212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DEMPSEY CENTERS FOR QUALITY CANCER PO BOX 277 AUBURN, ME 04212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	545
DOWN EAST FAMILY YMCA 238 STATE ST ELLSWORTH, ME 046051852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST BELFAST SCHOOL 14 SWAN LAKE AVENUE BELFAST, ME 049159803	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS MAINE INC 14 ATLANTIC PLACE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
EASTER SEALS MAINE INC 14 ATLANTIC PLACE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN MAINE HEALTHCARE SYSTEMS 1 CUMBERLAND PLACE SUITE 300 BANGOR, ME 04401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
EASTERN MAINE HEALTHCARE SYSTEMS PO BOX 931 BANGOR, ME 044020931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	675
EASTERN MAINE HEALTHCARE SYSTEMS PO BOX 931 BANGOR, ME 044020931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN MAINE HEALTHCARE SYSTEMS PO BOX 931 BANGOR, ME 044020931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
EDUCATE MAINE 482 CONGRESS STREET SUITE 303 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
EQUALITY MAINE FOUNDATION PO BOX 1951 PORTLAND, ME 041041951	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR A STRONG MAINE ECONO 128 STATE STREET SUITE 101 AUGUSTA, ME 04330	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
FOUNDATION FOR MOVEMENT INTELLIGENC 145 NEWBURY ST PORTLAND, ME 041014261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
FOUNDATION FOR PORTLAND PUBLIC SCHO 353 CUMBERLAND AVE PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DR ORONO, ME 044733610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DR ORONO, ME 044733610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DR ORONO, ME 044733610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DR ORONO, ME 044733610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUR DIRECTIONS DEVELOPMENT CORPORA 20 GODFREY DR ORONO, ME 044733610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANNIE PEABODY CENTER INC 30 DANFORTH ST SUITE 311 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FRIENDS OF ACADIAPO BOX 45 BAR HARBOR, ME 04609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF ACADIAPO BOX 45 BAR HARBOR, ME 04609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ACADIA PO BOX 45 43 COTTAGE STREET BAR HARBOR, ME 046090045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF CASCO BAY43 SLOCUM DR SOUTH PORTLAND, ME 041061641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF COBBOSSEE WATERSHED DIST PO BOX 206 EAST WINTHROP, ME 04343	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FERAL FELINES PO BOX 8137 PORTLAND, ME 041048137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF PORTLAND ADULT EDUCATION PO BOX 3185 PORTLAND, ME 04104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF PORTLAND ADULT EDUCATION PO BOX 3185 PORTLAND, ME 04104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THAI DAUGHTERS INC PO BOX 370 TREVETT, ME 045710370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE SEARSMONT LIBRARY PO BOX 105 SEARSMONT, ME 04973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FRIENDS OF THE SEARSMONT LIBRARY PO BOX 105 SEARSMONT, ME 04973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SEARSMONT LIBRARY PO BOX 105 SEARSMONT, ME 04973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FURNITURE FRIENDSPO BOX 631 WESTBROOK, ME 04098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,170
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF MAINE INC 138 GANNETT DRIVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GOOD SHEPERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
GOOD SHEPERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
GOOD SHEPERD FOOD BANK 3121 HOTEL ROAD AUBURN, ME 04211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
GOODWILL INDUSTRIES OF NORTHERN NEW 34 HUTCHERSON DRIVE GORHAM, ME 04038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT WORKS REGIONAL LAND TRUST PO BOX 151 SOUTH BERWICK, ME 03908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GUATEMALA HOUSING ALLIANCE 14 LEE HILLS RD STONINGTON, ME 04681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF OF MAINE RESEARCH INSTITUTE 350 COMMERCIAL STREET PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 049156349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 049156349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 049156349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 049156349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABIT FOR HUMANITY INTERNATIONAL IN 93 HIGH ST BELFAST, ME 049156349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 799 WEST ST ROCKPORT, ME 048565150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 659 WARREN AVE PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY OF GREATER POR 659 WARREN AVE PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEBRON ACADEMYPO BOX 309 HEBRON, ME 042380309	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
HOMELESS ANIMAL RESCUE TEAM OF MAIN PO BOX 351 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
HOMELESS ANIMAL RESCUE TEAM OF MAIN PO BOX 351 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSE AND RIDER CONNECTION 100 VOGEL ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HORSE AND RIDER CONNECTION 100 VOGEL ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HORSE AND RIDER CONNECTION 100 VOGEL ROAD RAYMOND, ME 04071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF SOUTHERN MAINE 180 US ROUTE ONE SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HOSPICE OF SOUTHERN MAINE 180 US ROUTE ONE SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ISLESBORO COMMUNITY FUND PO BOX 166 ISLESBORO, ME 048480166	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR MAINES GRADUATES INC 65 STONE ST AUGUSTA, ME 04330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
JOBS FOR MAINES GRADUATES INC 65 STONE ST AUGUSTA, ME 04330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JOBS FOR MAINES GRADUATES INC 65 STONE ST AUGUSTA, ME 04330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS STREET SUITE 306 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF MAINE INC 565 CONGRESS ST SUITE 306 PORTLAND, ME 041013308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
K9S ON THE FRONT LINE 15 SWEETWATER WAY NORTH YARMOUTH, ME 04097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
K9S ON THE FRONT LINE 15 SWEETWATER WAY NORTH YARMOUTH, ME 04097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,176
K9S ON THE FRONT LINE 15 SWEETWATER WAY NORTH YARMOUTH, ME 04097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEBEC ESTUARY LAND TRUST PO BOX 1128 BATH, ME 045301128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KENNEBEC VALLEY HUMANE SOCIETY 10 PET HAVEN LANE AUGUSTA, ME 043306119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KIDS FIRST CENTER 51 US ROUTE 1 STE S SCARBOROUGH, ME 040747134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY ROCKPORT101 MAIN STREET ROCKPORT, ME 04856	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LIFEFLIGHT FOUNDATIONPO BOX 899 CAMDEN, ME 04843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEFLIGHT OF MAINE LLC 43 WHITING HILL RD STE 400 BREWER, ME 044121012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LINCOLNVILLE CENTRAL SCHOOL 523 HOPE ROAD LINCOLNVILLE, ME 04849	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 59 COPPER RIDGE HERMON, ME 044010140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE BRAIN ANEURYSM AWARENESS COMM 799 WINGS MILL ROAD MOUNT VERNON, ME 04352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAINE BRAIN ANEURYSM AWARENESS COMM PO BOX 10411 PORTLAND, ME 041040411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	692
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
MAINE CANCER FOUNDATION 170 US ROUTE 1 SUITE 250 FBO HANNAH SCOTT TFAC FALMOUTH, ME 04105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE CENTER FOR COASTAL FISHERIES PO BOX 27 STONINGTON, ME 04681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MAINE CHILDRENS HOME FOR LITTLE WAN 93 SILVER ST WATERVILLE, ME 049015923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAINE CHILDRENS HOME FOR LITTLE WAN 93 SILVER ST WATERVILLE, ME 049015923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND SUITE 201 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND SUITE 201 TOPSHAM, ME 04086	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
MAINE DEVELOPMENT FOUNDATION 2 BEECH STREET HALLOWELL, ME 04347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE FARMLAND TRUST INC 97 MAIN ST BELFAST, ME 049156536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAINE HISTORICAL SOCIETY 489 CONGRESS STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MAINE HUMANITIES COUNCIL 674 BRIGHTON AVE PORTLAND, ME 041021012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE LAKES SOCIETYPO BOX 447 BELGRADE LKS, ME 049180447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 04609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 04609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 04609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
MAINE SEACOAST MISSION 127 WEST ST BAR HARBOR, ME 04609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
MAINE SPECIAL OLYMPICS 125 JOHN ROBERTS RD - UNIT 5 SOUTH PORTLAND, ME 041063295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINE SPECIAL OLYMPICS 125 JOHN ROBERTS RD - UNIT 5 SOUTH PORTLAND, ME 041063295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAINE WILDERNESS WATERSHED TRUST IN PO BOX 5660 AUGUSTA, ME 043325660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MAINE YOUTH ALLIANCE78A MAIN ST BELFAST, ME 049156825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAINEHEALTH233 VAUGHAN STREET PORTLAND, ME 04102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
MAINESTREAM FINANCE 262 HARLOW ST BANGOR, ME 044021162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MAKE- A- WISH FOUNDATION OF AMERICA 66 MUSSEY RD SCARBOROUGH, ME 04074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE- A- WISH FOUNDATION OF AMERICA 66 MUSSEY RD SCARBOROUGH, ME 04074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
MAKE- A- WISH FOUNDATION OF AMERICA 66 MUSSEY RD SCARBOROUGH, ME 04074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE- A- WISH FOUNDATION OF AMERICA 66 MUSSEY RD SCARBOROUGH, ME 04074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MAINE 66 MUSSEY RD SCARBOROUGH, ME 040748921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MAKE-A-WISH FOUNDATION OF MAINE 66 MUSSEY RD SCARBOROUGH, ME 040748921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
MARGINAL WAY PRESERVATION FUND PO BOX 1455 OGUNQUIT, ME 039071455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC200 1ST ST SW ROCHESTER, ME 05905	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
MID COAST ATV CLUBPO BOX 1 SEARSMONT, ME 04973	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MIDCOAST ACTORS STUDIO 240 NORTHPORT AVE BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-COAST HEALTH NET INC 22 WHITE STREET ROCKLAND, ME 04841	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MID-COAST WRESTLING CLUB PO BOX 881 CAMDEN, ME 048430881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MID-COAST WRESTLING CLUB PO BOX 881 CAMDEN, ME 048430881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-COAST WRESTLING CLUB PO BOX 881 CAMDEN, ME 048430881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MONHEGAN ASSOCIATES INC PO BOX 97 MONHEGAN, ME 04852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MOUNT DESERT ISLAND HOSPITAL PO BOX 8 BAR HARBOR, ME 046090008	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 04986	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 04986	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 04986	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	640
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 04986	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
MT VIEW ELEMENTARY SCHOOL 573 MOUNT VIEW ROAD THORNDIKE, ME 04986	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MT VIEW HIGH SCHOOL 577 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT VIEW HIGH SCHOOL 577 MOUNT VIEW ROAD THORNDIKE, ME 049869679	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MY PLACE TEEN CENTER INC 755 MAIN ST WESTBROOK, ME 040923416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL CENTER FOR US-EL SALVADOR PO BOX 1413 BUCKSPORT, ME 04416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE FOR WOMEN INCPO BOX A ROCKLAND, ME 04841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
NEW HOPE FOR WOMEN INCPO BOX A ROCKLAND, ME 04841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NEW HOPE FOR WOMEN INCPO BOX A ROCKLAND, ME 04841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILL HIGH SCHOOL BOOSTER CLUB PO BOX 523 SABATTUS, ME 042800523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OGUNQUIT ARTS COLLABORATIVE 1 SCHOONER LNDG YORK, ME 039091371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OGUNQUIT PLAYHOUSE FOUNDATION PO BOX 915 OGUNQUIT, ME 039070915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD DOGS NEW DIGSPO BOX 244 CUMBERLAND, ME 04021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	119
OLYMPIA SNOWE WOMENS LEADERSHIP INS ONE CANAL PLAZA SUITE 501 PORTLAND, ME 041014083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OPERA MAINEPO BOX 7733 PORTLAND ME, ME 04112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR TOWN BELFASTPO BOX 103 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARENTS ARE TEACHERS TOO 992 WATERVILLE ROAD WALDO, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	282
PARENTS ARE TEACHERS TOO 992 WATERVILLE ROAD WALDO, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENOBSCOT BAY YMCAPO BOX 840 ROCKPORT, ME 04856	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PENQUIS C A P INC262 HARLOW ST BANGOR, ME 044021162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PEREGRINE CORP39 DARLING AVE SOUTH PORTLAND, ME 04106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE TREE SOCIETY FOR HANDICAPPED C 149 FRONT STREET BATH, ME 04530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PIXELS POSSE INCPO BOX 653 GORHAM, ME 04038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PIXELS POSSE INCPO BOX 653 GORHAM, ME 04038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NORTHERN NEW 443 CONGRESS STREET 2ND FLOOR PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POINTS NORTH INSTITUTEPO BOX 836 CAMDEN, ME 04843	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
POPE MEMORIAL HUMANE SOCIETY OF KNO PO BOX 1294 ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPE MEMORIAL HUMANE SOCIETY OF KNO PO BOX 1294 ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
POPE MEMORIAL HUMANE SOCIETY OF KNO PO BOX 1294 ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
POPE MEMORIAL HUMANE SOCIETY OF KNO PO BOX 1294 ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND CHILDRENS DYSLEXIA FOUNDAT 1897 CONGRESS ST PORTLAND, ME 041021903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
PORTLAND CHILDRENS DYSLEXIA FOUNDAT 1897 CONGRESS ST PORTLAND, ME 041021903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PORTLAND CHILDRENS DYSLEXIA FOUNDAT 1897 CONGRESS ST PORTLAND, ME 041021903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND OVATIONS 50 MONUMENT SQ STE 201 PORTLAND, ME 041014770	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREBLE STREET38 PREBLE STREET PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & TRUSTEES OF COLBY COLLE 4335 MAYFLOWER HILL WATERVILLE, ME 04901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,400
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
PRESIDENT AND TRUSTEES OF BATES COL 2 ANDREWS ROAD LEWISTON, ME 04240	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPERITYMEPO BOX 8013 PORTLAND, ME 04104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
QUAHOG BAY CONSERVATION 286 BETHEL POINT ROAD HARPSWELL, ME 04079	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIDING TO THE TOP14 LILAC DRIVE WINDHAM, ME 04062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDING TO THE TOP14 LILAC DR WINDHAM, ME 040624063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
ROMAN CATHOLIC BISHOP OF PORTLAND A 121 GRACELAWN RD AUBURN, ME 042106452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
ROMAN CATHOLIC BISHOP OF PORTLAND A 121 GRACELAWN RD AUBURN, ME 042106452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC BISHOP OF PORTLAND A 121 GRACELAWN RD AUBURN, ME 042106452	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES INC 250 BRACKETT STREET PORTLAND, ME 04102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
RONALD MCDONALD HOUSE CHARITIES INC 250 BRACKETT STREET PORTLAND, ME 04102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 250 BRACKETT STREET PORTLAND, ME 04102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SAFE PASSAGE 49 FARM VIEW DRIVE SUITE 302 NEW GLOUCESTER, ME 04260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 041032640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 041032640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
SAINT BRIGID SCHOOL 695 STEVENS AVE PORTLAND, ME 041032640	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
SEACOAST SOUL MODELSPO BOX 631 KITTERY, ME 039040631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARSMONT VOLUNTEER FIRE DEPARTMENT PO BOX 56 SEARSMONT, ME 04973	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
SEEDMONEY3 POWDERHORN DRIVE SCARBOROUGH, ME 04074	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SPORTMANS ALLIANCE OF MAINE INC 205 CHURCH HILL RD AUGUSTA, ME 043308210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL SOUP KITCHEN 307 CONGRESS ST PORTLAND, ME 041013638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN L CURTIS CHARITABLE FOUNDATIO 1321 WASHINGTON AVENUE SUITE 104 PORTLAND, ME 04103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CENTER FOR GRIEVING CHILDREN 555 FOREST AVENUE PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE FOUNDATION FOR MAINE COMMUNITY 54 LIGHTHOUSE CIRCLE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OPPORTUNITY ALLIANCE 50 LYDIA LANE SOUTH PORTLAND, ME 04106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE ROOT CELLAR 94 WASHINGTON AVE PORTLAND, ME 041012630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE ROOT CELLAR 94 WASHINGTON AVE PORTLAND, ME 041012630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDE MILL INSTITUTE 18 HUMMINGBIRD HILL GREENE, ME 04236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TOWNLINE ANIMAL SHELTER 46 BAKER ROAD BELFAST, ME 04915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
TOWNLINE ANIMAL SHELTER 46 BAKER ROAD BELFAST, ME 04915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWNLINE ANIMAL SHELTER 46 BAKER ROAD BELFAST, ME 04915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
TRAVIS MILLS FOUNDATION 747 WESTERN AVE MANCHESTER, ME 04351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
TRAVIS MILLS FOUNDATION 747 WESTERN AVE MANCHESTER, ME 04351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS MILLS FOUNDATION 747 WESTERN AVE MANCHESTER, ME 04351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREKKERS INC41 BUTTERMILK DRIVE THOMASTON, ME 04861	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
UNITED WAY36 WATER ST PO BOX 727 KENNEBUNK, ME 04043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY36 WATER ST PO BOX 727 KENNEBUNK, ME 04043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
UNITED WAY36 WATER ST PO BOX 727 KENNEBUNK, ME 04043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY36 WATER ST PO BOX 727 KENNEBUNK, ME 04043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY INC ONE CANAL PLAZA SUITE 300 PORTLAND, ME 04101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	246
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EASTERN MAINE 700 MAIN STREET SUITE 1 BANGOR, ME 04401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
UNIVERSITY OF MAINE SYSTEM INC BUCHANAN ALUMNI HOUSE TWO ALUMNI PLACE ORONO, ME 044695792	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF MAINE SYSTEM INC BUCHANAN ALUMNI HOUSE TWO ALUMNI PLACE ORONO, ME 044695792	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW ENGLAND 716 STEVENS AVE PORTLAND, ME 04103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF NEW ENGLAND 716 STEVENS AVE PORTLAND, ME 04103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF SOUTHERN MAINE FOUNDA PO BOX 9300 PORTLAND, ME 041049300	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTHERN MAINE FOUNDA PO BOX 9300 PORTLAND, ME 041049300	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
VINALHAVEN LAND TRUST INC PO BOX 268 VINALHAVEN, ME 04863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	117
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COMMUNITY ACTION PARTNERS PO BOX 130 BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WALDO COUNTY SEARCH AND RESCUE 4 PUBLIC SAFETY WAY BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	47
WALDO COUNTY SEARCH AND RESCUE 4 PUBLIC SAFETY WAY BELFAST, ME 04915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COUNTY SEARCH AND RESCUE 4 PUBLIC SAFETY WAY BELFAST, ME 04915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13
WALDO COUNTY TRIAD INCPO BOX 125 BELFAST, ME 049150125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WALDO COUNTY YOUNG MENS CHRISTIAN A 157 LINCOLNVILLE AVE BELFAST, ME 049157401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALDO COUNTY YOUNG MENS CHRISTIAN A 157 LINCOLNVILLE AVE BELFAST, ME 049157401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WARREN BAPTIST CHURCH WARREN BAPTIST CHURCH PO BOX 294 WARREN, ME 048640294	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
WARREN BAPTIST CHURCH WARREN BAPTIST CHURCH PO BOX 294 WARREN, ME 048640294	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN BAPTIST CHURCH WARREN BAPTIST CHURCH PO BOX 294 WARREN, ME 048640294	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
WARREN BAPTIST CHURCH WARREN BAPTIST CHURCH PO BOX 294 WARREN, ME 048640294	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
WASHBURN NORLANDS FOUNDATION INC 290 NORLANDS RD LIVERMORE, ME 042530000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST BATH SCHOOL 126 NEW MEADOWS ROAD WEST BATH, ME 04530	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
WEST BATH SCHOOL 126 NEW MEADOWS ROAD WEST BATH, ME 04530	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
WILLIAM A FARNSWORTH LIBRARY AND AR 16 MUSEUM ST ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM A FARNSWORTH LIBRARY AND AR 16 MUSEUM ST ROCKLAND, ME 04841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	390
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	78
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FLS, ME 046230249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FALLS, ME 04623	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,398
WREATHS ACROSS AMERICA PO BOX 249 COLUMBIA FLS, ME 046230249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK VOLUNTEER FIRE DEPARTMENT INC 1 FIREHOUSE DR YORK, ME 039091008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YORK VOLUNTEER FIRE DEPARTMENT INC 1 FIREHOUSE DR YORK, ME 039091008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
YORK VOLUNTEER FIRE DEPARTMENT INC 1 FIREHOUSE DR YORK, ME 039091008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF THE SACRED HEART 1250 KENSINGTON RD BLOOMFIELD HILLS, MI 48304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ACCESS2651 SAULINO COURT DEARBORN, MI 48120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ACCOUNTING AID SOCIETY 3031 W GRAND BOULEVARD SUITE 470 DETROIT, MI 48202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACORN CENTER FOR THE PERFORMING ART 107 GENERATION DR THREE OAKS, MI 491281064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AHAVAS OLAM WEINGARDEN TORAH CENTER 16083 HILTON ST SOUTHFIELD, MI 480752039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALANO CLUB OF KENT COUNTY 1020 COLLEGE AVE NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	235
ALBION COLLEGE611 PORTER ST ALBION, MI 492241831	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ALLIANCE FOR A SAFER GREATER 18000 W NINE MILE RD SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE FOR A SAFER GREATER 18000 W NINE MILE RD SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ALMOST HOME ANIMAL RESCUE LEAGUE PO BOX 250602 WEST BLOOMFIELD, MI 48325	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
ALTERNATIVES FOR GIRLS 903 W GRAND BLVD DETROIT, MI 482082365	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI ASSOCIATION OF THE UNIVERSIT 200 FLETCHER ST ANN ARBOR, MI 481091007	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	157
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI ASSOCIATION OF THE UNIVERSIT 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 25200 TELEGRAPH ROAD 100 SOUTHFIELD, MI 48033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 564 SOUTH MAIN ST SUITE 200 ANN ARBOR, MI 48104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVE EASTPOINTE, MI 480212227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVE EASTPOINTE, MI 480212227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN AUTOIMMUNE RELATED DISEASE 22100 GRATIOT AVE EASTPOINTE, MI 480212227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
AMERICAN CANCER SOCIETY INC 2413 S LINDEN ROAD SUITE A FLINT, MI 48532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,649
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 20450 CIVIC CENTER DR SOUTHFIELD, MI 480764135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,926
AMERICAN CANCER SOCIETY INC 2413 S LINDEN ROAD SUITE A FLINT, MI 48532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1755 ABBEY RD E LANSING, MI 488237399	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
AMERICAN CIVIL LIBERTIES UNION FUND 2966 WOODWARD AVE DETROIT, MI 482013035	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,260
AMERICAN CIVIL LIBERTIES UNION FUND 2966 WOODWARD AVE DETROIT, MI 482013035	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FUND 2966 WOODWARD AVE DETROIT, MI 482013035	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
AMERICAN CIVIL LIBERTIES UNION FUND 2966 WOODWARD AVE DETROIT, MI 482013035	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DRIVE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DRIVE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DR STE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DRIVE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DRIVE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DR STE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DR STE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 20700 CIVIC CENTER DRIVE 100 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
AMERICAN HEART ASSOCIATION INC 3940 PENINSULAR DR SE SUITE 180 GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 1150 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 1150 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,105
AMERICAN HEART ASSOCIATION INC 27777 FRANKLIN RD STE 1150 SOUTHFIELD, MI 48034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	264
AMERICAN LEBANESE SYRIAN ASSOC CHAR 32121 WOODWARD AVE SUITE 350 ROYAL OAK, MI 48073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 1461 EAST TWELVE MILE ROAD MADISON HEIGHTS, MI 48071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LEBANESE SYRIAN ASSOC CHAR 32121 WOODWARD AVE SUITE 350 ROYAL OAK, MI 48073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN LEBANESE SYRIAN ASSOC CHAR 32121 WOODWARD AVE SUITE 350 ROYAL OAK, MI 48073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 32121 WOODWARD AVE SUITE 350 ROYAL OAK, MI 48073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	424
AMERICAN LUNG ASSOCIATION 1475 E 12 MILE ROAD MADISON HEIGHTS, MI 48071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 1475 E 12 MILE ROAD MADISON HEIGHTS, MI 48071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1800 E GRAND RIVER AVENUE LANSING, MI 48912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 7800 OUTER DRIVE WEST SUITE 205 DETROIT, MI 48235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN NATIONAL RED CROSS 1401 S GRAND TRAVERSE ST FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1401 S GRAND TRAVERSE FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 1800 E GRAND RIVER AVENUE LANSING, MI 48912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 1401 S GRAND TRAVERSE FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 7800 OUTER DRIVE WEST SUITE 205 DETROIT, MI 48235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYLOIDOSIS FOUNDATION 7151 N MAIN STREET 2 CLARKSTON, MI 48346	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSN 675 E BIG BEAVER RD 207 TROY, MI 48083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR BAY FOUNDATIONPO BOX 88 NEW BALTIMORE, MI 480470088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
ANIMAL PLACEMENT BUREAU PO BOX 80146 LANSING, MI 489080146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANN ARBOR ACTIVE AGAINST ALS 2020 SHADFORD RD ANN ARBOR, MI 481044550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN ARBOR ROTARY FOUNDATION PO BOX 131217 ANN ARBOR, MI 481131217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ANN ARBOR ROTARY FOUNDATION PO BOX 131217 ANN ARBOR, MI 481131217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ANN ARBOR SKYLINE ATHLETIC BOOSTER 2552 N MAPLE RD ANN ARBOR, MI 481032155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTHRITIS FOUNDATION INC 888 WEST BIG BEAVER ROAD TROY, MI 48084	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENSION ST MARYS FOUNDATION 800 S WASHINGTON AVE SAGINAW, MI 486012551	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
ASSOCIATION OF KANNADA KOOTAS OF AM 61 N SQUIRREL RD AUBURN HILLS, MI 48326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUTISM SUPPORT GROUP OF GENESEE COU 4476 S DORT HWY BURTON, MI 48529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACH PTO600 W JEFFERSON ST ANN ARBOR, MI 481034822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
BANBURY CROSS THERAPEUTIC EQUESTRIA 1223 BRAUER RD OXFORD, MI 483711023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BARN SANCTUARY 20179 MCKERNAN RD CHELSEA, MI 481189642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARN SANCTUARY 20179 MCKERNAN RD CHELSEA, MI 481189642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
BELLE ISLE CONSERVANCY 300 RIVER PLACE DRIVE SUITE 2800 DETROIT, MI 48207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BELLE ISLE CONSERVANCY 300 RIVER PLACE DRIVE SUITE 2800 DETROIT, MI 48207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEMIS ELEMENTARY SCHOOL 3571 NORTHFIELD PARKWAY TROY, MI 48084	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BEYOND THE ROSES EQUINE RESCUE AND 11621 BRYCE RD EMMETT, MI 48022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS MICHIGAN C 7200 W SAGINAW HWY SUITE 1 LANSING, MI 48917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS MICHIGAN C 7200 W SAGINAW HWY SUITE 1 LANSING, MI 48917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS MICHIGAN C 7200 W SAGINAW HWY SUITE 1 LANSING, MI 48917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
BIG BROTHERS BIG SISTERS MICHIGAN C 7200 W SAGINAW HWY SUITE 1 LANSING, MI 48917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS MICHIGAN C 7200 W SAGINAW HWY SUITE 1 LANSING, MI 48917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF FLINT A 1176 ROBERT T LONGWAY BLVD FLINT, MI 48503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
BIG BROTHERS BIG SISTERS OF FLINT A 1176 ROBERT T LONGWAY BLVD FLINT, MI 48503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF METROPO 7700 SECOND SUITE 602 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BLACK UNITED FUND OF MICHIGAN INC 7650 SECOND AVENUE SUITE 120 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BLOOMFIELD HILLS SCHOOLS 4100 W QUARTON RD BLOOMFIELD HILLS, MI 48302	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMFIELD HILLS SCHOOLS 1101 WESTVIEW RD BLOOMFIELD HILLS, MI 48304	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	60
BLOOMFIELD HILLS SCHOOLS 1101 WESTVIEW RD BLOOMFIELD HILLS, MI 48304	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
BLOOMFIELD HILLS SCHOOLS 1101 WESTVIEW RD BLOOMFIELD HILLS, MI 48304	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMFIELD HILLS SCHOOLS FOUNDATION 7273 WING LAKE ROAD BLOOMFIELD HILLS, MI 48301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOTTOMLESS TOY CHESTPO BOX 623 BLOOMFLD HLS, MI 483030623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUB OF THE MUSKEGON PO BOX 1018 MUSKEGON, MI 494431018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF THE MUSKEGON PO BOX 1018 MUSKEGON, MI 494431018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS HOPE GIRLS HOPEPO BOX 21085 DETROIT, MI 48221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROTHER RICE HIGH SCHOOL 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 483014045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROTHER RICE HIGH SCHOOL 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 483014045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,396
BROTHER RICE HIGH SCHOOL 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 483014045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CADILLAC AREA COMMUNITY FOUNDATION 201 NORTH MITCHELL STREET CADILLAC, MI 49601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVIN COLLEGE3201 BURTON ST SE GRAND RAPIDS, MI 495464301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CANCER SUPPORT COMMUNITY OF GREATER 2010 HOGBACK RD STE 3 ANN ARBOR, MI 481059749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CANCER SUPPORT COMMUNITY OF GREATER 2010 HOGBACK RD STE 3 ANN ARBOR, MI 481059749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE ADVOCACY PROGRAM PO BOX 801 NOVI, MI 483760801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPITAL AREA HUMANE SOCIETY 7095 W GRAND RIVER AVE LANSING, MI 489069139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREER DRESS55 W HURON ST PONTIAC, MI 483422102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12
CAREER DRESS55 W HURON ST PONTIAC, MI 483422102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
CAREER DRESS55 W HURON ST PONTIAC, MI 483422102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARING ATHLETES TEAM FOR CHILDRENS 3011 WEST GRAND BOULEVARD - SUITE 223 DETROIT, MI 482023450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CARING ATHLETES TEAM FOR CHILDRENS 3011 WEST GRAND BOULEVARD - SUITE 223 DETROIT, MI 482023450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CASA OF KENT COUNTY INC 180 OTTAWA AVE NW SUITE 5200 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASS COUNTY COUNCIL ON AGING INC 60525 DECATUR RD CASSOPOLIS, MI 490318412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES OF SHIAWASSEE & 901 CHIPPEWA STREET FLINT, MI 485031552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF SOUTHEAST MIC 15945 CANAL RD CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SOUTHEAST MIC 15945 CANAL RD CLINTON TWP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF SOUTHEAST MIC 1424 E 11 MILE RD ROYAL OAK, MI 480672026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CELEBRATION EDUCATION FUND 2121 CELEBRATION DR NE GRAND RAPIDS, MI 495259302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CELEBRATION EDUCATION FUND 2121 CELEBRATION DR NE GRAND RAPIDS, MI 495259302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL DETROIT CHRISTIAN COMMUNITY 1550 TAYLOR ST DETROIT, MI 48206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CENTRAL DETROIT CHRISTIAN COMMUNITY 1550 TAYLOR ST DETROIT, MI 48206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL MICHIGAN UNIVERSITY CARLIN ALUMNI HOUSE MT PLEASANT, MI 48859	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CHADTOUGH FOUNDATIONPO BOX 907 SALINE, MI 48176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHALDEAN AMERICAN LADIES OF CHARITY 2033 AUSTIN DRIVE TROY, MI 480832231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARYL STOCKWELL ACADEMY PARENT COU 9758 E HIGHLAND RD HOWELL, MI 488439098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHARYL STOCKWELL ACADEMY PARENT COU 9758 E HIGHLAND RD HOWELL, MI 488439098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,829
CHILD & FAMILY SERVICES OF MICHIGAN 2157 UNIVERSITY PARK DR OKEMOS, MI 488645956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD & FAMILY SERVICES OF MICHIGAN 2157 UNIVERSITY PARK DR OKEMOS, MI 488645956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILD AND FAMILY SERVICE OF SAGINAW 2806 DAVENPORT AVE SAGINAW, MI 486023734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CHILD SAFE MICHIGAN 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN WITH HAIR LOSS INC 12776 DIXIE HWY S ROCKWOOD, MI 48179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDREN WITH HAIR LOSS INC 12776 DIXIE HWY S ROCKWOOD, MI 48179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS CENTER OF WAYNE COUNTY IN 79 W ALEXANDRINE ST DETROIT, MI 482012015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOSPITAL OF MICHIGAN FOUN 3011 WEST GRAND BLVD SUITE 218 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF MICHIGAN FOUN 3011 WEST GRAND BLVD SUITE 218 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL OF MICHIGAN FOUN 3011 WEST GRAND BLVD SUITE 218 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS LEUKEMIA FOUNDATION OF MI 27240 HAGGERTY RD STE E-15 FARMINGTON HILLS, MI 48331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS LEUKEMIA FOUNDATION OF MI 27240 HAGGERTY RD STE E-15 FARMINGTON HILLS, MI 48331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
CITY RESCUE MISSION OF LANSING MICH 2216 S CEDAR ST LANSING, MI 489103132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CITY RESCUE MISSION OF SAGINAW INC PO BOX 548 SAGINAW, MI 48606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY RESCUE MISSION OF SAGINAW INC PO BOX 548 SAGINAW, MI 48606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CITYLIGHT 42850 GARFIELD ROAD SUITE 104 CLINTON TOWNSHIP, MI 48038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
CLARKSTON CHOIRS BOOSTER ORGANIZATI PO BOX 1145 CLARKSTON, MI 483471145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE FOR CREATIVE STUDIES 201 E KIRBY DETROIT, MI 48202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	70,000
COLUMBIA BLUE CREW806 CENTER DR ANN ARBOR, MI 48103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COMMUNITY DEVELOPMENT ADVOCATES OF 440 BURROUGHS SUITE 201 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR NORTHEAST PO BOX 495 ALPENA, MI 497070495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMUNITY FOUNDATION FOR SOUTHEAST 333 W FORT ST STE 2010 DETROIT, MI 482263134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER FLI 500 S SAGINAW STREET FLINT, MI 485021811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY SOCIAL SERVICES OF WAYNE 9851 HAMILTON AVENUE DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY SOCIAL SERVICES OF WAYNE 9851 HAMILTON AVENUE DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECT DETROIT 613 ABBOTT STREET - SUITE 3 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175,000
CONNECT DETROIT 613 ABBOTT STREET - SUITE 3 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CONSTANTINO DEL SIGNORE FOUNDATION 39000 SCHOOLCRAFT RD LIVONIA, MI 481501036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL ON DOMESTIC VIOLENCE AND SE 3115 ISABELLA ST MIDLAND, MI 486404189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD HILLS, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CRANBROOK EDUCATIONAL COMMUNITY PO BOX 801 BLOOMFIELD, MI 483030801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANBROOK SCHOOLS OFFICE OF ADVANCEMENT - PO BOX 801 BLOOMFIELD HILLS, MI 48303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CRANBROOK SCHOOLS OFFICE OF ADVANCEMENT - PO BOX 801 BLOOMFIELD HILLS, MI 48303	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
CRIM FITNESS FOUNDATION INC 452 S SAGINAW ST SUITE 1 FLINT, MI 485021826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRIM FITNESS FOUNDATION INC 452 S SAGINAW ST SUITE 1 FLINT, MI 485021826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,375
CROSSROADS OF MICHIGAN 2424 W GRAND BLVD DETROIT, MI 482081211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
CROSSROADS PREGNANCY CENTER INC 3205 SOUTH BLVD AUBURN HILLS, MI 483263635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRYSTAL LAKE & WATERSHED ASSOCIATIO PO BOX 89 BEULAH, MI 496170089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CRYSTAL LAKE & WATERSHED ASSOCIATIO PO BOX 89 BEULAH, MI 496170089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
CRYSTAL LAKE SAILING SCHOOL INC PO BOX 262 FRANKFORT, MI 496350262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,513
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2265 LIVERNOIS RD STE 410 TROY, MI 48083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
D A BLODGETT-ST JOHNS 805 LEONARD NE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
D A BLODGETT-ST JOHNS 805 LEONARD NE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
D A BLODGETT-ST JOHNS 805 LEONARD NE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DANCE MARATHON 105 S STATE STREET SUITE 2450 ANN ARBOR MI 48109 ANN ARBOR, MI 481091308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DEARBORN ORCHESTRAL SOCIETY INC PO BOX 2063 DEARBORN, MI 481232063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEARBORN ROTARY FOUNDATION PO BOX 2347 DEARBORN, MI 481232347	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DEGAGE MINISTRIES 144 DIVISION AVE S GRAND RAPIDS, MI 495034216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
DEGAGE MINISTRIES 144 DIVISION AVE S GRAND RAPIDS, MI 495034216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENT DISEASE FOUNDATION 2467 BERBEROVICH DRIVE SAGINAW, MI 48603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DETRIOT ECONOMIC GROWTH ASSOCIATION 500 GRISWOLD SUITE 2200 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
DETROIT AREA PRE COLLEGE ENGINEERIN 2111 WOODWARD AVENUE SUITE 506 DETROIT, MI 48201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT CITY SCHOOL DISTRICT 9851 HAMILTON AVENUE DETROIT, MI 48202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	392
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	117
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
DETROIT DOG RESCUEPO BOX 806119 ST CLR SHORES, MI 480806119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
DETROIT EDUCATIONAL TELEVISION 1 CLOVER CT WIXOM, MI 48393	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT EMPLOYMENT SOLUTIONS CORPOR 440 E CONGRESS SUITE 400 DETROIT, MI 48226	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250,000
DETROIT GOLF FOUNDATION PO BOX 21728 DETROIT, MI 48221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DETROIT PIT CREW DOG RESCUE 38028 ROCKHILL ST CLINTON TWP, MI 480361768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT PIT CREW DOG RESCUE 38028 ROCKHILL ST CLINTON TWP, MI 480361768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
DETROIT POLICE ATHLETIC LEAGUE INCO 1680 MICHIGAN AVE DETROIT, MI 48216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
DETROIT POLICE ATHLETIC LEAGUE INCO 1680 MICHIGAN AVE DETROIT, MI 48216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT RESCUE MISSION MINISTRIES G 150 STIMSON ST DETROIT, MI 482012410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DETROIT RESCUE MISSION MINISTRIES G 150 STIMSON ST DETROIT, MI 482012410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
DETROIT RIVERFRONT CONSERVANCY INC 600 RENAISSANCE CENTER 1720 DETROIT, MI 482431802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT STRATEGIC FRAMEWORK INC 2990 WEST GRAND BLVD SUITE 2 DETROIT, MI 482023041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
DETROIT STRATEGIC FRAMEWORK INC 2990 WEST GRAND BLVD SUITE 2 DETROIT, MI 482023041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
DETROIT STRATEGIC FRAMEWORK INC 2990 WEST GRAND BLVD SUITE 2 DETROIT, MI 482023041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DETROIT ZOOLOGICAL SOCIETY 8450 W 10 MILE RD ROYAL OAK, MI 480673001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
DEVELOP DETROIT INC 1452 RANDOLPH SUITE 300 DETROIT, MI 48226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
DOWNRIVER COMMUNITY BAND INC PO BOX 1223 SOUTHGATE, MI 481950223	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNRIVER COMMUNITY FOOD PANTRY INC 135 SUPERIOR BLVD WYANDOTTE, MI 481925105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
DOWNTOWN DETROIT PARTNERSHIP INC 2701 BAGLEY AVE DETROIT, MI 48216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
DREAM CENTERS OF MICHIGAN 6600 ROCHESTER RD TROY, MI 480851352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM CENTERS OF MICHIGAN 6600 ROCHESTER RD TROY, MI 480851352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DREAM CENTERS OF MICHIGAN 6600 ROCHESTER RD TROY, MI 480851352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
DREAM CENTERS OF MICHIGAN 6600 ROCHESTER RD TROY, MI 480851352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
EAST GRAND RAPIDS SCHOOLS FOUNDATIO 2915 HALL ST SE GRAND RAPIDS, MI 495063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELES PLACE INC2000 MICHIGAN ST NE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ELES PLACE INC5665 HINES DRIVE ANN ARBOR, MI 48108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ELES PLACE INC1145 W OAKLAND AVE LANSING, MI 48915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELSIE PUBLISHING INSTITUTE PO BOX 811 EAST LANSING, MI 488260811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
EQUINE ASSISTED DEVELOPMENT 3224 32ND ST SE GRAND RAPIDS, MI 49512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EQUINE ASSISTED DEVELOPMENT 3224 32ND ST SE GRAND RAPIDS, MI 49512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETON ACADEMY1755 E MELTON RD BIRMINGHAM, MI 480097277	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ETON ACADEMY1755 E MELTON RD BIRMINGHAM, MI 480097277	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ETON ACADEMY1755 E MELTON RD BIRMINGHAM, MI 480097277	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETON ACADEMY1755 E MELTON RD BIRMINGHAM, MI 480097277	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FAIR FOOD NETWORK 1250 N MAIN STREET ANN ARBOR, MI 48104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FAMILIES AGAINST NARCOTICS INC 18900 15 MILE RD CLINTON TOWNSHIP, MI 48035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES AGAINST NARCOTICS INC 18900 15 MILE RD CLINTON TOWNSHIP, MI 48035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILIES AGAINST NARCOTICS INC 18900 15 MILE RD CLINTON TOWNSHIP, MI 48035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FAMILY COUNSELING AND SHELTER SERVI 14930 LAPLAISANCE RD STE 106 MONROE, MI 481613871	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY LITERACY CENTERPO BOX 485 LAPEER, MI 484460485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FAMILY LITERACY CENTERPO BOX 485 LAPEER, MI 484460485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FAMILY PROMISE OF GENESEE COUNTY PO BOX 4519 FLINT, MI 485040519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAUNA ANIMAL SANCTUARY 22715 COLLIER AVE BATTLE CREEK, MI 490178899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FEEDING AMERICA WEST MICHIGAN 864 WEST RIVER CENTER DR COMSTOCK PARK, MI 49321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
FISH & LOAVES25670 NORTHLINE RD TAYLOR, MI 481804585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINT CULTURAL CENTER CORPORATION I 1241 E KEARSLEY ST FLINT, MI 48503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,521
FLINT CULTURAL CENTER FOUNDATION 1310 E KEARSLEY ST FLINT, MI 485031921	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
FLINT INSTITUTE OF MUSIC 1025 E KEARSLEY ST FLINT, MI 485031922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLINT INSTITUTE OF MUSIC 1025 E KEARSLEY ST FLINT, MI 485031922	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
FLINT KIDS MATTER INC 16306 THORNRIDGE DR GRAND BLANC, MI 484398870	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FLINT ROTARY CHARITABLE FOUNDATION 2481 DELWOOD DR CLIO, MI 484209125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HOPE 1400 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
FOCUS HOPE 1400 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35,000
FOCUS HOPE 1400 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF EASTERN MICHIGAN INC 2300 LAPEER ROAD FLINT, MI 485034221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,525
FOOD BANK OF EASTERN MICHIGAN INC 2300 LAPEER ROAD FLINT, MI 485034221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOOD BANK OF EASTERN MICHIGAN INC 2300 LAPEER ROAD FLINT, MI 485034221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD GATHERERSPO BOX 131037 ANN ARBOR, MI 48113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD GATHERERS1 CARROT WAY ANN ARBOR, MI 48105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN HARVEST INC 21800 GREENFIELD ROAD OAK PARK, MI 48237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
FRIENDS FOR THE DEARBORN ANIMAL SHE 2661 GREENFIELD RD DEARBORN, MI 481201325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS FOR THE DEARBORN ANIMAL SHE 2661 GREENFIELD RD DEARBORN, MI 481201325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF CHILDRENS ONCOLOGY CAMP 408 S LAFAYETTE STE 100 ROYAL OAK, MI 48067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF FOSTER KIDS 55196 MEADOW RIDGE CT SHELBY TOWNSHIP, MI 48316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GENESEE COUNTY HUMANE SOCIETY G3325 S DORT HWY BURTON, MI 485291446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERALD R FORD FOUNDATION 303 PEARL NW GRAND RAPIDS, MI 495045343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIGIS PLAYHOUSE INC 19799 W 12 MILE RD SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GILDAS CLUB GRAND RAPIDS 1806 BRIDGE ST NW GRAND RAPIDS, MI 495044921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GIRL SCOUTS HEART OF MICHIGAN 13287 WACOUSTA RD GRAND LEDGE, MI 48837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HEART OF MICHIGAN 601 WEST MAPLE KALAMAZOO, MI 49008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
GIRL SCOUTS OF SOUTHEASTERN MICHIGA 1333 BREWERY PARK BLVD STE 500 DETROIT, MI 48207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN OF SOUTHEASTERN MI 5333 MCAULEY DR RM 6012 YPSILANTI, MI 481971005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN OF SOUTHEASTERN MI 5333 MCAULEY DR RM 6012 YPSILANTI, MI 481971005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GIRLS ON THE RUN OF SOUTHEASTERN MI 5333 MCAULEY DR RM 6012 YPSILANTI, MI 481971005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GLEANERS COMMUNITY FOOD BANK INC 2131 BEAUFAIT DETROIT, MI 482073410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
GLOBAL DETROIT 4444 SECOND AVENUE DETROIT, MI 48201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD NEIGHBORS FOOD PANTRY OF BOYNE PO BOX 35 BOYNE CITY, MI 49712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOODWILL INDUSTRIES OF NORTHERN MIC 2279 SOUTH AIRPORT RD W TRAVERSE CITY, MI 49684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
GOODWILL INDUSTRIES OF NORTHERN MIC 2279 SOUTH AIRPORT RD W TRAVERSE CITY, MI 49684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF NORTHERN MIC 2279 SOUTH AIRPORT RD W TRAVERSE CITY, MI 49684	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GOODWILL INDUSTRIES OF WEST MICHIGA 271 E APPLE AVE MUSKEGON, MI 494423408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GOODWILL INDUSTRIES OF WEST MICHIGA 271 E APPLE AVE MUSKEGON, MI 494423408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE COMMUNITY CHURCH 21001 MOROSS RD DETROIT, MI 482362029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	240
GRACE COMMUNITY CHURCH 21001 MOROSS RD DETROIT, MI 482362029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	440
GRACE COMMUNITY CHURCH 21001 MOROSS RD DETROIT, MI 482362029	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACES TABLE835 RICHMOND ST NW GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GRAND BLANC HERITAGE ASSOCIATION 203 E GRND BLANC RD GRAND BLANC, MI 484391303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GRAND RAPIDS ART MUSEUM 101 MONROE CENTER ST NW GRAND RAPIDS, MI 495032801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS CHILDRENS MUSEUM 11 SHELDON AVE NE GRAND RAPIDS, MI 495033246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GRAND RAPIDS COMMUNITY FOUNDATION 185 OAKES ST SW GRAND RAPIDS, MI 495034008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
GRAND RAPIDS HQ320 STATE ST SE GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS OPPORTUNITIES FOR WOME 25 SHELDON BLVD SE SUITE 210 GRAND RAPIDS, MI 495034209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GRAND RAPIDS PUBLIC MUSEUM FOUNDATI 272 PEARL ST NW GRAND RAPIDS, MI 495045351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GRAND RAPIDS STUDENT ADVANCEMENT FO C/O GRAND RAPIDS STUDENT ADVANCEMEN FOUNDATION GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND RAPIDS STUDENT ADVANCEMENT FO C/O GRAND RAPIDS STUDENT ADVANCEMEN FOUNDATION GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GRAND RAPIDS SYMPHONY SOCIETY 300 OTTAWA AVE NW STE 100 GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	90
GRAND VALLEY STATE UNIVERSITY 201 LMH 1 CAMPUS DRIVE ALLENDALE, MI 494010000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
GRAND VALLEY STATE UNIVERSITY 301 FULTON ST W 9TH FLOOR GRAND RAPIDS, MI 495011945	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANDVILLE EDUCATION FOUNDATION 3843 PRAIRIE ST SW GRANDVILLE, MI 494181648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
GREAT LAKES BIBLE COLLEGE 6211 W WILLOW HWY LANSING, MI 489171231	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
GREAT LAKES LIGHTHOUSE KEEPERS ASSO PO BOX 219 MACKINAW CITY, MI 497010219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT LAKES WOMENS BUSINESS COUNCIL 33109 SCHOOLCRAFT RD LIVONIA, MI 48150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GREATER LANSING FOOD BANK PO BOX 16224 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
GREATER MICHIGAN COUNCIL INC 1776 W WARREN AVE DETROIT, MI 482082215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREENING OF DETROIT 13000 W MCNICHOLS ROAD DETROIT, MI 48235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROSSE POINTE FARMS FOUNDATION 90 KERBY RD GROSSE PT FRM, MI 482363161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GROSSE POINTE THEATRE INC 315 FISHER ROAD GROSSE POINTE, MI 48230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GROSSE POINTE WAR MEMORIAL ASSOCIAT 32 LAKE SHORE RD GROSSE POINTE FARMS, MI 482363726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING LIGHT MISSION INC 255 DIVISION AVE S GRAND RAPIDS, MI 495034538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDING LIGHT MISSION INC 255 DIVISION AVE S GRAND RAPIDS, MI 495034538	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL 150 OSMUN ST PONTIAC, MI 483423125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 150 OSMUN ST PONTIAC, MI 483423125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 2805 S INDUSTRIAL HIGHWAY SUITE 100 ANN ARBOR, MI 48104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 37829 GROESBECK HWY CLINTON TOWNSHIP, MI 48038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAIRY HOUDINI SIBERIAN HUSKY RESCUE E12412 JOHNSON RD SHINGLETON, MI 498849611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
HAITI FOUNDATION AGAINST POVERTYINC 7700 W WACKERLY ST MIDLAND, MI 486427434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
HAITI FOUNDATION AGAINST POVERTYINC 7700 W WACKERLY ST MIDLAND, MI 486427434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITI FOUNDATION AGAINST POVERTYINC 7700 W WACKERLY ST MIDLAND, MI 486427434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
HEALTHY HOMES COALITION OF WESTMICH 1545 BUCHANAN AVE SW STE 2 GRAND RAPIDS, MI 495071650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HEALTHY HOMES COALITION OF WESTMICH 1545 BUCHANAN AVE SW STE 2 GRAND RAPIDS, MI 495071650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART 2 HART DETROIT INC 32310 SHREWSBURY STREET FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW 100 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	224
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW 100 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW 100 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW 100 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW 100 GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEAT AND WARMTH FUND 607 SHELBY STREET SUITE 400 DETROIT, MI 48226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HELLENIC MUSEUM OF MICHIGAN 67 E KIRBY ST DETROIT, MI 482024001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEMMETER PARENT TEACHER COUNCIL 1890 HEMMETER RD SAGINAW, MI 486384672	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY FORD HEALTH SYSTEM FOUNDATION ONE FORD PL - 5A DETROIT, MI 482023450	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	875
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,735
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSDALE COLLEGE33 E COLLEGE ST HILLSDALE, MI 492421205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
HISTORIC VOGUE THEATRE OF MANISTEE 383 RIVER ST MANISTEE, MI 49660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HISTORICAL SOCIETY OF SAGINAW COUNT 500 FEDERAL AVE SAGINAW, MI 486071253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY CROSS YOUTH AND FAMILY SERVICE 8759 CLINTON MACON RD CLINTON, MI 492369572	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
HOMEOWNERSHIP PRESERVATION FOUNDATI HOMEOWNERSHIP PRESERVATION FOUNDATION FARMINGTON, MI 48331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
HOPE HOSPITALITY AND WARMING CENTER 249 BALDWIN AVENUE PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEVALE CHURCH5360 SHATTUCK RD SAGINAW, MI 486032887	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
HOSPICE AT HOME INC 4025 HEALTH PARK LN ST JOSEPH, MI 490853421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
HOSPICE OF LANSING INC 3186 PINE TREE RD LANSING, MI 48911	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF NORTH OTTAWA COMMUNITY I 1061 S BEACON BLVD STE 200 GRAND HAVEN, MI 494172588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF WEST MICHIGAN 3077 WILSON DR NW GRAND RAPIDS, MI 495347565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
HUMANS FIRST DETROIT 440 BURROUGHS ST 210 DETROIT, MI 48202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HURLEY FOUNDATION ONE HURLEY PLAZA FLINT, MI 48503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
I HEART DOGS RESCUE AND ANIMAL HAVE 22415 GROESBECK HWY WARREN, MI 480896005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
I HEART DOGS RESCUE AND ANIMAL HAVE 22415 GROESBECK HWY WARREN, MI 480896005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I HEART DOGS RESCUE AND ANIMAL HAVE 22415 GROESBECK HWY WARREN, MI 480896005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
IMMANUEL LUTHERAN SCHOOL 47120 ROMEO PLANK ROAD MACOMB, MI 480442809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
IMMANUEL LUTHERAN SCHOOL 47120 ROMEO PLANK ROAD MACOMB, MI 480442809	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT 100 DETROITPO BOX 1138 BIRMINGHAM, MI 480121138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
IMPACT 100 DETROITPO BOX 1138 BIRMINGHAM, MI 480121138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
IMPACT100 OAKLAND COUNTY 33717 WOODWARD AVE 505 BIRMINGHAM, MI 48009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT100 OAKLAND COUNTY 33717 WOODWARD AVE 505 BIRMINGHAM, MI 48009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INTERLOCHEN CENTER FOR THE ARTS PO BOX 199 INTERLOCHEN, MI 496430199	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL CHILD CARE USA INC 1100 NORTH MAIN ST STE 103 D ANN ARBOR, MI 48104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INVEST DETROIT FOUNDATION 600 RENAISSANCE CTR STE 1710 DETROIT, MI 48243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
JARC6735 TELEGRAPH RD BLOOMFIELD HILLS, MI 48301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,275
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 24359 NORTHWESTERN HIGHWAY SUITE 125 SOUTHFIELD, MI 48075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEFFERSON EAST INC 300 RIVER PLACE DRIVE SUITE 5250 DETROIT, MI 48207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JEWISH COMMUNITY CENTER OF METROPOL 6600 W MAPLE RD W BLOOMFIELD, MI 483223003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FAMILY SERVICE 6555 W MAPLE RD WEST BLOOMFIELD, MI 483224926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE 6555 W MAPLE RD WEST BLOOMFIELD, MI 483224926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH FEDERATION OF GREATER ANN AR 2939 BIRCH HOLLOW DR ANN ARBOR, MI 481082301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FEDERATION OF METROPOLITAN D 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483032030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF METROPOLITAN D 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483032030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
JEWISH FEDERATION OF METROPOLITAN D 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483032030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
JEWISH FEDERATION OF METROPOLITAN D 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483032030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH SENIOR LIFE OF METROPOLITAN 15000 WEST TEN MILE ROAD OAK PARK, MI 482370000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JEWISH VOCATIONAL SERVICE AND COMMU 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JEWISH VOCATIONAL SERVICE AND COMMU 29699 SOUTHFIELD ROAD SOUTHFIELD, MI 48076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN GEORGE HOME INC 1501 E GANSON ST JACKSON, MI 492023529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
JOHN GEORGE HOME INC 1501 E GANSON ST JACKSON, MI 492023529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
JUDSON CENTER INC 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDSON CENTER INC 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	267
JUDSON CENTER INC 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
JUDSON CENTER INC 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDSON CENTER INC 30301 NORTHWESTERN HIGHWAY SUITE 100 FARMINGTON HILLS, MI 48334	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF SOUTHEASTERN 577 E LARNED ST DETROIT, MI 482264316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF THE MICHIGAN 741 KENMOOR SE STE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE MICHIGAN 600 WEST ST JOSEPH LANSING, MI 48933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF THE MICHIGAN 741 KENMOOR SE STE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
JUNIOR ACHIEVEMENT OF THE MICHIGAN 741 KENMOOR SE STE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 577 E LARNED ST DETROIT, MI 482264316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JUNIOR ACHIEVEMENT USA 741 KENMOOR SE SUITE C GRAND RAPIDS, MI 49546	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 490063291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALAMAZOO COLLEGE 1200 ACADEMY ST KALAMAZOO, MI 490063291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KALAMAZOO ROTARY CLUB CHARITIES PO BOX 50251 KALAMAZOO, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT COUNTY HABITAT FOR HUMANITY 425 PLEASANT STREET SW GRAND RAPIDS, MI 495034925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KENT DISTRICT LIBRARY 814 W RIVER CENTER DR NE COMSTOCK PARK, MI 493218955	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KEY OF HOPEPO BOX 210567 AUBURN HILLS, MI 483210567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	146
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
KIDS FOOD BASKET 1300 PLYMOUTH AVE NE GRAND RAPIDS, MI 49505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS GALA A DAVID C MCKNIGHT FOUNDA 16771 ABBY CIRCLE NORTHVILLE, MI 46168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KIDS KICKING CANCER INC 645 GRISWOLD ST STE 444 DETROIT, MI 482264015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
KINGDOM KIDS HOMESPO BOX 984 TROY, MI 480990984	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWANIS FOUNDATION OF DEARBORN INC 2350 MONROE ST STE B DEARBORN, MI 481243059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE MICHIGAN COLLEGE FOUNDATION 2755 E NAPIER AVE BENTON HARBOR, MI 49022	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,750
LAKESHORE EXCELLENCE FOUNDATION 5771 CLEVELAND AVE STEVENSVILLE, MI 491279481	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANSING ART GALLERY & EDUCATION CEN 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LANSING ART GALLERY & EDUCATION CEN 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
LANSING ART GALLERY INC 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANSING ART GALLERY INC 119 NORTH WASHINGTON SQUARE LANSING, MI 48933	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LATIN AMERICANS UNITED FOR PROGRESS 96 W 15TH HOLLAND, MI 49423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LATIN AMERICANS UNITED FOR PROGRESS 96 W 15TH HOLLAND, MI 49423	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 48307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 48307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 48307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADER DOGS FOR THE BLIND 1039 SOUTH ROCHESTER ROAD ROCHESTER, MI 48307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
LEELANAU CONSERVANCY 105 N FIRST STREET PO BOX 1007 LELAND, MI 496541007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	527
LEELANAU CONSERVANCY 105 N FIRST STREET PO BOX 1007 LELAND, MI 496541007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	351
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE RESOURCES OF NORTHERN MICHIGAN 909 S CARMEL STREET CADILLAC, MI 496012586	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
LIFELAB KIDS FOUNDATION 3178 HILTON ROAD FERNDALE, MI 48220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
LIFELAB KIDS FOUNDATION 3178 HILTON ROAD FERNDALE, MI 48220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE OF OAKLAND COUNTY INC 46156 WOODWARD AVE PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LIGHTHOUSE OF OAKLAND COUNTY INC 46156 WOODWARD AVE PONTIAC, MI 48342	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LITERACY CENTER OF WEST MICHIGAN 1120 MONROE AVE NW STE 240 GRAND RAPIDS, MI 495031038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGE BASEBALL INC PO BOX 135 VICKSBURG, MI 490970135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LITTLE LEAGE BASEBALL INC PO BOX 135 VICKSBURG, MI 490970135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGE BASEBALL INC PO BOX 135 VICKSBURG, MI 490970135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 380228 CLINTON TWP, MI 48038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE TRAVERSE BAY HUMANE SOCIETY 1300 W CONWAY RD HARBOR SPRINGS, MI 497400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE TRAVERSE CONSERVANCY INC 3264 POWELL RD HARBOR SPRINGS, MI 497409590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 481169436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 481169436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIVINGSTON COUNTY UNITED WAY 2980 DORR ROAD BRIGHTON, MI 481169436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVONIA FRC ROBOTICS 36420 RAYBURN ST LIVONIA, MI 481541846	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIVONIA GOODFELLOWS INC PO BOX 51982 LIVONIA, MI 481515982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOYOLA HIGH SCHOOL 15325 PINEHURST STREET DETROIT, MI 482381633	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUKE M POWERS CATHOLIC HIGH SCHOOL 1505 WEST COURT ST FLINT, MI 48503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
LUKE M POWERS CATHOLIC HIGH SCHOOL 1505 WEST COURT ST FLINT, MI 48503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,015
LUMEN CHRISTI CATHOLIC HIGH SCHOOL 3483 SPRING ARBOR RD JACKSON, MI 49203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,373
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACKINAC CENTERPO BOX 568 MIDLAND, MI 486400568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MACOMB COUNTY WARMING CENTER 2 CROCKER BLVD STE 201 MT CLEMENS, MI 48043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MACOMB FOOD PROGRAM 21885 DUNHAM RD SUITE 10 CLINTON TOWNSHIP, MI 48036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACOMB FOOD PROGRAM 21885 DUNHAM RD SUITE 10 CLINTON TOWNSHIP, MI 48036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAJOR CHORDS FOR MINORS 103 S MASON ST SAGINAW, MI 486022345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAJOR CHORDS FOR MINORS 103 S MASON ST SAGINAW, MI 486022345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAJOR CHORDS FOR MINORS 103 S MASON ST SAGINAW, MI 486022345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVENUE SUITE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	222
MAKE-A-WISH FOUNDATION OF MICHIGAN 7600 GRAND RIVER AVE STE 175 BRIGHTON, MI 48114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 26261 EVERGREEN RD STE 290 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 26261 EVERGREEN RD STE 290 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 26261 EVERGREEN RD STE 290 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	236
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 26261 EVERGREEN RD STE 290 SOUTHFIELD, MI 48076	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
MARIAN HIGH SCHOOL 7225 LAHSER RD BLOOMFIELD HILLS, MI 48301	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
MARY FREE BED FUND 235 WEALTHY ST SE GRAND RAPIDS, MI 495035247	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY FREE BED REHABILITATION HOSPIT 235 WEALTHY ST SE GRAND RAPIDS, MI 495035247	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
MCLAREN NORTHERN MICHIGAN FOUNDATIO 360 CONNABLE AVENUE PETOSKEY, MI 497702272	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEL TROTTER MINISTRIES 225 COMMERCE SW GRAND RAPIDS, MI 495034107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MERLIN GLOBAL INITIATIVE 3143 MIDLAND DR SE GRAND RAPIDS, MI 49506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
METHODIST CHILDRENS HOME SOCIETY 26645 W 6 MILE RD DETROIT, MI 482402319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST CHILDRENS HOME SOCIETY 26645 W 6 MILE RD REDFORD TWP, MI 48240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
METROPOLITAN FOUNDATION 5900 BYRON CENTER AVE SW WYOMING, MI 49519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAELS PLACE 1212 VETERANS DR STE 210 TRAVERSE CITY, MI 496844734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 483421722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MICHIGAN ANIMAL RESCUE LEAGUE 790 FEATHERSTONE PONTIAC, MI 483421722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MICHIGAN BATBUSTERS 51162 FILOMENA DR SHELBY TWP, MI 483152940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH RD STE 220 BINGHAM FARMS, MI 480254509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL STREET SUITE 200 LANSING, MI 48912	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD STE 150 BINGHAM FARMS, MI 480255819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
MICHIGAN PARKINSON FOUNDATION 30400 TELEGRAPH RD STE 150 BINGHAM FARMS, MI 480255819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN PHILHARMONIC PO BOX 6379 PLYMOUTH, MI 481700300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,450
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	18,961
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,925
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	895
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,250
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD RM 300 EAST LANSING, MI 48824	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MIDLAND CENTER FOR THE ARTS INC 1801 W SAINT ANDREWS RD MIDLAND, MI 486402656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND KINGS DAUGHTERS ENDOWMENT F 2410 RODD ST MIDLAND, MI 486405474	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MIDLANDS OPEN DOORPO BOX 1614 MIDLAND, MI 486411614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MID-MICHIGAN CHILDRENS MUSEUM 315 W GENESEE AVE SAGINAW, MI 48602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIND OVER MATTERPO BOX 1576 ROYAL OAK, MI 480681576	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MIND OVER MATTERPO BOX 1576 ROYAL OAK, MI 480681576	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MISSION IN THE CITY1401 JANES AVE SAGINAW, MI 48601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI CHILDRENS HOUSE 2100 WEST SAINT JOSEPH STREET LANSING, MI 489151175	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
MOSAIC YOUTH THEATER OF DETROIT 2251 ANTIETAM AVENUE DETROIT, MI 48207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
MUNSON HEALTHCARE FOUNDATIONS 1150 MEDICAL CAMPUS DRIVE TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,515
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 950 STEPHENSON HWY SUITE 209 TROY, MI 48083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MUSCULAR DYSTROPHY ASSOCIATION 950 STEPHENSON HWY SUITE 209 TROY, MI 48083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVE DETROIT, MI 482011822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI MICHIGAN 401 S WASHINGTON SQ STE 104 LANSING, MI 489332146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL ASSOCIATION OF BLACK AUTOM 28401 SCHOOLCRAFT ROAD STE 450 LIVONIA, MI 48150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
NATIONAL ASSOCIATION OF BLACK AUTOM 28401 SCHOOLCRAFT ROAD STE 450 LIVONIA, MI 48150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF BLACK AUTOM 28401 SCHOOLCRAFT ROAD STE 450 LIVONIA, MI 48150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
NEW DETROIT INC 3031 W GRAND BOULEVARD SUITE 430 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	89
NEW DETROIT INC 3031 W GRAND BOULEVARD SUITE 430 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DETROIT INC 3031 W GRAND BOULEVARD SUITE 430 DETROIT, MI 48202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW RATTITUDEPO BOX 14064 LANSING, MI 48901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTHVILLE EDUCATIONAL FOUNDATION 405 W MAIN ST NORTHVILLE, MI 48167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORWAYNE BOXING CLUB INC 32150 DORSEY WESTLAND, MI 48186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NYAKA AIDS ORPHANS PROJECT INC 2970 E LAKE LANSING RD EAST LANSING, MI 48823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OAKLAND CHRISTIAN SCHOOL 3075 SHIMMONS RD AUBURN HILLS, MI 483262068	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLAND UNIVERSITY 507 GOLF VIEW LANE ROCHESTER, MI 48309	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
OLD NEWSBOYS GOODFELLOW FUND OF DET PO BOX 44444 DETROIT, MI 482440444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OLD NEWSBOYS OF FLINT 6255 TAYLOR DR FLINT, MI 48507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORCHARD LAKE SCHOOLS SS CYRIL METHO 3535 INDIAN TRL ORCHARD LAKE, MI 483241623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
OUR LADY QUEEN OF MARTYRS 32340 PIERCE ST BEVERLY HILLS, MI 48025	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN EQUUS ANIMAL SANCTUARY 940 HUMMER LAKE RD OXFORD, MI 483712320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PAWS WITH A CAUSE4646 S DIVISION WAYLAND, MI 493489727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PAWS WITH A CAUSE4646 S DIVISION WAYLAND, MI 493489727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS WITH A CAUSE4646 S DIVISION WAYLAND, MI 493489727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PAWS WITH A CAUSE4646 S DIVISION WAYLAND, MI 493489727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PHOENIX SOCIETY INC 525 OTTAWA AVE NW FRNT GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
PLANNED PARENTHOOD OF MICHIGAN PO BOX 3673 ANN ARBOR, MI 48106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER COMPANY KIDS CLUB PO BOX 432126 PONTIAC, MI 48343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
POWER OF DAD MINISTRIES PO BOX 294 SAGINAW, MI 48606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
POWER OF DAD MINISTRIES PO BOX 294 SAGINAW, MI 48606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	368
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER OF DAD MINISTRIES PO BOX 294 SAGINAW, MI 48606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PRESERVE HISTORIC SLEEPING BEAR PO BOX 453 EMPIRE, MI 496300453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PROJECT K9 HERO 535 GRISWOLD ST STE 111 105 DETROIT, MI 482263673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	240
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT STREET DETROIT, MI 48207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	310
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT STREET DETROIT, MI 48207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	440
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT STREET DETROIT, MI 48207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT ST DETROIT, MI 482073485	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
PROVINCE OF ST JOSEPH OF THE CAPUCH 1820 MT ELLIOTT STREET DETROIT, MI 48207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSA MICHIGAN CONGRESS OF PARENTS T 3500 DUTTON RD ROCHESTER HLS, MI 483062228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
RACQUET UP DETROITPO BOX 11404 DETROIT, MI 48211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMSDELL REGIONAL CENTER FOR THE AR 101 MAPLE ST MANISTEE, MI 496601593	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAMSDELL REGIONAL CENTER FOR THE AR 101 MAPLE ST MANISTEE, MI 496601593	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
READ ASSOCIATION OF SAGINAW COUNTY 100 S JEFFERSON AVE STE 203 SAGINAW, MI 48607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,350
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,667
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	8,014
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,150
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	175
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,250
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST STE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE ST SUITE 8000 ANN ARBOR, MI 48109	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,350
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481090000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
REGENTS OF THE UNIVERSITY OF MICHIG 3003 S STATE STREET SUITE 8000 ANN ARBOR, MI 481091276	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGINA HIGH SCHOOL FOR GIRLS 13900 MASONIC BLVD WARREN, MI 480881417	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RESCUE MINISTRIES OF MID-MICHIGAN 713 NINTH ST BAY CITY, MI 48708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
RESEARCH AND TECHNOLOGY INSTITUTE O 125 OTTAWA AVE NW SUITE 450 GRAND RAPIDS, MI 495032716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESEARCH AND TECHNOLOGY INSTITUTE O 125 OTTAWA AVE NW SUITE 450 GRAND RAPIDS, MI 495032716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175,000
RHONDA WALKER FOUNDATION PO BOX 251746 W BLOOMFIELD, MI 483251746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RIGHT PLACE FOUNDATION 125 OTTAWA AVE NW STE 450 GRAND RAPIDS, MI 495032716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1600 WASHINGTON ANN ARBOR, MI 481041700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 1600 WASHINGTON ANN ARBOR, MI 481041700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ROSCOMMON COUNTY COMMUNITY PO BOX 824 ROSCOMMON, MI 48653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSCOMMON COUNTY COMMUNITY PO BOX 824 ROSCOMMON, MI 48653	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROSE HILL CENTER INC 5130 ROSE HILL BLVD HOLLY, MI 484429507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ROSE HILL FOUNDATION 3707 WEST MAPLE ROAD BLOOMFIELD HILLS, MI 483013212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF SAGINAW SUNRISE FOUN PO BOX 5724 SAGINAW, MI 486030724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ROTARY CLUB OF SAGINAW SUNRISE FOUN PO BOX 5724 SAGINAW, MI 486030724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROTARY CLUB OF SAGINAW SUNRISE FOUN PO BOX 5724 SAGINAW, MI 486030724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTTWEILER HEALTH FOUNDATION 975 CUMBERLAND AVE SE LOWELL, MI 493318685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RUTH ELLIS CENTER INC 77 VICTOR STREET HIGHLAND PARK, MI 48203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
S A Y DETROIT29836 TELEGRAPH ROAD SOUTHFIELD, MI 48034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADIES DREAM FOR A CURE INC 4231 LIPPINCOTT RD LAPEER, MI 484467814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
SAFE HAVEN MINISTRIES INC 2627 BIRCHCREST DR SE GRAND RAPIDS, MI 49506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAGINAW CHORAL SOCIETY 201 N WASHINGTON AVE SAGINAW, MI 48607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,803
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAGINAW COMMUNITY FOUNDATION 1 TUSCOLA ST SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
SAGINAW COUNTY CHAMBER FOUNDATION 515 N WASHINGTON SAGINAW, MI 486071370	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGINAW COUNTY MEDICAL SOCIETY FOUN 350 SAINT ANDREWS RD RM 242 SAGINAW, MI 486385988	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAGINAW PUBLIC LIBRARIES FOUNDATION 505 JANES AVE SAGINAW, MI 486071236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
SAGINAW TOWNSHIP SOCCER ASSOCIATION PO BOX 6155 SAGINAW, MI 486086155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAGINAW VALLEY STATE UNIVERSITY FOU 7400 BAY ROAD UNIVERSITY CENTER, MI 487100001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS FOUNDATION 200 JEFFERSON AVE SE GRAND RAPIDS, MI 495034502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SALVATION ARMY 3015 NORTH MAIN STREET ROYAL OAK, MI 48073	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SALVATION ARMY 16130 NORTHLAND DRIVE SOUTHFIELD, MI 480755218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SAMARITAN HOUSE 62324 VAN DYKE RD WASHINGTON TWP, MI 480941621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
SAMARITAN HOUSE 62324 VAN DYKE RD WASHINGTON TWP, MI 480941621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE 62324 VAN DYKE RD WASHINGTON TWP, MI 480941621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
SANILAC COUNTY HUMANE SOCIETY INC PO BOX 27 CARSONVILLE, MI 484190027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SASHA FARM INC17901 MAHRLE RD MANCHESTER, MI 48158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAUGATUCK CENTER FOR THE ARTS INC PO BOX 940 SAUGATCK, MI 494530940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SAV-A-DC-3 THE MR DOUGLAS SOCIETY I 9450 COMMUNITY HALL RD UNION PIER, MI 491299302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SENTURY KLUB8434 E COURT ST DAVISON, MI 48423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENTURY KLUB8434 E COURT ST DAVISON, MI 48423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SENTURY KLUB8434 E COURT ST DAVISON, MI 48423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SENTURY KLUB8434 E COURT ST DAVISON, MI 48423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SER-METRO-DETROIT JOBS FOR PROGRESS 9301 MICHIGAN AVENUE DETROIT, MI 482102038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SERVANTS CENTERPO BOX F GRAND RAPIDS, MI 495014906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA HEIGHTS UNIVERSITY 1247 E SIENA HEIGHTS DR ADRIAN, MI 492211755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SKYLINE CAMP AND CONFERENCE CENTER 1669 WEST MAPLE BIRMINGHAM, MI 48009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOAR DETROIT21001 MOROSS RD DETROIT, MI 482362029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PROMOTION OF RURAL 29531 GREENBORO ST FARMINGTON HILLS, MI 48334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,600
SOS COMMUNITY SERVICES 101 S HURON ST YPSILANTI, MI 481975421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHWEST DETROIT BUSINESS ASSOCIAT 7752 WEST VERNOR HWY DETROIT, MI 48209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY SUITE 800 DETROIT, MI 48216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,500
SPARROW FOUNDATION 1215 E MICHIGAN AVE LANSING, MI 489121811	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS MICHIGAN INC SPECIAL OLYMPICS MICHIGAN - CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 48859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MICHIGAN INC SPECIAL OLYMPICS MICHIGAN - CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 48859	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
SPECIAL OLYMPICS MICHIGAN INC SPECIAL OLYMPICS MICHIGAN - CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 48859	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS MICHIGAN INC SPECIAL OLYMPICS MICHIGAN - CENTRAL MICHIGAN UNIVERSITY MT PLEASANT, MI 48859	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE MC004 GRAND RAPIDS, MI 495032560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPHINX ORGANIZATION INC 400 RENAISSANCE CENTER SUITE 2550 DETROIT, MI 48243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
ST MARK ORTHODOX CHURCH 400 W HAMLIN RD ROCHESTER HLS, MI 483073834	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT CATHOLIC CHARITIES 2800 W WILLOW ST LANSING, MI 489171833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
STALLS OF HOPEPO BOX 3 HALE, MI 487390003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	570
STAND UP FOR GREAT LAKES 7558 ELK LAKE RD WILLIAMSBURG, MI 49690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAND UP FOR GREAT LAKES 7558 ELK LAKE RD WILLIAMSBURG, MI 49690	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,115
STARR COMMONWEALTH 13725 STARR COMMONWEALTH RD ALBION, MI 492249525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
STARR COMMONWEALTH 13725 STARR COMMONWEALTH RD ALBION, MI 492249525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
START GARDEN FOUNDATION 40 PEARL ST NW GRAND RAPIDS, MI 49503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
STEPHEN TULLOCH FOUNDATION 1689 THISTLE DR CANTON, MI 48188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREAMS OF HOPE280 60TH ST SE GRAND RAPIDS, MI 49548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
STRIVE INC7111 DIXIE HIGHWAY 123 CLARKSTON, MI 483462077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SURVIVORS OF SUICIDE INC PO BOX 6712 SAGINAW, MI 48608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUTTONS BAY SENIOR HIGH SCHOOL PO BOX 367 SUTTONS BAY, MI 496820367	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SWARTZ CREEK FINE ARTS ASSOCIATION PO BOX 98 SWARTZ CREEK, MI 484730098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SWARTZ CREEK FINE ARTS ASSOCIATION PO BOX 98 SWARTZ CREEK, MI 484730098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 23433 ARGYLE ST NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TELUGU ASSOCIATION OF NORTH AMERICA 23433 ARGYLE ST NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 23433 ARGYLE ST NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,999
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37,750
TELUGU ASSOCIATION OF NORTH AMERICA 23433 ARGYLE ST NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
TELUGU ASSOCIATION OF NORTH AMERICA 23433 ARGYLE ST NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
TELUGU ASSOCIATION OF NORTH AMERICA 26233 TAFT RD NOVI, MI 48374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
THE BOARD OF GOVERNORS 5700 CASS AVENUE SUITE 1200 DETROIT, MI 48202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BOARD OF GOVERNORS 5700 CASS AVENUE SUITE 1200 DETROIT, MI 48202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
THE BOARD OF GOVERNORS 5700 CASS AVENUE SUITE 1200 DETROIT, MI 48202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE CHRISTIAN BROTHERS INSTITUTE OF 7101 LAHSER ROAD BLOOMFIELD HILLS, MI 48301	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EDISON INSTITUTE INC 20900 OAKWOOD BOULEVARD DEARBORN, MI 48124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE FRANKENMUTH COMMUNITY FOUNDATIO PO BOX 386 FRANKENMUTH, MI 487340386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
THE FURNITURE RESOURCE CENTER 333 N PERRY ST PONTIAC, MI 483422440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FURNITURE RESOURCE CENTER 333 N PERRY ST PONTIAC, MI 483422440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE FURNITURE RESOURCE CENTER 333 N PERRY ST PONTIAC, MI 483422440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
THE GUIDANCE CENTER 13101 ALLEN RD SOUTHGATE, MI 481952216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOPE FOUNDATION 24 FRANK LLOYD WRIGHT DRIVE ROOM PO ANN ARBOR, MI 481059484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE MICHIGAN WOMENS FOUNDATION 1155 BREWERY PARK BLVD SUITE 350 DETROIT, MI 48207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE NORTHERN MICHIGAN UNIVERSITY FO 1401 PRESQUE ISLE AVE MARQUETTE, MI 49855	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARADE COMPANY 9500 MOUNT ELLIOTT ST STUDIO A DETROIT, MI 482111673	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
THE PARADE COMPANY 9500 MOUNT ELLIOTT ST STUDIO A DETROIT, MI 482111673	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	356
THE PARADE COMPANY 9500 MOUNT ELLIOTT ST STUDIO A DETROIT, MI 482111673	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARADE COMPANY 9500 MOUNT ELLIOTT ST STUDIO A DETROIT, MI 482111673	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
THE RAINBOW CONNECTION 621 W UNIVERSITY DRIVE ROCHESTER, MI 483071898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE RONALD MCDONALD HOUSE OF WESTER 1323 CEDAR ST NE GRAND RAPIDS, MI 49503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS CENTER 16195 OLD US 12 CHELSEA, MI 48118	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	45
THE SALVATION ARMY3737 LAWTON ST DETROIT, MI 48208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
THE WALSH COLLEGE FOUNDATION PO BOX 7006 TROY, MI 480077006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOODS14300 E 13 MILE RD WARREN, MI 480883291	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
TOM KOWALSKI FOUNDATION INC 4441 WOODRIDGE CT WATERFORD, MI 483284277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRAVERSE AREA RECREATION & TRANSPOR PO BOX 252 TRAVERSE CITY, MI 496850252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,034
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVERSE AREA RECREATION & TRANSPOR PO BOX 252 TRAVERSE CITY, MI 496850252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	432
TRAVERSE AREA RECREATION & TRANSPOR PO BOX 252 TRAVERSE CITY, MI 496850252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
TRAVERSE AREA RECREATION & TRANSPOR PO BOX 252 TRAVERSE CITY, MI 496850252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY LUTHERAN SCHOOL 38900 HARPER AVENUE CLINTON TOWNSHIP, MI 480363222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
TRINITY LUTHERAN SCHOOL 4900 MCCAIN ROAD JACKSON, MI 492018959	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
TRINITY LUTHERAN SCHOOL 38900 HARPER AVENUE CLINTON TOWNSHIP, MI 480363222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROY BULLDOGS3546 BELLOWS CT TROY, MI 480835616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TROY COMMUNITY COALITION-FOR THE PR 4420 LIVERNOIS RD TROY, MI 480984777	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
TROY GARDEN CLUBPO BOX 833 TROY, MI 480990833	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDERGROUND RAILROAD INC 5647 STATE ST SUITE A SAGINAW, MI 48603	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
UNDERGROUND RAILROAD INC 5647 STATE ST SUITE A SAGINAW, MI 48603	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
UNITED JEWISH FOUNDATION 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483013141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,249
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,091
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	885
UNITED WAY FOR SOUTHEASTERN MICHIGA 3011 W GRAND BOULEVARD SUITE 500 DETROIT, MI 48202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	296
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GENESEE COUNTY 111 E COURT STREET SUITE 3A FLINT, MI 485021923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	615
UNITED WAY OF GENESEE COUNTY 111 E COURT STREET SUITE 3A FLINT, MI 485021923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
UNITED WAY OF GENESEE COUNTY 111 E COURT STREET SUITE 3A FLINT, MI 485021923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GENESEE COUNTY 111 E COURT STREET SUITE 3A FLINT, MI 485021923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
UNITED WAY OF GENESEE COUNTY 111 E COURT STREET SUITE 3A FLINT, MI 485021923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	146
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	31
UNITED WAY OF NORTHWEST MICHIGAN 202 E GRANDVIEW PARKWAY TRAVERSE CITY, MI 49684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,642
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE SAGINAW, MI 486071267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ST CLAIR COUNTY 1723 MILITARY STREET PORT HURON, MI 48060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY LIGGETT SCHOOL 1045 COOK RD GROSSE POINTE, MI 482362590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF DETROIT MERCY 4001 W MCNICHOLS RD DETROIT, MI 482213038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY LUTHERAN HIGH SCHOOL 3560 MCCARTY RD SAGINAW, MI 48603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
VAN ANDEL INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,200
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	305
VAN ANDEL RESEARCH INSTITUTE 333 BOSTWICK AVE NE GRAND RAPIDS, MI 495032518	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,084
VARIETY CLUB CHARITY FOR CHILDREN I 600 SOUTH ADAMS SUITE 230 BIRMINGHAM, MI 48009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY CLUB CHARITY FOR CHILDREN I 600 SOUTH ADAMS SUITE 230 BIRMINGHAM, MI 48009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VETERANS OF FOREIGN WARS NATIONAL H 3573 S WAVERLY RD EATON RAPIDS, MI 488279718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
VETERANS OF FOREIGN WARS NATIONAL H 3573 S WAVERLY RD EATON RAPIDS, MI 488279718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETSPORTS150 MORNINGSIDE DR GRAND RAPIDS, MI 49506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
VETSPORTS150 MORNINGSIDE DR GRAND RAPIDS, MI 49506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VISTA MARIA20651 W WARREN DEARBORN HEIGHTS, MI 481270000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARBIRDS OF GLORY MUSEUM PO BOX 345 BRIGHTON, MI 48116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WARBIRDS OF GLORY MUSEUM PO BOX 345 BRIGHTON, MI 48116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WAYNE STATE UNIV RESEARCH & TECHNO- 440 BURROUGHS ST DETROIT, MI 482023429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE SHARE FOUNDATIONPO BOX 197 FLINT, MI 485010197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WE SHARE FOUNDATIONPO BOX 197 FLINT, MI 485010197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WE SHARE FOUNDATIONPO BOX 197 FLINT, MI 485010197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE SHARE FOUNDATIONPO BOX 197 FLINT, MI 485010197	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
WEDGEWOOD FOUNDATION 3300 36TH ST SE GRAND RAPIDS, MI 495122810	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,500
WEDGWOOD CHRISTIAN SERVICES 3300 36TH ST SE GRAND RAPIDS, MI 495122810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST MICHIGAN SPAY & NEUTER CLINIC 6130 AIRLINE RD FRUITPORT, MI 494158756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 494401268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 494401268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST MICHIGAN SYMPHONY 360 W WESTERN AVE STE 200 MUSKEGON, MI 494401268	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	557
WESTERN MICHIGAN UNIVERSITY FOUNDAT 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
WESTERN MICHIGAN UNIVERSITY FOUNDAT 1903 W MICHIGAN AVENUE KALAMAZOO, MI 49008	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHALEY MEMORIAL FOUNDATION 1201 N GRAND TRAVERSE ST FLINT, MI 485031312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	653
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WILLIAMS SYNDROME ASSOCIATION INC 570 KIRTS BLVD STE 223 TROY, MI 480844156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	232
WINS FOR WARRIORS FOUNDATION 1689 THISTLE DRIVE CANTON, MI 48188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN CHILDREN & FAMILIES UNITED 8801 WOODWARD AV STE 214 DETROIT, MI 482022136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMENS RESOURCE CENTER 678 FRONT AVENUE NW STE 180 GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WOMENS RESOURCE CENTER 678 FRONT AVENUE NW STE 180 GRAND RAPIDS, MI 49504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYANDOT MIDDLE SCHOOL 39490 GARFIELD RD CLINTON TOWNSHIP, MI 48038	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
YMCA OF METROPOLITAN DETROIT 1401 BROADWAY STE 3A DETROIT, MI 482262112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 119 N WASHINGTON SQUARE LANSING, MI 489330000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2306 HASLETT ROAD EAST LANSING, MI 48823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 475 LAKE MICHIGAN DRIVE GRAND RAPIDS, MI 495045600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 119 N WASHINGTON SQUARE LANSING, MI 489330000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA WEST CENTRAL MICHIGAN 25 SHELDON AVE SE GRAND RAPIDS, MI 495034209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YWCA WEST CENTRAL MICHIGAN 25 SHELDON AVE SE GRAND RAPIDS, MI 495034209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ZEELAND QUEST FAMILY ORGANIZATION 175 W ROOSEVELT AVE ZEELAND, MI 494641127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A BREATH OF HOPE LUNG FOUNDATION 700 TWELVE OAKS CENTER DRIVE SUITE 726 WAYZATA, MN 55391	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ACADEMY OF THE HOLY ANGELS 6600 NICOLLET AVE RICHFIELD, MN 554232462	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
ACADEMY OF THE HOLY ANGELS 6600 NICOLLET AVE RICHFIELD, MN 554232462	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AEON 901 NORTH 3RD STREET SUITE 150 MINNEAPOLIS, MN 554011175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AFRICA CLASSROOM CONNECTION 106 E 24TH ST MINNEAPOLIS, MN 554043522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALEXANDRA HOUSE INC 2150 - 3RD AVENUE ANOKA, MN 55303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALIGHT615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALLINA HEALTH SYSTEM 303 CATLIN STREET BUFFALO, MN 55313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,079
ALWAYS LUCY STRONG 13512 DAHLIA COURT ROSEMOUNT, MN 55068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALWAYS LUCY STRONG 13512 DAHLIA COURT ROSEMOUNT, MN 55068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALZHEIMERS DISEASE AND RELATED DISO 7900 W 78TH STREET SUITE 100 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 7900 W 78TH STREET SUITE 100 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 7900 W 78TH STREET SUITE 100 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN CANCER SOCIETY INC 950 BLUE GENTIAN ROAD STE 100 EAGAN, MN 55121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CRAFT COUNCIL 1224 MARSHALL ST NE STE 200 MINNEAPOLIS, MN 554131089	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 490 CONCORDIA AVE ST PAUL, MN 55103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN NATIONAL RED CROSS 8100 WYNNWOOD ROAD MINNEAPOLIS, MN 55427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,676
AMERICAN PUBLIC MEDIA GROUP 480 CEDAR ST SAINT PAUL, MN 551012217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN REFUGEE COMMITTEE 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH SAINT PAUL, MN 551044636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1919 UNIVERSITY AVE W STE 175 ST PAUL, MN 551043596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1919 UNIVERSITY AVE W STE 175 ST PAUL, MN 551043596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ANDEAN COMMUNITY PARTNERS 9801 185TH ST E PRIOR LAKE, MN 553729378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	267
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ANIMAL HUMANE SOCIETY 845 MEADOW LN N GOLDEN VALLEY, MN 554224831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS PARTNERSHIP 75 WEST 5TH STREET SAINT PAUL, MN 55102	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
BANYAN FOUNDATION2529 13TH AVE S MINNEAPOLIS, MN 55404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BASIC NEEDS INC OF SOUTH WASHINGTON 950 3RD ST 101 ST PAUL PARK, MN 550711899	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
BE THE MATCH FOUNDATION 500 N 5TH ST MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
BEACON INTERFAITH HOUSING COLLABORA 2610 UNIVERSITY AVE W SUITE 100 SAINT PAUL, MN 551142007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACON INTERFAITH HOUSING COLLABORA 2610 UNIVERSITY AVE W SUITE 100 SAINT PAUL, MN 551142007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BENEDICTINE HEALTH SYSTEM FOUNDATIO 1995 E RUM RIVER DRIVE SOUTH CAMBRIDGE, MN 55008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BENILDE ST MARGARETS HIGH SCHOOL 2501 HIGHWAY 100 S ST LOUIS PARK, MN 554161732	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENILDE ST MARGARETS HIGH SCHOOL 2501 HIGHWAY 100 S ST LOUIS PARK, MN 554161732	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
BEST CHRISTMAS EVER INC PO BOX 439 CLOQUET, MN 557200439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
BLACK MEN TEACH 215 10TH AVE S UNIT 712 MINNEAPOLIS, MN 554152103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMINGTON COMMUNITY FOUNDATION 405 E 78TH ST BLOOMINGTON, MN 554201251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMINGTON THEATRE AND ART CENTER 1800 W OLD SHAKOPEE RD BLOOMINGTON, MN 554313071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BOY SCOUTS OF AMERICA 6202 BLOOMINGTON ROAD FORT SNELLING, MN 55111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 3877 STEBNER RD HERMANTOWN, MN 558111733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRECK SCHOOL123 OTTAWA AVE N MINNEAPOLIS, MN 554225124	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CALVIN CHRISTIAN SCHOOL 4015 INGLEWOOD AVE S EDINA, MN 554165039	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CAN DO CANINES 9440 SCIENCE CENTER DR NEW HOPE, MN 554283624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAN DO CANINES 9440 SCIENCE CTR DR NEW HOPE, MN 554283624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAN DO CANINES 9440 SCIENCE CENTER DR NEW HOPE, MN 554283624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CAPITOL HILL PARENT TEACHER ORGANIZ 560 CONCORDIA AVE SAINT PAUL, MN 551032443	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARINGBRIDGE 2750 BLUE WATER RD STE 275 EAGAN, MN 551211679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CARLETON COLLEGE ONE NORTH COLLEGE STREET NORTHFIELD, MN 55057	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
CARONDELET CATHOLIC SCHOOL 3210 WEST 51ST STREET MINNEAPOLIS, MN 554102110	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARONDELET CATHOLIC SCHOOL 3210 WEST 51ST STREET MINNEAPOLIS, MN 554102110	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
CASTING 4 CURES 1001 TWELVE OAKS CENTER DR STE 1012 WAYZATA, MN 553914301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC SERVICES APPEAL FOUNDATION 12805 HIGHWAY 55 STE 210 PLYMOUTH, MN 554413880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ECONOMIC INCLUSION 370 WABASHA ST N SAINT PAUL, MN 55102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CHANNEL ONE INC131 35TH ST SE ROCHESTER, MN 559045514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,240
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,698
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,286
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,800
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,850
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR EDINA, MN 55436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DR CBC-3-FOUN EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HEARTLINK 5075 ARCADIA AVE EDINA, MN 554362306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HEARTLINK 5075 ARCADIA AVE EDINA, MN 554362306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS SURGERY INTERNATIONAL 825 NICOLLET MALL STE 706 MINNEAPOLIS, MN 554022651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVE N MOORHEAD, MN 565602307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 558022017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
CITY OF LAKES COMMUNITY LAND TRUST 1930 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 200 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH SUITE 200 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	648
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	432
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR STE 270 MINNEAPOLIS, MN 554361660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLON CANCER COALITION FOUNDATION 5666 LINCOLN DR SUITE 270 EDINA, MN 55436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
COMMON HOPE INC 1400 ENERGY PARK DR STE 23 SAINT PAUL, MN 55108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	780
COMMONBOND COMMUNITIES 1080 MONTREAL AVE ST PAUL, MN 55116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF SAINTS REGIONAL CATHOL 335 HURLEY ST E WEST ST PAUL, MN 55118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	243
COMMUNITY OF SAINTS REGIONAL CATHOL 335 HURLEY ST E WEST ST PAUL, MN 55118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
COOKIE CART 1119 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55422	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
CPL CURTIS M SWENSON MEMORIAL FUND 4520 58TH LN NW ROCHESTER, MN 559013779	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CRETIN DERHAM HALL 550 SOUTH ALBERT STREET SAINT PAUL, MN 55116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 N 6TH ST 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 100 N 6TH ST 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
CYSTIC FIBROSIS FOUNDATION 100 N 6TH ST 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 N 6TH ST 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 100 N 6TH ST 604A MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
DOMESTIC ABUSE PROJECT INC 1121 NORTHEAST JACKSON ST MINNEAOPOLIS, MN 55413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	310
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	271
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH AREA FAMILY Y M C A 302 W 1ST STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DULUTH ART INSTITUTE ASSOCIATION 506 WEST MICHIGAN STREET DULUTH, MN 55802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DULUTH BALLET INC 230 W SUPERIOR STR SUITE 50 DULUTH, MN 558021629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH BALLET INC 230 W SUPERIOR STR SUITE 50 DULUTH, MN 558021629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DULUTH CROSS COUNTRY SKI CLUB 1346 W ARROWHEAD RD PMB 344 DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
DULUTH CROSS COUNTRY SKI CLUB 1346 W ARROWHEAD RD PMB 344 DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DULUTH SUPERIOR AREA COMMUNITY FOUN 324 W SUPERIOR ST STE 700 DULUTH, MN 558022277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DULUTH SUPERIOR AREA COMMUNITY FOUN 324 W SUPERIOR ST STE 700 DULUTH, MN 558022277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DUNWOODY COLLEGE OF TECHNOLOGY 818 DUNWOODY BLVD MINNEAPOLIS, MN 554031141	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELEVATE LIFE 2600 EAGAN WOODS DRIVE 110 EAGAN, MN 55121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EMERGE COMMUNITY DEVELOPMENT 1834 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ETHIOPIA READS2611 FIRST AVE S MINNEAPOLIS, MN 55408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,217
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	162
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	513
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,765
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FEED MY STARVING CHILDREN 742 E PARK AVE LIBERTYVILLE, MN 60048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS, MN 55433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE HENNEPIN COUNTY LIBR 300 NICOLLET MALL SUITE N-290 MINNEAPOLIS, MN 554011925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GENESYS WORKS 445 MINNESOTA STREET SUITE 720 SAINT PAUL, MN 55101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETHSEMANE LUTHERAN CHURCH 2410 STILLWATER RD E SAINT PAUL, MN 551193613	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
GETHSEMANE LUTHERAN SCHOOL 2410 STILLWATER ROAD E MAPLEWOOD, MN 551193613	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
GIRLS ON THE RUN TWIN CITIES INC 3433 BROADWAY ST NE 430 MINNEAPOLIS, MN 55413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GND DEVELOPMENT ALLIANCE 302 W SUPERIOR ST STE 200 DULUTH, MN 558025130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GRACE HOUSE OF ITASCA COUNTY 501 SW 1ST AVE GRAND RAPIDS, MN 55744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GRACE NEIGHBORHOOD NURSERY SCHOOL 1430 W 28TH ST MINNEAPOLIS, MN 55408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GUARDIAN ANGELS SCHOOL & CHURCH 215 W 2ND ST CHASKA, MN 553181813	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
GUILD INCORPORATED 130 WABASHA ST STE 90 ST PAUL, MN 551071819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUSTAVUS ADOLPHUS COLLEGE 800 WEST COLLEGE AVENUE SAINT PETER, MN 56082	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1954 UNIVERSITY AVENUE W ST PAUL, MN 551043433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
HABITAT FOR HUMANITY INTERNATIONAL 1954 UNIVERSITY AVE W SAINT PAUL, MN 551043426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1022 MOORHEAD, MN 565611022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HAITI OUTREACH 8441 WAYZATA BLVD SUITE 118 GOLDEN VALLEY, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAMMER RESIDENCES INC 1909 EAST WAYZATA BLVD WAYZATA, MN 553912047	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMER RESIDENCES INC 1909 EAST WAYZATA BLVD WAYZATA, MN 553912047	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
HAZELDEN BETTY FORD FOUNDATION PO BOX 11 CENTER CITY, MN 550120011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD RW-7 PO BOX 11 CENTER CITY, MN 550120011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAZELDEN BETTY FORD FOUNDATION 15251 PLEASANT VALLEY RD RW-7 PO BOX 11 CENTER CITY, MN 550120011	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HEADING HOME K9 RESCUE PO BOX 385532 MINNEAPOLIS, MN 554385532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HEALTHCARE ADVOCACY AND LEADERSHIP PO BOX 324 CHISAGO CITY, MN 550130324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28,000
HENNEPIN THEATRE TR 900 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 55403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	71,000
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
HIGHLAND PARK SENIOR HIGH 1015 SNELLING AVE S SAINT PAUL, MN 55116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LN VICTORIA, MN 553868228	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HOLY FAMILY CATHOLIC HIGH SCHOOL 8101 KOCHIA LN VICTORIA, MN 553868228	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
HOLY REDEEMER SCHOOL 503 W LYON ST MARSHALL, MN 56258	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME AND AWAY MINISTRIES 5833 PECAN ST NORTH BRANCH, MN 55056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOPE 360 MINISTRIESPO BOX 241672 ST PAUL, MN 55124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HOPKINS EDUCATION FOUNDATION 1001 HIGHWAY 7 HOPKINS, MN 553054723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPKINS EDUCATION FOUNDATION 1001 HIGHWAY 7 HOPKINS, MN 553054723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUNGER ENDS HEREPO BOX 17315 MINNEAPOLIS, MN 554170315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
INDIFLY INCORPORATEDPO BOX 4460 SAINT PAUL, MN 551040460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH OUTREACH AND COMMUNITY P 1605 COUNTY ROAD 101 N PLYMOUTH, MN 554472708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERFAITH OUTREACH AND COMMUNITY P 1605 COUNTY ROAD 101 N PLYMOUTH, MN 554472708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,471
INTERFAITH OUTREACH AND COMMUNITY P 1605 COUNTY ROAD 101 N PLYMOUTH, MN 554472708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKS BASKET 2960 SNELLING AVE N L105 ROSEVILLE, MN 55113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 3001 METRO DRIVE SUITE 100 BLOOMINGTON, MN 55425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,772
JDRF INTERNATIONAL 3001 METRO DRIVE SUITE 100 BLOOMINGTON, MN 55425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,529
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JEREMIAH PROGRAM 1510 LAUREL AVENUE SUITE 100 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR LEAGUE OF DULUTH INC 2711 W SUPERIOR ST 205 DULUTH, MN 55806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUXTAPOSITION INC 2007 EMERSON AVE N MINNEAPOLIS, MN 554112507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
KOT A KOT2722 VINCENT AVE N UNIT 1 MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
LAKEVIEW MEMORIAL HOSPITAL FOUNDATI 927 CHURCHILL ST W STILLWATER, MN 550826605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEWOOD ELEMENTARY SCHOOL FOUNDATI 5207 N TISCHER RD DULUTH, MN 558049703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
LAKSELAGET15948 OLIVE ST NW ANDOVER, MN 55304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE W ST PAUL, MN 55104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIZ LOGELIN FOUNDATION PO BOX 26366 ST LOUIS PARK, MN 55426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACALESTER COLLEGE 1600 GRAND AVE ST PAUL, MN 551051801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MACPHAIL CENTER FOR MUSIC 501 S 2ND ST MINNEAPOLIS, MN 554012383	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
MACPHAIL CENTER FOR MUSIC 501 S 2ND ST MINNEAPOLIS, MN 554012383	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAHTOMEDI AREA EDUCATIONAL FOUNDATI 1520 MAHTOMEDI AVE MAHTOMEDI, MN 551151907	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MAKE-A-WISH FOUNDATION OF MINNESOTA 1919 UNIVERSITY AVE W STE 415 ST PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MARSHALL SCHOOL1215 RICE LAKE RD DULUTH, MN 558112160	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARSHALL SCHOOL1215 RICE LAKE RD DULUTH, MN 558112160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MASTER CHORALE OF FARGO-MOORHEAD PO BOX 732 MOORHEAD, MN 565610732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MAYO CLINIC200 1ST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYO CLINIC200 FIRST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MAYO CLINIC200 1ST ST SW ROCHESTER, MN 559050001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
METROPOLITAN CONSORTIUM OF COMMUNIT 3137 CHICAGO AVENUE MINNEAPOLIS, MN 554071532	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN ECONOMIC DEVELOPMENT A 1256 PENN AVENUE NORTH SUITE 4800 MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MG CHARITIES 434 HALE AVE N STE 160 OAKDALE, MN 551287568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
MILLER DWAN FOUNDATION 502 E 2ND ST DULUTH, MN 558051913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNEAPOLIS PARKS FOUNDATION 4800 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
MINNEAPOLIS PARKS FOUNDATION 4800 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNEAPOLIS SOCIETY OF FINE ARTS 2400 3RD AVE S MINNEAPOLIS, MN 554043506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
MINNEHAHA ACADEMY 3100 W RIVER PKWY MINNEAPOLIS, MN 554061843	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
MINNEHAHA ACADEMY 3100 W RIVER PKWY MINNEAPOLIS, MN 554061843	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA ASSISTANCE COUNCIL FOR VE 1000 UNIVERSITY AVENUE WEST SUITE 10 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
MINNESOTA BRAIN INJURY ALLIANCE 2277 WEST HIGHWAY 36 WEST SUITE 200 ROSEVILLE, MN 55113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MINNESOTA CENTER FOR ENVIRONMENTAL 1919 UNIVERSITY AVENUE WEST SUITE 515 SAINT PAUL, MN 55104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA CHILDRENS MUSEUM 10 W 7TH ST SAINT PAUL, MN 55102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MINNESOTA COMMUNITY FOUNDATION 101 5TH ST E STE 2400 SAINT PAUL, MN 551011800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
MINNESOTA COMMUNITY FOUNDATION 101 5TH ST E STE 2400 SAINT PAUL, MN 551011800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,132
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	234
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA PUBLIC RADIO 480 CEDAR STREET ST PAUL, MN 551012217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MINNESOTA SPAY & NEUTER ASSISTANCE 2822 WASHINGTON AVE N MINNEAPOLIS, MN 554111629	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MINNESOTA VETERINARY MEDICAL FOUNDA 101 BRIDGEPOINT WAY STE 100 SOUTH ST PAUL, MN 550752478	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNESOTA WATERFOWL ASSN INC 907 1ST ST N HOPKINS, MN 55343	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
MISSION ANIMAL HOSPITAL 10100 VIKING DRIVE EDEN PRAIRIE, MN 553447256	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MONTESSORI TRAINING CENTER OF MINNE 1611 AMES AVE SAINT PAUL, MN 551062903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNDS VIEW SCHOOLS EDUCATION FOUND 4570 VICTORIA ST N SHOREVIEW, MN 55126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ATAXIA FOUNDATION INC 600 HWY 169 S STE 1725 MINNEAPOLIS, MN 55426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL KIDNEY FOUNDATION INC 1970 OAKCREST AVENUE SUITE 208 SAINT PAUL, MN 55113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
NATURE CONSERVANCY 1101 W RIVER PKWY 200 MINNEAPOLIS, MN 554151291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NEIGHBORHOOD DEVELOPMENT CENTER INC 663 UNIVERSITY AVE W STE 200 ST PAUL, MN 551045097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 55107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEIGHBORS INC222 GRAND AVE W SOUTH ST PAUL, MN 55075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
NORMANDALE COMMUNITY COLLEGE FOUNDA 9700 FRANCE AVENUE SOUTH BLOOMINGTON, MN 55431	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
NORTH AMERICAN COUNCIL ON ADOPTABLE 970 RAYMOND AVE STE 106 SAINT PAUL, MN 551141164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET SUITE 610 DULUTH, MN 55802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE STE 100 MINNEAPOLIS, MN 554111870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE STE 100 MINNEAPOLIS, MN 554111870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE VOICE MIXED CHORUS 732 HOLLY AVENUE SUITE Q ST PAUL, MN 551047125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ONE VOICE MIXED CHORUS 732 HOLLY AVENUE SUITE Q ST PAUL, MN 551047125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ONE VOICE MIXED CHORUS 732 HOLLY AVENUE SUITE Q ST PAUL, MN 551047125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE VOICE MIXED CHORUS 732 HOLLY AVENUE SUITE Q ST PAUL, MN 551047125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
OPEN ARMS OF MINNESOTA INC 2500 BLOOMINGTON AVE S MINNEAPOLIS, MN 554043920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OPEN WORLD LEARNING SECONDARY 640 HUMBOLDT AVENUE SAINT PAUL, MN 55107	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN YOUR HEARTS TO THE HUNGRY AND 122 WEST FRANKLIN AVENUE STE 610 MINNEAPOLIS, MN 55404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
OPERATION BOOTSTRAP-AFRICA 625 FOURTH AVENUE S SUITE 110 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
OPERATION BOOTSTRAP-AFRICA 625 FOURTH AVENUE S SUITE 110 MINNEAPOLIS, MN 55415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORONO FOUNDATION FOR EDUCATION PO BOX 211 LONG LAKE, MN 553560211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ORONO FOUNDATION FOR EDUCATION PO BOX 211 LONG LAKE, MN 553560211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ORONO FOUNDATION FOR EDUCATION PO BOX 211 LONG LAKE, MN 553560211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF GRACE SCHOOL 5051 EDEN AVENUE EDINA, MN 554362308	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10,000
OUR LADY OF THE LAKE CHURCH & SCHOO 2385 COMMERCE BLVD MOUND, MN 55364	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
OUTWARD BOUND INC 1400 ENERGY PARK DRIVE STE 18 SAINT PAUL, MN 55108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTWARD BOUND INC 1400 ENERGY PARK DRIVE STE 18 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OUTWARD BOUND INC 1400 ENERGY PARK DRIVE STE 18 SAINT PAUL, MN 55108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
PACER CENTER INC 8161 NORMANDALE BOULEVARD MINNEAPOLIS, MN 55437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACER CENTER INC 8161 NORMANDALE BOULEVARD MINNEAPOLIS, MN 55437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PEOPLE SERVING PEOPLE INC CHARITIES 614 S 3RD ST MINNEAPOLIS, MN 554151104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PERSPECTIVES INC 3381 GORHAM AVENUE SAINT LOUIS PARK, MN 554264292	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERSPECTIVES INC 3381 GORHAM AVENUE SAINT LOUIS PARK, MN 554264292	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,064
PHEASANTS FOREVER INC 1783 BUERKLE CIR SAINT PAUL, MN 551105254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PHEASANTS FOREVER INC 1783 BUERKLE CIR SAINT PAUL, MN 551105254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINKY SWEAR FOUNDATION 5555 W 78TH ST STE E EDINA, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,595
PINKY SWEAR FOUNDATION 5555 W 78TH ST STE E EDINA, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PINKY SWEAR FOUNDATION 5555 W 78TH ST STE E EDINA, MN 55439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD MINNESOTA NORTH 671 VANDALIA ST STE 323 SAINT PAUL, MN 55114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT FOR PRIDE IN LIVING INC 1035 E FRANKLIN AVE MINNEAPOLIS, MN 554042920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
PROJECT FOR PRIDE IN LIVING INC 1035 E FRANKLIN AVE MINNEAPOLIS, MN 554042920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT FOR PRIDE IN LIVING INC 1035 E FRANKLIN AVE MINNEAPOLIS, MN 554042920	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PTA MINNESOTA CONGRESS 4501 W 102ND ST BLOOMINGTON, MN 554372610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA MINNESOTA CONGRESS 4501 W 102ND ST BLOOMINGTON, MN 554372610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA MINNESOTA CONGRESS 4501 W 102ND ST BLOOMINGTON, MN 554372610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
REACH & RESTORE4737 CO RD 101 220 MINNETONKA, MN 553452634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RECYCLE ACROSS AMERICA 4337 WILSHIRE BLVD MOUND, MN 55364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED OAK ELEMENTARY 7700 OLD CARRIAGE COURT SHAKOPEE, MN 55379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	36
RED OAK ELEMENTARY 7700 OLD CARRIAGE COURT SHAKOPEE, MN 55379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	55
RED OAK ELEMENTARY 7700 OLD CARRIAGE COURT SHAKOPEE, MN 55379	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES UPP 818 FULTON ST SE MINNEAPOLIS, MN 554143125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
RONALD MCDONALD HOUSE CHARITIES UPP 818 FULTON ST SE MINNEAPOLIS, MN 554143125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
RONALD MCDONALD HOUSE CHARITIES UPP 818 FULTON ST SE MINNEAPOLIS, MN 554143125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES UPP 818 FULTON ST SE MINNEAPOLIS, MN 554143125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RUFF START RESCUE INCPO BOX 129 PRINCETON, MN 553710129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RUFF START RESCUE INCPO BOX 129 PRINCETON, MN 553710129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYS HOPE FOUNDATIONPOBOX 128 BUFFALO, MN 553133013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAFE HANDS ANIMAL RESCUE 3732 10TH AVE S MINNEAPOLIS, MN 55407	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SAFE HAVEN SHELTER FOR BATTERED WOM PO BOX 3558 DULUTH, MN 558033558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HAVEN SHELTER FOR BATTERED WOM PO BOX 3558 DULUTH, MN 558033558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAFE PASSAGE FOR CHILDREN OF MINNES 2148 ELEANOR AVE SAINT PAUL, MN 55116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
SAINT JOHNS UNIVERSITY LUKE HALL 103 PO BOX 7222 COLLEGEVILLE, MN 563217222	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY2445 PRIOR AVE N ROSEVILLE, MN 551132714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,811
SALVATION ARMYPO BOX 16052 DULUTH, MN 55806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SALVATION ARMY2445 PRIOR AVE N ROSEVILLE, MN 551132714	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,040
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDWICH PROJECT 10800 LYNDALE AVE S STE 342 BLOOMINGTON, MN 554205614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEASONS HOSPICE 1696 GREENVIEW DRIVE SW ROCHESTER, MN 559021363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	43
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 551092020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
SECOND HARVEST NORTH CENTRAL FOOD B 2222 CROMELL DRIVE GRAND RAPIDS, MN 557440000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SECOND HARVEST NORTHERN LAKES FOOD 4503 AIRPORT BOULEVARD DULUTH, MN 55811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST NORTHERN LAKES FOOD 4503 AIRPORT BOULEVARD DULUTH, MN 55811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SERVICE LEADERS RISING INC 4639 18TH AVENUE SOUTH MINNEAPOLIS, MN 55407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SEXUAL VIOLENCE CENTER 2021 EAST HENNEPIN AVENUE SUITE 41 MINNEAPOLIS, MN 554132700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAKOPEE AREA CATHOLIC SCHOOL 2700 17TH AVENUE E SHAKOPEE, MN 553794443	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SHATTUCK-ST MARYS SCHOOLS PO BOX 218 FARIBAULT, MN 55021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SHEPHERD OF THE LAKE LUTHERAN CHURC 3611 NORTH BERENS RD NW PRIOR LAKE, MN 55379	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 2025 EAST RIVER PKWY MINNEAPOLIS, MN 55414	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	53
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER PROJECT INCPO BOX 272 HOPKINS, MN 55343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SPECIAL OLYMPICS MINNESOTA INC 900 SECOND AVE S STE 300 MINNEAPOLIS, MN 55402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,490
SPECIAL OLYMPICS MINNESOTA INC 100 WASHINGTON AVE S STE 550 MINNEAPOLIS, MN 554012167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CROIX PREPARATORY ACADEMY 4260 STAGECOACH TRAIL NORTH STILLWATER, MN 550820000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	355
ST CROIX PREPARATORY ACADEMY 4260 STAGECOACH TRAIL NORTH STILLWATER, MN 550820000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	170
ST HUBERT ELEMENTARY SCHOOL 8201 MAIN STREET CHANHASSEN, MN 553179647	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 550571574	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 550571574	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ST OLAF COLLEGE 1520 SAINT OLAF AVE NORTHFIELD, MN 550571574	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL ACADEMY AND SUMMIT SCHOOL 1712 RANDOLPH AVE SAINT PAUL, MN 551052159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ST THERESE SCHOOL 18325 MINNETONKA BLVD DEEPHAVEN, MN 553913231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST JOHN PAUL II CATHOLIC SCHOOL 1630 4TH ST NE MINNEAPOLIS, MN 55413	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH'S SCHOOL 1138 SEMINOLE AVENUE WEST ST PAUL, MN 55118	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	495
STAND UP 2 ATAXIA 14477 HOLLAND CT APPLE VALLEY, MN 551249364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
STELLA MARIS ACADEMY2802 E 4TH ST DULUTH, MN 55812	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSHINE MONTESSORI SCHOOL INC 4557 COLFAX AVENUE S MINNEAPOLIS, MN 55419	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TEE IT UP FOR THE TROOPS INC 515 W TRAVELERS TRL BURNSVILLE, MN 553372548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE BASILICA LANDMARK88 N 17TH ST MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BLAKE SCHOOL110 BLAKE ROAD S HOPKINS, MN 55343	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE FOOD GROUP MINNESOTA INC 8501 54TH AVE N NEW HOPE, MN 554283710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE LIFT GARAGEPO BOX 6992 MINNEAPOLIS, MN 55406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIS OLD HORSE INC 19025 COATES BLVD HASTINGS, MN 550339385	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
TIM RASMUSSON FOUNDATION 3038 SCANLAN LN NE ROCHESTER, MN 559067655	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
TREEHOUSE INC 5666 LINCOLN DR STE 201 EDINA, MN 554361672	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY HUMANE SOCIETY 735 8TH ST NE SAINT CLOUD, MN 563040207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TRUE FRIENDS10509 108TH ST NW ANNANDALE, MN 55302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRUE FRIENDS10509 108TH ST NW ANNANDALE, MN 553022912	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN CITIES PUBLIC TELEVISION INC 172 E FOURTH ST ST PAUL, MN 551011400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TWIN CITIES RISE1301 BRYANT AVE N MINNEAPOLIS, MN 55411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
UNITE 2 FIGHT PARALYSIS 528 HENNEPIN AVE SUITE 705 MINNEAPOLIS, MN 55403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,930
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 554552010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,930
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE SUITE 500 MINNEAPOLIS, MN 554552010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5
UPTURNSHIPS INC PRESIDENT CO-FOUNDER PRESIDENT COFOUNDER, MN 55436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERS OF LIFE LUTHERAN CHURCH 6221 RICE LAKE RD DULUTH, MN 558039346	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
WEE3BEASTIES SAVING THE STRAYS 28462 WOODLAND TRL NEW PRAGUE, MN 560714129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
WEE3BEASTIES SAVING THE STRAYS 28462 WOODLAND TRL NEW PRAGUE, MN 560714129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEE3BEASTIES SAVING THE STRAYS 28462 WOODLAND TRL NEW PRAGUE, MN 560714129	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WESTERN COMMUNITIES ACTION NETWORK 5213 SHORELINE DRIVE MOUND, MN 55364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILDWOODS 4009 W ARROWHEAD ROAD DULUTH, MN 55811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINONA COMMUNITY FOUNDATION INC 111 RIVERFRONT SUITE 2 E WINONA, MN 559873509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
WINONA STATE UNIVERSITY FOUNDATION PO BOX 5838 WINONA, MN 559870838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WISHES & MORE961 HILLWIND RD NE FRIDLEY, MN 554325911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300 MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOMENS FOUNDATION OF MINNESOTA 105 5TH AVE S STE 300 MINNEAPOLIS, MN 55401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS INTERNATIONAL NETWORK FOR GU 1043 GRAND AVE 299 SAINT PAUL, MN 551053002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
YOUNG MENS CHRISTIAN ASSOCIATION OF 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
YOUNG WOMENS CHRISTIAN ASSOCIATION 375 SELBY AVE SAINT PAUL, MN 551021822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH FRONTIERS INC 5215 EDINA INDUSTRIAL BLVD SUITE 400 MINNEAPOLIS, MN 55439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUTHLINK41 N 12TH ST MINNEAPOLIS, MN 554031325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
YOUTHLINK41 N 12TH ST MINNEAPOLIS, MN 554031325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
A CARING PLUS FOUNDATION 6350 GARESCHE AVENUE ST LOUIS, MO 63136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
A T STILL UNIVERSITY OF HEALTH SCIE 800 W JEFFERSON ST KIRKSVILLE, MO 635011443	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICANA CHILDRENS EDUCATION FUND I 8555 NORTH GOWER AVENUE KANSAS CITY, MO 64154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
AFRICANA CHILDRENS EDUCATION FUND I 8555 NORTH GOWER AVENUE KANSAS CITY, MO 64154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
AFRICANA CHILDRENS EDUCATION FUND I 8555 NORTH GOWER AVENUE KANSAS CITY, MO 64154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM HIGH-ST LOUIS755 S PRICE RD SAINT LOUIS, MO 631241866	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
AISH HATORAH OF GREATER ST LOUIS IN 457 N WOODS MILL RD CHESTERFIELD, MO 630173327	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
AISH HATORAH OF GREATER ST LOUIS IN 457 N WOODS MILL RD CHESTERFIELD, MO 630173327	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL ABILITIES ATHLETICS INC PO BOX 1668 WASHINGTON, MO 630908668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALL ABILITIES ATHLETICS INC PO BOX 1668 WASHINGTON, MO 630908668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALL ABILITIES ATHLETICS INC PO BOX 1668 WASHINGTON, MO 630908668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALMOST HOME 3200 ST VINCENT AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALPHAPOINTE7501 PROSPECT AVENUE KANSAS CITY, MO 641322103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ALZHEIMERS DISEASE AND RELATED DISO 2400 BLUFF CREEK DRIVE COLUMBIA, MO 65201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 9370 OLIVE BLVD ST LOUIS, MO 631323214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1100 PENNSYLVANIA AVE KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN CANCER SOCIETY INC 4207 LINDELL BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF M 906 OLIVE ST SUITE 1130 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 15455 CONWAY RD STE 360 CHESTERFIELD, MO 630176033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN HEART ASSOCIATION INC 2446 E MADRID SPRINGFIELD, MO 65804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 460 N LINDBERG BLVD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN LUNG ASSOCIATION 7745 CARONDELET STE 305 SAINT LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 10195 CORPORATE SQUARE DRIVE SAINT LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 6601 WINCHESTER AVE STE 110 KANSAS CITY, MO 64133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
AMERICAN NATIONAL RED CROSS 6601 WINCHESTER AVE STE 110 KANSAS CITY, MO 64133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 6601 WINCHESTER AVE STE 110 KANSAS CITY, MO 64133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 6601 WINCHESTER AVE STE 110 KANSAS CITY, MO 64133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN PARKINSON DISEASE ASSOC 1415 ELBRIDGE PAYNE SUITE 150 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN PARKINSON DISEASE ASSOC 1415 ELBRIDGE PAYNE SUITE 150 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PARKINSON DISEASE ASSOC 1415 ELBRIDGE PAYNE SUITE 150 CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN YOUTH FOUNDATION 6357 CLAYTON RD SAINT LOUIS, MO 631171808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2258 WELDON PARKWAY ST LOUIS, MO 631463206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ANGEL FLIGHT-CENTRAL 10 NW RICHARDS ROAD KANSAS CITY, MO 641164253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ANGELS ARMS 12128 TESSON FERRY RD STE A SAINT LOUIS, MO 631281778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS ARMS 12128 TESSON FERRY RD STE A SAINT LOUIS, MO 631281778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ANIMAL PROTECTIVE ASSOCIATION OF MI 1705 S HANLEY RD ST LOUIS, MO 63144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	765
ANTI-DEFAMATION LEAGUE 222 SOUTH MERAMEC AVENUE SUITE 301 ST LOUIS, MO 63105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DR ST LOUIS, MO 63119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ARTHRITIS FOUNDATION INC 9433 OLIVE STREET SUITE 100 SAINT LOUIS, MO 631323132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ARTHRITIS FOUNDATION INC 9433 OLIVE BOULEVARD SUITE 100 ST LOUIS, MO 63132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 9433 OLIVE STREET SUITE 100 SAINT LOUIS, MO 631323132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BACK TO SCHOOL BLAST 6096 E FARM RD 152 SPRINGFIELD, MO 65809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BAND TOGETHER 4579 LACLEDE AVENUE 259 ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERNARD MIDDLE1054 FORDER RD SAINT LOUIS, MO 63129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
BETA GAMMA SIGMA INC 11814 BORMAN DRIVE SAINT LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BETHESDA HEALTH GROUP FOUNDATION OF 1630 DES PERES RD STE 290 SAINT LOUIS, MO 631311800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA HEALTH GROUP FOUNDATION OF 1630 DES PERES RD STE 290 SAINT LOUIS, MO 631311800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	70
BETHESDA HEALTH GROUP FOUNDATION OF 1630 DES PERES RD STE 290 SAINT LOUIS, MO 631311800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20
BETTER FAMILY LIFE INC 5415 PAGE BLVD ST LOUIS, MO 63112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BEYOND HOUSING INC 6506 WRIGHT WAY SAINT LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT ST KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT ST KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	356
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	264
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	176
BIG BROTHERS AND SISTERS OF GREATER 1709 WALNUT STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
BIG BROTHERS BIG SISTERS OF EASTERN 501 N GRAND BOULEVARD SUITE 100 ST LOUIS, MO 631031035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF EASTERN 501 N GRAND BOULEVARD SUITE 100 ST LOUIS, MO 631031035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF THE OZA 3372 W BATTLEFIELD ST SPRINGFIELD, MO 658073872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIKE WALK KC 1106 EAST 30TH STREET SUITE G KANSAS CITY, MO 64109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE WALK KC 1106 EAST 30TH STREET SUITE G KANSAS CITY, MO 64109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
BIKE WALK KC 1106 EAST 30TH STREET SUITE G KANSAS CITY, MO 64109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	162
BIKE WALK KC 1106 EAST 30TH STREET SUITE G KANSAS CITY, MO 64109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE WALK KC 1106 EAST 30TH STREET SUITE G KANSAS CITY, MO 64109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
BIOSTL7515 FORSYTH BLVD SAINT LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BIRTHRIGHT COUNSELING ST LOUIS 2525 S BRENTWOOD BLVD SUITE 102 ST LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOKS FOR STL KIDS881 DELVIN DR SAINT LOUIS, MO 631418810	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4568 WEST PINE BLVD SAINT LOUIS, MO 631082186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
BOY SCOUTS OF AMERICA 10210 HOLMES RD KANSAS CITY, MO 641314212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4568 W PINE BLVD ST LOUIS, MO 631082110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOYS AND GIRLS CLUBS OF THE COLUMBI 1200 N 7TH STREET COLUMBIA, MO 652014716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
BOYS HOPE GIRLS HOPE 8027 ELINOR AVENUE RICHMOND HEIGHTS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRACE FOR IMPACT 46 INC 8651 HWY N 46 LAKE ST LOUIS, MO 633672681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CANCER SUPPORT COMMUNITY OF GREATER 1058 OLD DES PERES RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CANCER SUPPORT COMMUNITY OF GREATER 1058 OLD DES PERES RD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL GLENNON CHILDRENS FOUNDATI 3800 PARK AVENUE ST LOUIS, MO 63110	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
CARE TO LEARN 1740 S GLENSTONE AVE SUITE R SPRINGFIELD, MO 65804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CARITAS CONNECTIONS INC 13319 KENROYAL DRIVE ST LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES FOUNDATION PO BOX 952393 ST LOUIS, MO 631952393	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF ST LOUIS 4445 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,000
CATHOLIC HIGH SCHOOL ASSOCIATION OF 1000 BORGIA DRIVE WASHINGTON, MO 63090	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR HEARING & SPEECH 9835 MANCHESTER RD SAINT LOUIS, MO 631191313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CENTER FOR HEARING & SPEECH 9835 MANCHESTER RD SAINT LOUIS, MO 631191313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CENTER OF CREATIVE ARTS 524 TRINITY AVE SAINT LOUIS, MO 631304314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER OF CREATIVE ARTS 524 TRINITY AVENUE ST LOUIS, MO 631304314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CENTER OF CREATIVE ARTS 524 TRINITY AVE SAINT LOUIS, MO 631304314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE SAINT LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE SAINT LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,530
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE SAINT LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,083
CENTRAL INSTITUTE FOR THE DEAF 825 S TAYLOR AVE SAINT LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD ST LOUIS, MO 631312729	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
CHAMINADE COLLEGE PREPARATORY 425 S LINDBERGH BLVD ST LOUIS, MO 631312729	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHARACTERPLUS1460 CRAIG ROAD ST LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,106
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,824
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	723
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL 2000 E RED BRIDGE RD KANSAS CITY, MO 641313610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	248
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	947
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	690
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	460
CHILDRENS CENTER FOR THE VISUALLY I 3101 MAIN ST KANSAS CITY, MO 641111921	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK OF GREATE 5700 OAKLAND AVE STE 220 ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CINEMA ST LOUIS 3547 OLIVE STREET SUITE 260 ST LOUIS, MO 631031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CINEMA ST LOUIS 3547 OLIVE STREET SUITE 260 ST LOUIS, MO 631031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631151733	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	990
CITY ACADEMY INC 4175 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631151733	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
CLAYTON EDUCATION FOUNDATION 2 MARK TWAIN CIR ST LOUIS, MO 631051613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLAYTON HIGH1 MARK TWAIN CIRCLE CLAYTON, MO 63105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
COAST GUARD AUXILIARY ASSOCIATION I 9449 WATSON INDUSTRIAL PARK ST LOUIS, MO 63126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
COLLEGE HILL FOUNDATION 17112 CHAISE RIDGE ROAD SAINT LOUIS, MO 63005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PARTNERSHIP OF THE OZARK 330 N JEFFERSON AVE SPRINGFIELD, MO 658061155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY SCHOOL900 LAY ROAD SAINT LOUIS, MO 631241818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
COMMUNITY SCHOOL900 LAY ROAD SAINT LOUIS, MO 631241818	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL ASSOCIATION 900 LAY RD ST LOUIS, MO 631241818	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CONCORDIA SEMINARY 801 SEMINARY PLACE ST LOUIS, MO 631053168	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CONNECTIONS TO SUCCESS INC 3000 LITTLE HILLS EXPY 102 SAINT CHARLES, MO 633013751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTEMPORARY ART MUSEUM ST LOUIS 3750 WASHINGTON BLVD SAINT LOUIS, MO 631083612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,900
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONVOY OF HOPE 330 S PATTERSON AVE SPRINGFIELD, MO 658022213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONES OF CARE 300 E 36TH ST KANSAS CITY, MO 641111410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CORNERSTONES OF CARE 300 E 36TH ST KANSAS CITY, MO 641111410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COTTEY COLLEGE1000 W AUSTIN BLVD NEVADA, MO 647722763	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR EDUCATIONAL ADVANCEMENT 1460 CRAIG ROAD SAINT LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
COVENANT HOUSE MISSOURI 2727 N KINGSHIGHWAY ST LOUIS, MO 63113	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
COVENANT PLACE FOUNDATION 8 MILLSTONE CAMPUS DR SUITE 2000 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVERING HOUSEPO BOX 12206 SAINT LOUIS, MO 631570206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COVERING HOUSEPO BOX 12206 SAINT LOUIS, MO 631570206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
COYOTE HILL CHRISTIAN CHILDRENS HOM 9501 W COYOTE HILL RD HARRISBURG, MO 65256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CULTIVATE KANSAS CITY INC 300 E 39TH ST KANSAS CITY, MO 64111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CULTURAL LEADERSHIP INC 225 S MERAMEC AVE SUITE 107 ST LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURATORS OF THE UNIVERSITY OF MISSO 1 UNIVERSITY DRIVE 308 WOODS HALL ST LOUIS, MO 63121	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	43
CURATORS OF THE UNIVERSITY OF MISSO 1 UNIVERSITY DRIVE 308 WOODS HALL ST LOUIS, MO 63121	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 CLAYTON, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2405 GRAND BLVD KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CYSTIC FIBROSIS FOUNDATION 8251 MARYLAND AVE SUITE 16 ST LOUIS, MO 63105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE SMET JESUIT HIGH SCHOOL 233 NORTH NEW BALLAS RD SAINT LOUIS, MO 63141	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
DEMOLAY INTERNATIONAL 10200 NW AMBASSADOR DRIVE KANSAS CITY, MO 641531367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DEMOLAY INTERNATIONAL 20 ARMITAGE DRIVE ST PETERS, MO 63376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMOLAY INTERNATIONAL 20 ARMITAGE DRIVE ST PETERS, MO 63376	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
DIOCESE OF KANSAS CITY-ST JOSEPH 815 E MEYER BLVD KANSAS CITY, MO 64131	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
DISABLED ATHLETE SPORTS ASSOCIATION 1236 JUNGERMANN RD STE A ST PETERS, MO 633766962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONALD DANFORTH PLANT SCIENCE CENTE 975 N WARSON RD ST LOUIS, MO 631322918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE HELIX CORPORATION 3524 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DOWN SYNDROME ASSOCIATION OF GREATE 8531 PAGE AVENUE SUITE 120 ST LOUIS, MO 631146006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DOWN SYNDROME ASSOCIATION OF GREATE 8531 PAGE AVENUE SUITE 120 ST LOUIS, MO 631146006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN CHILDRENS CENTER 607 N 22ND STREET ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
DOWNTOWN CHILDRENS CENTER 607 N 22ND STREET ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
DOWNTOWN CHILDRENS CENTER 607 N 22ND STREET ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMCHASER PMU HORSE RESCUE AND RE 6340 KINCHELOE DR FALCON, MO 65470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
DRURY UNIVERSITY900 N BENTON AVE SPRINGFIELD, MO 658023712	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
DRURY UNIVERSITY900 N BENTON AVE SPRINGFIELD, MO 658023712	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUO DOGS INC10955 LINPAGE PL SAINT LOUIS, MO 631321006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
EAGLES WINGSPO BOX 441 SAINT CHARLES, MO 63302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EAST ST LOUIS COMMUNITY TENNIS ASSO 2928 UNIVERSITY STREET ST LOUIS, MO 63107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EDUCATIONAL FOUNDATION OF ALPHA GAM 10101 N AMBASSADOR DR KANSAS CITY, MO 641531366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTREPRENEUR STARTUP BUSINESS DEVEL 911 WASHINGTON AVE SUITE 140 SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE WEBSTER GROVES, MO 63119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
EPWORTH CHILDREN & FAMILY SERVICES 110 N ELM AVENUE WEBSTER GROVES, MO 63119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIN ANDRA WILSON FOUNDATION 121 W 48TH STREET 1508 KANSAS CITY, MO 64112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ERIN EICKMEIER FOUNDATION 414 WILDBRIER DR BALLWIN, MO 630112624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
EVANGEL UNIVERSITY 1111 N GLENSTONE AVE SPRINGFIELD, MO 65802	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXODUS CRY INC714 MAIN ST GRANDVIEW, MO 640302329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRINGS PARKWAY SUITE 310 KANSAS CITY, MO 64153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FATHERS SUPPORT CENTER ST LOUIS 4411 N NEWSTEAD AVE SAINT LOUIS, MO 631152534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,037
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHERS SUPPORT CENTER ST LOUIS 4411 N NEWSTEAD AVE SAINT LOUIS, MO 631152534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FEED MY PEOPLE171 KINGSTON DR ST LOUIS, MO 63125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FEED MY PEOPLE171 KINGSTON DR ST LOUIS, MO 63125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS ST LOUIS 815 OLIVE STREET STE 110 ST LOUIS, MO 63101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
FONTBONNE UNIVERSITY 6800 WYDOWN BLVD ST LOUIS, MO 631053043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FONTBONNE UNIVERSITY 6800 WYDOWN BLVD ST LOUIS, MO 631053043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST PARK FOREVER INC 5595 GRAND DR SAINT LOUIS, MO 631121095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
FORMOSA CHRISTIAN MISSION INC 905 DOGWOOD DR KIRKSVILLE, MO 63501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FORSYTH SCHOOL 6235 WYDOWN BOULEVARD SAINT LOUIS, MO 631052306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER CARE COALITION OF GREATER ST 1750 S BRENTWOOD BLVD STE 210 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
FRIENDS OF CHARACTERPLUS 1460 CRAIG ROAD ST LOUIS, MO 63146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF CHARACTERPLUS 1460 CRAIG RD SAINT LOUIS, MO 631464842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KWMU INC ONE UNIVERSITY BLVD ST LOUIS, MO 63121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GATEWAY ARCH PARK FOUNDATION 1 S MEMORIAL DR STE 700 SAINT LOUIS, MO 631022439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
GATEWAY CENTER FOR THE PERFORMING A 8045 BIG BEND BLVD STE 200 WEBSTER GRVS, MO 631192714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATEWAY EITC COMMUNITY COALITION 910 N 11TH ST SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GATEWAY REGION YOUNG MENS CHRISTIAN 16464 BURKHARDT PLACE CHESTERFIELD, MO 63017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GATEWAY REGION YOUNG MENS CHRISTIAN 3451 PHEASANT MEADOW DRIVE O FALLON, MO 63368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATEWAY REGION YOUNG MENS CHRISTIAN 3451 PHEASANT MEADOW DRIVE O FALLON, MO 63368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GENERAL COUNCIL OF THE ASSEMBLIES O 1445 N BOONVILLE AVE SPRINGFIELD, MO 658021894	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	432
GERMAN ST VINCENT ORPHAN ASSOCIATIO 7401 FLORISSANT RD ST LOUIS, MO 631214835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMAN ST VINCENT ORPHAN ASSOCIATIO 7401 FLORISSANT RD ST LOUIS, MO 631214835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
GERMAN ST VINCENT ORPHAN ASSOCIATIO 7401 FLORISSANT RD ST LOUIS, MO 631214835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
GERMAN ST VINCENT ORPHAN ASSOCIATIO 7401 FLORISSANT RD ST LOUIS, MO 631214835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMAN ST VINCENT ORPHAN ASSOCIATIO 7401 FLORISSANT RD ST LOUIS, MO 631214835	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
GIRL SCOUTS OF EASTERN MISSOURI INC 2300 BALL DR SAINT LOUIS, MO 631468604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
GIRL SCOUTS OF NORTHEAST KANSAS AND 8383 BLUE PARKWAY KANSAS CITY, MO 641334750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL COMPASSION MINISTRIES 1205 MOTHERHEAD ROAD ST CHARLES, MO 63304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	217
GLOBAL COMPASSION MINISTRIES 1205 MOTHERHEAD ROAD ST CHARLES, MO 63304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	162
GLOBAL COMPASSION MINISTRIES 1205 MOTHERHEAD ROAD ST CHARLES, MO 63304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL COMPASSION MINISTRIES 1205 MOTHERHEAD ROAD ST CHARLES, MO 63304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
GLOBAL COMPASSION MINISTRIES 1205 MOTHERHEAD ROAD ST CHARLES, MO 63304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
GOODWILL OF WESTERN MISSOURI AND EA 800 E 18TH STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE AND TRUTH BAPTIST CHURCH PO BOX 3128 INDEPENDENCE, MO 64055	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	330
GRACE HILL SETTLEMENT HOUSE 2125 BISSELL STREET SAINT LOUIS, MO 63107	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
GREATER KANSAS CITY COMMUNITY FOUND 2300 MAIN STREET SUITE 340 KANSAS CITY, MO 64128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREEN WORKS IN KANSAS CITY 4334 MCGEE STREET KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GUARDIAN ANGEL SETTLEMENT ASSOCIATI 1127 N VANDEVENTER AVE SAINT LOUIS, MO 631133427	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
HABITAT FOR HUMANITY INTERNATIONAL 2410 S SCENIC AVE SPRINGFIELD, MO 658073220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2410 S SCENIC AVE SPRINGFIELD, MO 658073220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,400
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 2041 TRADE CENTER DRIVE ST PETERS, MO 633761114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HABITAT FOR HUMANITY INTERNATIONAL 3830 SOUTH GRAND BLVD SAINT LOUIS, MO 63118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 641091914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY OF KANSAS CITY 1423 E LINWOOD BLVD KANSAS CITY, MO 641091914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HARRIS PARK MIDTOWN SPORTS & ACTIVI PO BOX 32901 KANSAS CITY, MO 641717901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRIS PARK MIDTOWN SPORTS & ACTIVI PO BOX 32901 KANSAS CITY, MO 641717901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,264
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,068
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	744
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HARVESTERS-THE COMMUNITY FOOD NETWO 3801 TOPPING AVE KANSAS CITY, MO 641291744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVENHOUSE ST LOUIS 25 PROGRESS PKWY ST LOUIS, MO 63043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAWTHORN LEADERSHIP SCHOOL FOR GIRL 1901 N KINGSHIGHWAY BLVD SAINT LOUIS, MO 631131123	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HAWTHORN LEADERSHIP SCHOOL FOUNDATI POST OFFICE BOX 50059 SAINT LOUIS, MO 63105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWTHORN LEADERSHIP SCHOOL FOUNDATI POST OFFICE BOX 50059 SAINT LOUIS, MO 63105	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
HEAD FOR THE CURE1607 OAK STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEARTLAND HUMANE SOCIETY OF MISSOUR PO BOX 113 O FALLON, MO 633660113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERBERT HOOVER BOYS AND GIRLS CLUB 2901 N GRAND BLVD SAINT LOUIS, MO 631072608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOLY INFANT ELEMENTARY SCHOOL 248 NEW BALLWIN RD BALLWIN, MO 63021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
HOLY INFANT ELEMENTARY SCHOOL 248 NEW BALLWIN RD BALLWIN, MO 63021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY INFANT ELEMENTARY SCHOOL 248 NEW BALLWIN RD BALLWIN, MO 63021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
HOLY INFANT ELEMENTARY SCHOOL 248 NEW BALLWIN RD BALLWIN, MO 63021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
HOPE HAPPENS INC 200 SOUTH HANLEY ROAD STE 1100 CLAYTON, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE INCPO BOX 577 LEES SUMMIT, MO 64063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
HOPE HOUSE INCPO BOX 577 LEES SUMMIT, MO 64063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOPE HOUSE INCPO BOX 577 LEES SUMMIT, MO 64063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE INCPO BOX 577 LEES SUMMIT, MO 64063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOUSE INCPO BOX 577 LEES SUMMIT, MO 64063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	129
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	98
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE SAINT LOUIS, MO 63110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IN AS MUCH MINISTRY 2050 PLUMBERS WAY 190 LIBERTY, MO 640687457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INDEPENDENCE CENTER 4245 FOREST PARK AVE SAINT LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
INTERFAITH RESIDENCE 4385 MARYLAND AVE SAINT LOUIS, MO 631082703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
INTERNATIONAL CRISIS AID INC PO BOX 510167 SAINT LOUIS, MO 631510167	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON COUNTY CASA2544 HOLMES KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JACKSON R-2 SCHOOL DISTRICT FOUNDAT 614 E ADAMS JACKSON, MO 637552150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON SR HIGH315 S MISSOURI JACKSON, MO 63755	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JAMAICA DENTAL MISSION 28 SUMMERHILL LN TWN AND CNTRY, MO 630178408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JASON MOTTE FOUNDATION INC 265 A HICKORY HEDGE DRIVE ST LOUIS, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1807 PARK 270 DRIVE SUITE 110 MARYLAND HEIGHTS, MO 63146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DR SAINT LOUIS, MO 631465776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JOBS FOR AMERICAS GRADUATES INC 3154 W TRACY CT SPRINGFIELD, MO 658012386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
JOHN BURROUGHS SCHOOL 755 SOUTH PRICE ROAD ST LOUIS, MO 631241866	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,875
JOURNEY HOME GSD RESCUE PO BOX 106043 JEFFERSON CTY, MO 651106043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOURNEY HOME GSD RESCUE PO BOX 106043 JEFFERSON CTY, MO 651106043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JOURNEY HOME GSD RESCUE PO BOX 106043 JEFFERSON CTY, MO 651106043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JOYCE MEYER MINISTRIES INC 700 GRACE PKWY FENTON, MO 630265390	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,555
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYCE MEYER MINISTRIES INC 700 GRACE PKWY FENTON, MO 630265390	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
JOYCE MEYER MINISTRIES INC 700 GRACE PKWY FENTON, MO 630265390	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
JOYCE MEYER MINISTRIES INC 700 GRACE PKWY FENTON, MO 630265390	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF GREATER KANSA 4001 BLUE PARKWAY SUITE 210 KANSAS CITY, MO 64130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,227
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER ST LO 17339 NORTH OUTER FORTY ROAD CHESTERFIELD, MO 630051358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
JUNIOR GOLF FOUNDATION OF GREATER S PO BOX 15175 SAINT LOUIS, MO 631100175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUSTINE PETERSEN HOUSING AND REINVE 1023 NORTH GRAND BLVD SAINT LOUIS, MO 63106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
KANSAS CITY BALLET ASSOCIATION 500 W PERSHING RD KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
KANSAS CITY BALLET ASSOCIATION 500 W PERSHING RD KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY BALLET ASSOCIATION 500 W PERSHING RD KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33,000
KANSAS CITY HOSPICE FOUNDATION 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
KANSAS CITY HOSPICE INC 1500 MEADOW LAKE PKWY STE 200 KANSAS CITY, MO 64114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
KANSAS CITY PET PROJECT 4400 RAYTOWN RD KANSAS CITY, MO 641292185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY PET PROJECT 4400 RAYTOWN RD KANSAS CITY, MO 641292185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
KANSAS CITY PET PROJECT 4400 RAYTOWN RD KANSAS CITY, MO 641292185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KANSAS CITY PET PROJECT 4400 RAYTOWN RD KANSAS CITY, MO 641292185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY RESCUE MISSION 1520 CHERRY ST KANSAS CITY, MO 641081530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
KANSAS CITY RESCUE MISSION 1520 CHERRY ST KANSAS CITY, MO 641081530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
KANSAS CITY RESCUE MISSION 1520 CHERRY ST KANSAS CITY, MO 641081530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140,000
KANSAS CITY SYMPHONY 1703 WYANDOTTE STREET SUITE 200 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KC SOCIAL INNOVATION CENTER 1712 MAIN ST FL 4TH KANSAS CITY, MO 641081337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
KC SOCIAL INNOVATION CENTER 1712 MAIN ST FL 4TH KANSAS CITY, MO 641081337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KINGDOM HOUSE1321 S 11TH ST ST LOUIS, MO 631043530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGDOM HOUSE1321 S 11TH ST ST LOUIS, MO 631043530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,100
KINGDOM HOUSE1321 S 11TH ST SAINT LOUIS, MO 631043530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KUTO CORPORATION 2718 S BRENTWOOD BLVD BRENTWOOD, MO 631442710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KUTO CORPORATION 2718 S BRENTWOOD BLVD BRENTWOOD, MO 631442710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
KUTO CORPORATION 2718 S BRENTWOOD BLVD BRENTWOOD, MO 631442710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
KWESI PRINCE FOUNDATION 610 SAINT CHRISTINA LN FLORISSANT, MO 63031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LADUE EDUCATION FOUNDATION 9703 CONWAY RD ST LOUIS, MO 631241646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LADUE EDUCATION FOUNDATION 9703 CONWAY RD ST LOUIS, MO 631241646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LANDMARK LEGAL FOUNDATION 3100 BROADWAY ST STE 1210 KANSAS CITY, MO 641112413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL SERVICES OF EASTERN MO INC 4232 FOREST PARK ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	592
LEGAL SERVICES OF EASTERN MO INC 4232 FOREST PARK ST LOUIS, MO 63108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
LEUKEMIA & LYMPHOMA SOCIETY INC 1972 INNERBELT BUSINESS CENTER ST LOUIS, MO 63114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 1972 INNERBELT BUSINESS CENTER ST LOUIS, MO 63114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 1972 INNERBELT BUSINESS CENTER ST LOUIS, MO 63114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIBERTY MEMORIAL ASSOCIATION 2 MEMORIAL DRIVE KANSAS CITY, MO 641084616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY MEMORIAL ASSOCIATION 2 MEMORIAL DRIVE KANSAS CITY, MO 641084616	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LINDBERGH SCHOOLS FOUNDATION 9350 SAPPINGTON ROAD SAINT LOUIS, MO 63126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LINUS PROJECTPO BOX 1548 BELTON, MO 64012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LITTLE BIT FOUNDATION 516 HANLEY INDUSTRIAL CT ST LOUIS, MO 63144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVELY STONE CHURCH OF GOD APOSTOLI 4015 SAINT LOUIS AVE SAINT LOUIS, MO 631072133	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
LIVING WORD UNITED METHODIST CHURCH 17315 MANCHESTER RD WILDWOOD, MO 63038	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,595
LOVE INC OF COLUMBIA 1516 BUSINESS LOOP 70 W COLUMBIA, MO 65202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA ACADEMY OF ST LOUIS 3851 WASHINGTON BLVD SAINT LOUIS, MO 631083405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
LUTHERAN CHURCH MISSOURI SYNOD FOUN 1333 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
LUTHERAN FAMILY AND CHILDRENS SERVI 9666 OLIVE BOULEVARD SUITE 400 ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN FAMILY AND CHILDRENS SERVI 9666 OLIVE BOULEVARD SUITE 400 ST LOUIS, MO 63132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
LUTHERAN FAMILY AND CHILDRENS SERVI 9666 OLIVE BOULEVARD SUITE 400 ST LOUIS, MO 63132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
MAGIC HOUSE516 S KIRKWOOD RD ST LOUIS, MO 631225926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MAKE-A-WISH FOUNDATION OF MISSOURI 13523 BARRETT PARKWAY DRIVE STE 241 BALLWIN, MO 63021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	303
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 11829 DORSETT ROAD MARYLAND HEIGHTS, MO 63043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
MARCH OF DIMES INC 1709 MISSOURI BLVD STE C 158 JEFFERSON CITY, MO 65109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAREN FUND INC329 WAY AVE KIRKWOOD, MO 631223940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON RD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON ROAD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON RD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON RD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON ROAD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY INSTITUTE AND SAINT LOUIS COUN 101 N WARSON ROAD SAINT LOUIS, MO 631241326	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
MATHEWS-DICKEY BOYS & GIRLS CLUB 4245 N KINGSHIGHWAY BLVD ST LOUIS, MO 63115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MATTIE RHODES CENTER 1740 JEFFERSON ST KANSAS CITY, MO 641081104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTIE RHODES CENTER 1740 JEFFERSON ST KANSAS CITY, MO 641081104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
MATTIE RHODES CENTER 1740 JEFFERSON ST KANSAS CITY, MO 641081104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	77
MERCY HEALTH FOUNDATION SPRINGFIELD 3265 S NATIONAL AVE STE 200 SPRINGFIELD, MO 65807	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN ARTS COUNCIL OF GREATE 106 SOUTHWEST BLVD KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MID-OZARK CASA PROGRAM PO BOX 260 CUBA, MO 65453	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MILITARY POLICE REGIMENTAL ASSOCIAT PO BOX 2182 FT LEONARD WD, MO 654732182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILITARY POLICE REGIMENTAL ASSOCIAT PO BOX 2182 FT LEONARD WD, MO 654732182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
MILITARY POLICE REGIMENTAL ASSOCIAT PO BOX 2182 FT LEONARD WD, MO 654732182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MILITARY POLICE REGIMENTAL ASSOCIAT PO BOX 2182 FT LEONARD WD, MO 654732182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILITARY POLICE REGIMENTAL ASSOCIAT PO BOX 2182 FT LEONARD WD, MO 654732182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MIRIAM FOUNDATION501 BACON AVE ST LOUIS, MO 631191512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MISSION ST LOUIS 3108 N GRAND BLVD ST LOUIS, MO 63107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION ST LOUIS 3108 N GRAND BLVD ST LOUIS, MO 63107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MISSOURI BAPTIST CHILDRENS HOME 11300 ST CHARLES ROCK RD BRIDGETON, MO 630442721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MISSOURI BAPTIST HEALTHCARE FOUN AT 3015 N BALLAS RD ST LOUIS, MO 631312329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,258
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	613
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MISSOURI BOTANICAL GARDEN BOARD OF 4344 SHAW BOULEVARD ST LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,675
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MISSOURI HISTORICAL SOCIETY JEFFERS PO BOX 775460 ST LOUIS, MO 631675460	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI SOUTHERN FOUNDATION 3950 E NEWMAN RD JOPLIN, MO 648011512	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
MISSOURI STATE UNIVERSITY FOUNDATIO 300 SOUTH JEFFERSON SUITE 100 SPRINGFIELD, MO 65806	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOURI WILDLIFE RESCUE CENTER 1128 NEW BALLWIN ROAD BALLWIN, MO 63021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MISSOURI WINTER GAMES INC PO BOX 4934 SPRINGFIELD, MO 658084934	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MITRATA-NEPAL FOUNDATION FOR CHILDR 7253 WATSON RD 127 SAINT LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOEBIUS SYNDROME FOUNDATION PO BOX 147 PILOT GROVE, MO 652760147	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MUNICIPAL THEATRE ASSOCIATION OF ST FOREST PARK ST LOUIS, MO 63112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 SAINT LOUIS, MO 631022439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHILDRENS CANCER SOCIETY I 500 N BROADWAY SUITE 1850 ST LOUIS, MO 63102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL CONFERENCE FOR COMMUNITY A 3301 WASHINGTON AVE SAINT LOUIS, MO 63103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCYPO BOX 440400 SAINT LOUIS, MO 63144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEGRO LEAGUES BASEBALL MUSEUM INC 1616 E 18TH STREET KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
NELSON GALLERY FOUNDATION 4525 OAK ST KANSAS CITY, MO 641111818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
NELSON GALLERY FOUNDATION 4525 OAK ST KANSAS CITY, MO 641111818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NELSON GALLERY FOUNDATION 4525 OAK ST KANSAS CITY, MO 641111818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80,000
NELSON GALLERY FOUNDATION 4525 OAK ST KANSAS CITY, MO 641111818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NEVADA R-5 FOUNDATION 811 W HICKORY NEVADA, MO 647720407	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA R-5 FOUNDATION 811 W HICKORY NEVADA, MO 647720407	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	600
NEVADA R-5 FOUNDATION 811 W HICKORY NEVADA, MO 647720407	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
NEVADA R-5 FOUNDATION 811 W HICKORY NEVADA, MO 647720407	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA R-5 FOUNDATION 811 W HICKORY NEVADA, MO 647720407	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	400
NHL ALUMNI ASSOCIATION 111 WEST PORT PLZ STE 600 SAINT LOUIS, MO 631463015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NORTH GLENDALE PTO 765 N SAPPINGTON RD GLENDALE, MO 631223257	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST HIGH 6005 CEDAR HILL RD CEDAR HILL, MO 63016	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
NRIVA INCPO BOX 410843 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,250
NRIVA INCPO BOX 410843 ST LOUIS, MO 63141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,924
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NRIVA INCPO BOX 410843 ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
NRIVA INCPO BOX 410843 ST LOUIS, MO 63141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
NURSES FOR NEWBORNS 7259 LANDSDOWNE AVE SUITE 100 SAINT LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OPEN DOOR ANIMAL SANCTUARY 6065 DUDA ROAD HOUSE SPRINGS, MO 63051	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
OPERA THEATRE OF SAINT LOUIS 210 HAZEL AVENUE ST LOUIS, MO 63119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BREAKTHROUGH INC 3039 TROOST AVENUE KANSAS CITY, MO 641091540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	190
OPERATION BREAKTHROUGH INC 3039 TROOST AVENUE KANSAS CITY, MO 641091540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
OPERATION BREAKTHROUGH INC 3039 TROOST AVENUE KANSAS CITY, MO 641091540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BREAKTHROUGH INC 3039 TROOST AVENUE KANSAS CITY, MO 641091540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OPERATION BREAKTHROUGH INC 3039 TROOST AVENUE KANSAS CITY, MO 641091540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
OPERATION FOOD SEARCH INC 1644 LOTSIE BLVD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
OUR LADYS INN 8790 MANCHESTER RD 202 SAINT LOUIS, MO 631442724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OZARK GREENWAYS INCPO BOX 50733 SPRINGFIELD, MO 65805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OZARKS FOOD HARVEST INC PO BOX 5746 SPRINGFIELD, MO 658015746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
OZARKS FOOD HARVEST INC PO BOX 5746 SPRINGFIELD, MO 658015746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OZARKS REGIONAL YMCA 417 S JEFFERSON AVE SPRINGFIELD, MO 658062315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
OZARKS REGIONAL YMCA 417 S JEFFERSON AVE SPRINGFIELD, MO 658062315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,100
OZARKS REGIONAL YMCA 417 S JEFFERSON AVE SPRINGFIELD, MO 658062315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARALYZED VETERANS OF AMERICA 1131 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PARAQUAD INC5240 OAKLAND AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,403
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	499
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL THE CAUSE 9288 DIELMAN INDUSTRIAL DR ST LOUIS, MO 63132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
PETS A LONE SANCTUARY OF LINCOLN 4287 HIGHWAY 47 WEST HAWK POINT, MO 63349	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PI BETA PHI FOUNDATION 1154 TOWN AND COUNTRY COMMONS DR TOWN AND COUNTRY, MO 630178200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PKD FOUNDATION 1001 E 101ST TER STE 220 KANSAS CITY, MO 641313554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PKD FOUNDATION 1001 E 101ST TERRACE SUITE 220 KANSAS CITY, MO 64131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PKD FOUNDATION 1001 E 101ST TER STE 220 KANSAS CITY, MO 641313554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF THE ST LOUIS 4251 FOREST PARK SAINT LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	198
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC TELEVISION 19 INC 125 E 31ST ST KANSAS CITY, MO 641083216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
RANKEN TECHNICAL COLLEGE 4431 FINNEY AVE ST LOUIS, MO 63113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPHA HOUSE INTERNATIONAL INC PO BOX 1569 JOPLIN, MO 64802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RAYMORE-PECULIAR PUBLIC SCHOOL FOUN PO BOX 789 PECULIAR, MO 640780789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RAYMORE-PECULIAR PUBLIC SCHOOL FOUN PO BOX 789 PECULIAR, MO 640780789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	643
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
READY TO LEARN 1325 NORTH WARSON ROAD ST LOUIS, MO 63132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVE SUITE 2 SAINT LOUIS, MO 631191827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVE SUITE 2 SAINT LOUIS, MO 631191827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,500
REBUILDING TOGETHER ST LOUIS 357 MARSHALL AVE SUITE 2 SAINT LOUIS, MO 631191827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REPERTORY THEATRE OF ST LOUIS 130 EDGAR RD ST LOUIS, MO 631193228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RESTART INC918 E 9TH STREET KANSAS CITY, MO 64106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISE COMMUNITY DEVELOPMENT 1627 WASHINGTON AVENUE ST LOUIS, MO 63103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ROCKHURST HIGH SCHOOL 9301 STATE LINE RD KANSAS CITY, MO 641143235	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ROMAN CATHOLIC FOUNDATION OF EASTER 12 ARCHBISHOP MAY DR SAINT LOUIS, MO 631195738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,057
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
RONALD MCDONALD HOUSE CHARITIES OF 949 E PRIMROSE SPRINGFIELD, MO 658075257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
RONALD MCDONALD HOUSE CHARITIES OF 3501 LANSING AVE COLUMBIA, MO 65201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RONALD MCDONALD HOUSE CHARITIES OF 949 E PRIMROSE SPRINGFIELD, MO 658075257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 3450 PARK AVE SAINT LOUIS, MO 631041334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD SAINT LOUIS, MO 63108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT LUKES FOUNDATION 901 E 104TH ST MAILSTOP 100 S KANSAS CITY, MO 641314517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAINT LUKES HEALTH SYSTEM HOME CARE 901 E 104TH STREET 100 KANSAS CITY, MO 641314517	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SALVATION ARMY NATIONAL CORP 1130 HAMPTON AVENUE ST LOUIS, MO 63139	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE - PREGNANCY AND INFANT LOSS S 402 JACKSON STREET SAINT CHARLES, MO 63301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
SHELDON ARTS FOUNDATION 3648 WASHINGTON BOULEVARD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHEPS PLACE SENIOR DOG SANCTUARY 17012 E TRUMAN RD INDEPENDENCE, MO 640561703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHOOTING STAR PRODUCTIONS 830 ORPINGTON COURT SAINT LOUIS, MO 63131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SHRINERS HOSPITALS FOR CHILDREN 4400 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SOUTHSIDE EARLY CHILDHOOD CENTER 2101 SOUTH JEFFERSON AVENUE ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS MISSOURI 305 SPECIAL OLYMPICS DRIVE JEFFERSON CTY, MO 65101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SPRINGFIELD CENTERS FOR DYSLEXIA AN 1000 E PRIMROSE ST STE 540 SPRINGFIELD, MO 658075180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPRINGFIELD COMMUNITY GARDENS 1126 A N BROADWAY ST SPRINGFIELD, MO 658020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SSM HEALTH CARDINAL GLENNON CHILDRE 1465 SOUTH GRAND BOULEVARD SAINT LOUIS, MO 631041095	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SSM HEALTH CARDINAL GLENNON CHILDRE 10101 WOODFIELD LANE ST LOUIS, MO 631322937	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST ANTHONY CATHOLIC CHURCH HIGH RID 3009 HIGH RIDGE BLVD HIGH RIDGE, MO 630492216	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS BORGIA CATHOLIC CHURCH 115 CEDAR STREET WASHINGTON, MO 630902108	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST GABRIEL SCHOOL 4737 N CLEVELAND AVE KANSAS CITY, MO 64117	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
ST JOSEPH CATHOLIC CHURCH COTTLEVIL 1355 MOTHERHEAD RD SAINT CHARLES, MO 633047686	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,237
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,323
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,052
ST LOUIS ART MUSEUM FOUNDATION 1 FINE ARTS DR ST LOUIS, MO 631101380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,837
ST LOUIS BEREAVEMENT CENTER FOR YOU 1333 W LOCKWOOD AVE 104 ST LOUIS, MO 63122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS BEREAVEMENT CENTER FOR YOU 1333 W LOCKWOOD AVE 104 ST LOUIS, MO 63122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
ST LOUIS BEREAVEMENT CENTER FOR YOU 1333 W LOCKWOOD AVE 104 ST LOUIS, MO 63122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST LOUIS BEREAVEMENT CENTER FOR YOU 1333 W LOCKWOOD AVE 104 ST LOUIS, MO 63122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS BEREAVEMENT CENTER FOR YOU 1333 W LOCKWOOD AVE 104 ST LOUIS, MO 63122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST LOUIS CARDINALS COMMUNITY FUND 700 CLARK STREET ST LOUIS, MO 631021722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ST LOUIS CARDINALS COMMUNITY FUND 700 CLARK STREET ST LOUIS, MO 631021722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CARDINALS COMMUNITY FUND 700 CLARK STREET ST LOUIS, MO 631021722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST LOUIS CHILDRENS HOSPITAL 1001 HIGHLANDS PLAZA DRIVE WEST SUITE 160 SAINT LOUIS, MO 631101002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ST LOUIS COMMUNITY COLLEGE FOUNDATI 3221 MCKELVEY BRIDGETON, MO 63044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY COLLEGE FOUNDATI 3221 MCKELVEY BRIDGETON, MO 63044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST LOUIS COMMUNITY FOUNDATION INCOR 2 OAK KNOLL PARK ST LOUIS, MO 63105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH ST LOUIS, MO 631313501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST LOUIS COUNTY LIBRARY FOUNDATION 1640 S LINDBERGH BLVD SAINT LOUIS, MO 63131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR STE 18 SAINT LOUIS, MO 63146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
ST LOUIS METROPOLITAN SPAY NEUTER & 1218 SOUTH JEFFERSON ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ST LOUIS OVARIAN CANCER AWARENESS 12015 MANCHESTER RD STE 130 ST LOUIS, MO 63131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS PRIORY SCHOOL 500 S MASON ROAD SAINT LOUIS, MO 631418522	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
ST LOUIS PSYCHOANALYTIC INSTITUTE 8820 LADUE ROAD 3RD FLOOR SAINT LOUIS, MO 631242079	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,556
ST LOUIS PUBLIC SCHOOLS FOUNDATION 801 N 11TH STREET ST LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 631101404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	389
ST LOUIS SCIENCE CENTER FOUNDATION 5050 OAKLAND AVENUE ST LOUIS, MO 631101404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	148
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,150
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 319 ST LOUIS, MO 63103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
ST LOUIS UNIVERSITY ONE NORTH GRAND BLVD DB 310 ST LOUIS, MO 631031020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,110
ST LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVE ST LOUIS, MO 631101402	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVE SAINT LOUIS, MO 631101402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST LUKES EPISCOPAL-PRESBYTERIAN HOS 232 S WOODS MILL RD CHESTERFIELD, MO 630173417	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
ST MARY & ST LOUIS ABBEY 500 SOUTH MASON ROAD ST LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK CENTER 800 N TUCKER BLVD ST LOUIS, MO 631011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST PATRICK CENTER 800 N TUCKER BLVD ST SAINT LOUIS, MO 63101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STAGES ST LOUIS 1023 CHESTERFIELD PARKWAY EAST CHESTERFIELD, MO 63017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 631032219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14
SUNSHINE MINISTRIES INC PO BOX 66880 SAINT LOUIS, MO 631666880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUNSHINE MINISTRIES INC PO BOX 66880 SAINT LOUIS, MO 631666880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSHINE MINISTRIES INC PO BOX 66880 SAINT LOUIS, MO 631666880	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 1002 HI-POINTE PLACE SUITE 100 SAINT LOUIS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 1002 HI-POINTE PLACE SUITE 100 SAINT LOUIS, MO 63117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1002 HI-POINTE PLACE SUITE 100 SAINT LOUIS, MO 63117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUSAN G KOMEN BREAST CANCER FOUNDAT 1002 HI-POINTE PLACE SUITE 100 SAINT LOUIS, MO 63117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 1002 HI-POINTE PLACE SUITE 100 SAINT LOUIS, MO 63117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,232
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION C/O COPILEVITZ CANTER 310 WEST 20TH ST SUITE 300 KANSAS CITY, MO 64108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE ANGEL BAND PROJECT 6267 DELMAR 3 W SAINT LOUIS, MO 63130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
THE BACKSTOPPERS INC PO BOX 795168 SAINT LOUIS, MO 631790700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOME SOCIETY OF MISSO 1167 CORPORATE LAKE DRIVE SAINT LOUIS, MO 631321716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CROSSING114 N EATHERTON RD CHESTERFIELD, MO 630053502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	190
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CURATORS OF THE UNIVERSITY OF M 407 REYNOLDS ALUMNI CENTER UNIVERSITY OF MISSOURI GIFT PROCESS COLUMBIA, MO 65211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
THE FOOD BANK FOR CENTRAL & NORTHEA 2101 VANDIVER DRIVE COLUMBIA, MO 65202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
THE FOUNDATION FOR BARNES-JEWISH HO 1001 HIGHLANDS PLAZA DRIVE WEST STE 140 SAINT LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR BARNES-JEWISH HO 1001 HIGHLANDS PLAZA DRIVE WEST STE 140 SAINT LOUIS, MO 63110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE FRIENDS OF THE GREEN CENTER 8025 BLACKBERRY AVE SAINT LOUIS, MO 631302700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE GATHERING UNITED METHODIST CHUR 2001 S HANLEY RD SUITE 450 ST LOUIS, MO 63144	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MISSION CONTINUES 1141 S 7TH ST ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE MOOG CENTER FOR DEAF EDUCATION 12300 S 40 DR SAINT LOUIS, MO 631418820	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE OASIS INSTITUTE11780 BORMAN ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PRINCIPIA SCHOOL 13201 CLAYTON ROAD ST LOUIS, MO 63131	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	90
THE PRINCIPIA SCHOOL 13201 CLAYTON ROAD ST LOUIS, MO 63131	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
THE RAINBOW NETWORK INC 2840 E CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RAINBOW NETWORK INC 2840 E CHESTNUT EXPRESSWAY SPRINGFIELD, MO 65802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,553
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR SAINT LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,268
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAINT LOUIS ZOO FOUNDATION 1 GOVERNMENT DR ST LOUIS, MO 631101332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE SALVATION ARMY 1130 HAMPTON AVE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 1130 HAMPTON AVE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1130 HAMPTON AVE SAINT LOUIS, MO 63139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
THE VICTIM CENTER INC 819 N BOONVILLE AVE SPRINGFIELD, MO 658023831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
THE WILSON SCHOOL 400 DE MUN AVENUE CLATYON, MO 631052209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPLE A YOUTH FOUNDATION 5163 CLAYTON AVE ST LOUIS, MO 63110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED METHODIST CHURCH OF GREEN TR 14237 LADUE ROAD CHESTERFIELD, MO 63017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	130
UNITED METHODIST CHURCH OF GREEN TR 14237 LADUE ROAD CHESTERFIELD, MO 63017	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS PO BOX 10367 ST LOUIS, MO 631450367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS PO BOX 10367 ST LOUIS, MO 631450367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICES4140 OLD MILL PKWY SAINT PETERS, MO 633766550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICES 4140 OLD MILL PKWY SAINT PETERS, MO 633766550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED SERVICES 4140 OLD MILL PKWY SAINT PETERS, MO 633766550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED SERVICES 4140 OLD MILL PKWY SAINT PETERS, MO 633766550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICES 4140 OLD MILL PKWY SAINT PETERS, MO 633766550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	464
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	232
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER KANSAS CITY I PO BOX 871400 KANSAS CITY, MO 641871400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,400
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,699
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	306
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,345
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,611
UNITED WAY OF GREATER ST LOUIS INC 910 NORTH 11TH STREET SAINT LOUIS, MO 631011018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,065
UNIVERSITY CITY SWIM CLUB 7274 CREVELING DRIVE SAINT LOUIS, MO 63130	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MISSOURI ALUMNI ASSN 123 D W REYNOLDS ALMI AND VSTR CTR COLUMBIA, MO 652110001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UPLIFT ORGANIZATION INC PO BOX 270175 KANSAS CITY, MO 641270175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UPLIFT ORGANIZATION INC PO BOX 270175 KANSAS CITY, MO 641270175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF METROPOLITAN ST LOU 3701 GRANDEL SQUARE ST LOUIS, MO 63108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
URBAN SPROUTS6757 OLIVE BLVD SAINT LOUIS, MO 631302514	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VARIETY THE CHILDRENS CHARITY OF ST 11840 WESTLINE INDUSTRIAL DR STE 220 ST LOUIS, MO 63146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 641313053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OF FOREIGN WARS FOUNDATION 406 W 34TH ST SUITE 920 KANSAS CITY, MO 64111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
VIANNEY HIGH SCHOOL 1311 S KIRKWOOD RD ST LOUIS, MO 631227226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
VILLA DUCHESNE & OAK HILL SCHOOL 801 S SPOEDE RD SAINT LOUIS, MO 631312699	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS IN MEDICINE INC 1039 SOUTH DUCHESNE STREET ST CHARLES, MO 63301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,145
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,301
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE SAINT LOUIS, MO 63130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1082 ST LOUIS, MO 631304899	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000,000
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,525
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	654
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	506
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
WATER ORG INC 117 W 20TH STREET SUITE 203 KANSAS CITY, MO 64108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
WAYSIDE WAIFS INC 3901 MARTHA TRUMAN ROAD KANSAS CITY, MO 64137	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WELCOME HOME INC 2120 BUSINESS LOOP 70 EAST COLUMBIA, MO 65201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOME HOUSE INC1414 E 27TH ST KANSAS CITY, MO 64108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WHITFIELD SCHOOL INC 175 S MASON ROAD SAINT LOUIS, MO 63141	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WILD CANID SURVIVAL & RESEARCH CENT PO BOX 760 EUREKA, MO 63025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD CANID SURVIVAL & RESEARCH CENT PO BOX 760 EUREKA, MO 63025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WINDSOR INTERMEDIATE 6208 HWY 61-67 IMPERIAL, MO 63052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
WINDSOR INTERMEDIATE 6208 HWY 61-67 IMPERIAL, MO 63052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR INTERMEDIATE 6208 HWY 61-67 IMPERIAL, MO 63052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	16
WINGS OF HOPE INCORPORATED 18370 WINGS OF HOPE BLVD CHESTERFIELD, MO 630054640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WINGS OF HOPE INCORPORATED 18370 WINGS OF HOPE BLVD CHESTERFIELD, MO 630054640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMANS EXCHANGE OF ST LOUIS 8811A LADUE RD ST LOUIS, MO 63124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WOMENS EMPLOYMENT NETWORK 4328 MADISON KANSAS CITY, MO 64111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WOMENS FOUNDATION OF GEATER SAINT L 11111 CONWAY RD SAINT LOUIS, MO 631312624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDSERVE INTERNATIONAL PO BOX 3437 SPRINGFIELD, MO 65808	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WRESTL1800 S BROADWAY ST LOUIS, MO 63104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WRIGHT COUNTY CHILDRENS HOME 528 W NORWOOD NORWOOD, MO 657179168	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE ST LOUIS, MO 631083336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE ST LOUIS, MO 631083336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
YOUNG WOMENS CHRISTIAN ASSOCIATION 3820 WEST PINE BLVD ST LOUIS, MO 63108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH IN NEED1815 BOONES LICK RD SAINT CHARLES, MO 633012247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DR SAINT CHARLES, MO 633034194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DR SAINT CHARLES, MO 633034194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DR SAINT CHARLES, MO 633034194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DR SAINT CHARLES, MO 633034194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DR SAINT CHARLES, MO 633034194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH VOLUNTEER CORPS 1025 JEFFERSON ST KANSAS CITY, MO 64105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 1380 LIVINGSTON LN JACKSON, MS 39213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1380 LIVINGSTON LN JACKSON, MS 39213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1318 HARDY ST HATTIESBURG, MS 394014982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 1318 HARDY ST HATTIESBURG, MS 394014982	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICAPO BOX 3784 MERIDIAN, MS 393033784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARTER FOUNDATION4316 25TH ST MERIDIAN, MS 393075141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CENTER HILL ELEMENTARY SCHOOL 13662 CENTER HILL ROAD OLIVE BRANCH, MS 38654	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	62
COPIAH ENDOWMENT CORPORATION PO BOX 1027 CRYSTAL SPGS, MS 390591027	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXECUTIVE COUNCIL OF THE GEN SYNOD PO BOX 288 BILOXI, MS 39533	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FELLOWS ALUMNI FOUNDATION OF JACKSO PO BOX 1054 JACKSON, MS 392151054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRENCH CAMP ACADEMY ONE FINE PLACE FRENCH CAMP, MS 39745	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERMANTOWN BAND BOOSTERS INC 409 CALHOUN STATION PKWY MADISON, MS 391106877	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF GREATER MISSISSIPPI 1471 WEST COUNTY LINE ROAD JACKSON, MS 39213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,780
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GLOBAL OUTREACH INTERNATIONAL INC PO BOX 1 TUPELO, MS 388020001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOOD SAMARITAN CENTER INC PO BOX 4955 JACKSON, MS 39202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN CENTER INC PO BOX 4955 JACKSON, MS 39202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GULF COAST COMMUNITY FOUNDATION INC 11975 SEAWAY RD STE B-150 GULFPORT, MS 395036078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY OF THE MISSISS 2214 - 34TH STREET GULFPORT, MS 39501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND BLUFF ELEMENTARY PTO 5970 HIGHWAY 25 BRANDON, MS 390477646	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOME OF GRACE CORPORATION PO BOX 5009 VANCLEAVE, MS 395655009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
INSTITUTE OF SOUTHERN JEWISH LIFE I PO BOX 16528 JACKSON, MS 392366528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON PREPARATORY SCHOOL FOUNDATI PO BOX 4940 JACKSON, MS 392964940	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
JACKSON STATE UNIVERSITY DEVELOPMEN PO BOX 17144 JACKSON, MS 39217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
JACKSON STATE UNIVERSITY DEVELOPMEN PO BOX 17144 JACKSON, MS 39217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKSON STATE UNIVERSITY DEVELOPMEN PO BOX 17144 JACKSON, MS 39217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
JDRF INTERNATIONAL 2630 SOUTHERLAND STREET JACKSON, MS 39216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE A WISH FOUNDATION OF MISSISSIP PO BOX 7488 GULFPORT, MS 39506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERIDIAN ART ASSOCIATION INC PO BOX 5773 MERIDIAN, MS 39302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MERIDIAN COMMUNITY COLLEGE FDN 910 HWY 19 N MERIDIAN, MS 393075801	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
MERIDIAN SYMPHONY ASSOCIATION INC PO BOX 2171 MERIDIAN, MS 393022171	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
MILLSAPS COLLEGE 1701 NORTH STATE STREET JACKSON, MS 39210	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MISSION FIRST INCPO BOX 250 JACKSON, MS 392050250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI CHILDRENS MUSEUM PO BOX 55409 JACKSON, MS 39296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MISSISSIPPI CHILDRENS MUSEUM PO BOX 55409 JACKSON, MS 392965409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MISSISSIPPI COLLEGEPO BOX 4058 CLINTON, MS 390580001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI METHODIST SENIOR SERVIC PO BOX 1567 TUPELO, MS 388021567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MISSISSIPPI STATE UNIVERSITY FOUNDA P O BOX 6149 MISSISSIPPI STATE, MS 397626149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MISSISSIPPI STATE UNIVERSITY FOUNDA P O BOX 6149 MISSISSIPPI STATE, MS 397626149	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSISSIPPI UNIVERSITY FOR WOMEN FO 1100 COLLEGE STREET MUW-1618 COLUMBUS, MS 397015821	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
MISSISSIPPI VALLEY STATE UNIVERSITY 14000 HIGHWAY 82 W ITTA BENA, MS 389411400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTHWEST RANKIN HIGH SCHOOL 331 CYPRESS CREEK RD BRANDON, MS 39047	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 397030746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,450
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 397030746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PEARL RIVER COUNTY SPCA INC PO BOX 191 PICAYUNE, MS 394660191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARTIN HIGH SCHOOL 10800 YELLOW JACKET BLVD OCEAN SPRINGS, MS 395649246	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
ST PATRICK CATHOLIC HIGH SCHOOL 18300 ST PATRICK RD BILOXI, MS 39532	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST STANISLAUS HIGH SCHOOL 304 S BEACH BLVD BAY SAINT LOUIS, MS 395204301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STANISLAUS HIGH SCHOOL 304 S BEACH BLVD BAY SAINT LOUIS, MS 395204301	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,250
THE BAPTIST CHILDRENS VILLAGE PO BOX 27 CLINTON, MS 390600027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MUSTARD SEED INC 1085 LUCKNEY RD BRANDON, MS 390478786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MUSTARD SEED INC 1085 LUCKNEY RD BRANDON, MS 390478786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE SALVATION ARMYPO BOX 4857 JACKSON, MS 392964857	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
TUTWILER CLINIC INCPO BOX 462 TUTWILER, MS 389635067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EAST MISSISSIPPI INC 4817 NORTH PARK DRIVE MERIDIAN, MS 39305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF NORTHEAST MISSISSIPPI PO BOX 334 TUPELO, MS 388020334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	375
UNITED WAY OF NORTHEAST MISSISSIPPI PO BOX 334 TUPELO, MS 388020334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHEAST MISSISSIPPI PO BOX 334 TUPELO, MS 388020334	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF SOUTH MISSISSIPPI INC 11975 SEAWAY ROAD SUITE B170 GULFPORT, MS 39503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
UNITED WAY OF SOUTH MISSISSIPPI INC 11975 SEAWAY ROAD SUITE B170 GULFPORT, MS 39503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTH MISSISSIPPI INC 11975 SEAWAY ROAD SUITE B170 GULFPORT, MS 39503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
UNIVERSITY OF MISSISSIPPI FOUNDATIO 406 UNIVERSITY AVE OXFORD, MS 386554389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WESLEY HOUSE COMMUNITY CENTER INC PO BOX 1207 MERIDIAN, MS 393021207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON RESEARCH FOUNDATION 1350 E WOODROW WILSON AVE JACKSON, MS 392165112	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
A CAROUSEL FOR MISSOULA FOUNDATION PO BOX 3345 MISSOULA, MT 598063345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	663
A CAROUSEL FOR MISSOULA FOUNDATION PO BOX 3345 MISSOULA, MT 598063345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,913
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTA BAIR THEATER CORPORATION PO BOX 1556 BILLINGS, MT 591030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 3010 11TH AVE NORTH BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 3010 11TH AVE NORTH BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3010 11TH AVE NORTH BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVE BILLINGS, MT 59102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
AMERICAN CANCER SOCIETY INC 1903 CENTRAL AVE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS--HAND IN HANDBOX 21113 BILINGS, MT 591042113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANIMEALS1700 RANKIN ST MISSOULA, MT 598081630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIG SKY YOUTH EDUCATION FOUNDATION 3031 GRAND AVE STE 100-106 BILINGS, MT 591026698	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLINGS CATHOLIC SCHOOLS FOUNDATIO PO BOX 31158 BILLINGS, MT 59107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BILLINGS COMMUNITY FOUNDATION PO BOX 1255 BILLINGS, MT 59103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS CRISIS PREGNANCY CENTER IN PO BOX 80146 BILLINGS, MT 59108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BILLINGS CRISIS PREGNANCY CENTER IN PO BOX 80146 BILLINGS, MT 59108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BILLINGS FAMILY YMCA INC 402 NORTH 32ND STREET BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS STUDIO THEATRE INC 1500 RIMROCK RD BILLINGS, MT 591020742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOB MARSHALL WILDERNESS FOUNDATION PO BOX 190688 HUNGRY HORSE, MT 599190688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOONE & CROCKETT CLUB 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOONE & CROCKETT CLUB 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOONE & CROCKETT CLUB 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BOONE & CROCKETT CLUB 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOONE AND CROCKETT CLUB FOUNDATION 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	430
BOONE AND CROCKETT CLUB FOUNDATION 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	390
BOONE AND CROCKETT CLUB FOUNDATION 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOONE AND CROCKETT CLUB FOUNDATION 250 STATION DR MISSOULA, MT 598012753	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	130
BOY SCOUTS OF AMERICA 820 17TH AVE S GREAT FALLS, MT 594055939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BOYS & GIRLS CLUB OF MISSOULA COUNT 1515 FAIRVIEW AVE SUITE 243 MISSOULA, MT 59801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF YELLOWSTONE CO 505 ORCHARD LN BILLINGS, MT 591015027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS ONCOLOGY CAMP FOUNDATION PO BOX 1450 MISSOULA, MT 598061450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CITIZENS FOR A BETTER FLATHEAD PO BOX 2198 KALISPELL, MT 59903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK FORK COALITIONPO BOX 7593 MISSOULA, MT 598077593	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLIMATE RIDE INC 111 N HIGGINS AVE SUITE 415 MISSOULA, MT 59802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMMUNITY LEADERSHIP AND DEVELOPMEN PO BOX 3381 BILLINGS, MT 591033381	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LEADERSHIP AND DEVELOPMEN PO BOX 3381 BILLINGS, MT 591033381	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EDUCATION FOUNDATION FOR BILLINGS P 415 N 30TH ST BILLINGS, MT 591011252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMERSON CULTURAL CENTER INC 111 S GRAND AVE BOZEMAN, MT 597155037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,212
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLATHEAD LAKERS INCPO BOX 70 POLSON, MT 598600070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FLATHEAD LAND TRUST INC PO BOX 1913 KALISPELL, MT 599031913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION OF MONTANA STATE UNIVERS 1500 UNIVERSITY DRIVE BILLINGS, MT 59101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 599122749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 599122749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 599122749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLACIER NATIONAL PARK CONSERVANCY PO BOX 2749 COLUMBIA FALLS, MT 599122749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREATER MISSOULA FAMILY YOUNG MENS 3000 S RUSSELL ST MISSOULA, MT 598018547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
HEADWATERS MONTANA INC PO BOX 4310 WHITEFISH, MT 599374310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN LAW RESOURCE CENTER 602 N EWING ST HELENA, MT 596013603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF BILLINGS INC 2822 3RD AVENUE NORTH 210 BILLINGS, MT 59102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MISSOULA CIVIC SYMPHONY ASSOCIATION PO BOX 8301 MISSOULA, MT 598078301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSOULA INTERNATIONAL SCHOOL 1100 HARRISON ST MISSOULA, MT 598023852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,975
MISSOULA LACROSSE 4520 WHITEWATER BONNER, MT 59823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MONTANA FAMILY INSTITUTE INC PO BOX 485 LAUREL, MT 59044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA FFA FOUNDATION INCORPORATED 502 S 19TH AVE STE 113 BOZEMAN, MT 597186827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MONTANA FOOD BANK NETWORK INC 5625 EXPRESSWAY MISSOULA, MT 598089071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONTANA RAPTOR CONSERVATION CENTER PO BOX 4061 BOZEMAN, MT 59772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA STATE FIREFIGHTERS MEMORIAL PO BOX 1195 LAUREL, MT 590441195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONTANA STATE UNIVERSITY FOUNDATION PO BOX 172750 BOZEMAN, MT 597172750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MONTANA TECH FOUNDATION 1300 W PARK ST BUTTE, MT 597018932	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTANA TECH FOUNDATION 1300 W PARK ST BUTTE, MT 597018932	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
MONTANA WILDERNESS ASSOCIATION INC 80 S WARREN ST HELENA, MT 596015700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL FOREST FOUNDATION BLDG 27 STE 3 FORT MISSOULA ROAD MISSOULA, MT 59804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOREST FOUNDATION BLDG 27 STE 3 FORT MISSOULA ROAD MISSOULA, MT 59804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
POVERELLO CENTER INCPO BOX 7644 MISSOULA, MT 598077644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POVERELLO CENTER INC 1110 W BROADWAY ST MISSOULA, MT 598023918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PROVISION INTERNATIONAL INC PO BOX 81694 BILLINGS, MT 591081694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PUBLIC LAND WATER ACCESS ASSOCIATIO PO BOX 80987 BILLINGS, MT 591080987	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN COLLEGE 1511 POLY DR BILLINGS, MT 591021739	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,868
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY MOUNTAIN ELK FOUNDATION INC PO BOX 8249 MISSOULA, MT 598078249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	264
RONALD MCDONALD HOUSE CHARITIES OF 1144 N 30TH ST BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
RONALD MCDONALD HOUSE CHARITIES OF 1144 N 30TH ST BILLINGS, MT 59101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS FOUNDATION 2429 MISSION WAY BILLINGS, MT 591020000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ST LABRE HOME FOR INDIAN CHILDREN A LOCAL ASHLAND, MT 590030000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
ST LABRE HOME FOR INDIAN CHILDREN A LOCAL ASHLAND, MT 590030000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LABRE INDIAN SCHOOLPO BOX 77 ASHLAND, MT 590030077	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL ASHLAND, MT 59003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	38
ST LABRE INDIAN SCHOOL ST LABRE INDIAN SCHOOL ASHLAND, MT 59003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSSEX SCHOOL INC1800 S 2ND ST W MISSOULA, MT 598011532	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
SWAN VIEW COALITION INC 3165 FOOTHILL ROAD KALISPELL, MT 59901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
TROUT UNLIMITEDPO BOX 7186 MISSOULA, MT 598077186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITEDPO BOX 7186 MISSOULA, MT 598077186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED LUV PROJECT INC 2510 GRAND AVE BILLINGS, MT 59102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 598077395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 598077395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF MISSOULA COUNTY PO BOX 7395 MISSOULA, MT 598077395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MONTANA FOUNDATION PO BOX 7159 MISSOULA, MT 59807	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
VIOLENCE FREE CRISIS LINE PO BOX 1401 KALISPELL, MT 599031401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WARRIORS & QUIET WATERS FOUNDATION 351 EVERGREEN DRIVE SUITE A BOZEMAN, MT 59715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATSON CHILDRENS SHELTER INC 4978 BUCKHOUSE LANE MISSOULA, MT 59804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
WHITEFISH COMMUNITY FOUNDATION INC PO BOX 1060 WHITEFISH, MT 599370000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WHITEFISH COMMUNITY FOUNDATION INC PO BOX 1060 WHITEFISH, MT 599370000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDERNESS WATCH INCPO BOX 9175 MISSOULA, MT 598079175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WORLD AFFAIRS COUNCIL OF MONTANA 111 N HIGGINS AVE 405 MISSOULA, MT 598024437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YELLOWSTONE BOYS AND GIRLS RANCH FO PO BOX 80807 BILLINGS, MT 591080807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOWSTONE BOYS AND GIRLS RANCH FO PO BOX 80807 BILLINGS, MT 591080807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YELLOWSTONE BOYS AND GIRLS RANCH FO PO BOX 80807 BILLINGS, MT 591080807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
YELLOWSTONE CASA INCPO BOX 688 BILLINGS, MT 59103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
YELLOWSTONE FOREVER 222 E MAIN ST STE 301 BOZEMAN, MT 59715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSO OF MISS 1130 W BROADWAY ST MISSOULA, MT 598023918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
PHILLIPS ACADEMY180 MAIN ST ANDOVER, MD 01810	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,983
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
100 BLACK MEN OF GREATER CHARLOTTE 740 W 5TH ST STE 206 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,473
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	637
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	176
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,784
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,421
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
24 FOUNDATION INC 801 EAST MOREHEAD STREET SUITE 308 CHARLOTTE, NC 282022616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
A BETTER WORLD 4527 FREEDOM DRIVE CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,518
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,064
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	422
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
A CHILDS PLACE OF CHARLOTTE INC 601 EAST 5TH STREET SUITE 230 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
A DOORWAY TO HOPE 500 FRANCISCA LN CARY, NC 275113746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A DOORWAY TO HOPE 500 FRANCISCA LN CARY, NC 275113746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
A GIVING SPIRIT FOUNDATION PO BOX 815 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A PLACE AT THE TABLE 300 W HARGETT ST RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,280
A2S-ACCESS TO SUCCESSP O BOX 154 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AA COMMUNITY PREGNANCY CENTER 212 CALDWELL AVE MOORESVILLE, NC 281153213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABC OF NC CHILD DEVELOPMENT CENTER 905 FRIEDBERG CHURCH ROAD WINSTONSALEM, NC 27127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ABC OF NC FOUNDATION 905 FRIEDBERG CHURCH ROAD WINSTONSALEM, NC 271279803	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,600
ABC OF NC FOUNDATION 905 FRIEDBERG CHURCH ROAD WINSTONSALEM, NC 271279803	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITIES UNLIMITED OF THE CAROLINA 319 S SHARON AMITY STE 110 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	656
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	289
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ABILITY EXPERIENCE 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABLE TO WORK USA INC 336 STRADLEIGH RD WILMINGTON, NC 284031662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
ABOVE AND BEYOND STUDENTS INC 4836 PARK ROAD CHARLOTTE, NC 282094726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ACE & TJ S GRIN KIDS INC 631-200B BRAWLEY SCHOOL RD SUITE 300 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ACRES OF HOPE INTERNATIONAL INC PO BOX 5313 MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION FOR COMMUNITY TRANSFORMATION 4900 PROVIDENCE RD CHARLOTTE, NC 282265848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
ACTION PATHWAYS INC316 GREEN ST FAYETTEVILLE, NC 283015028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ACTORS THEATRE OF CHARLOTTE 1900 SELWYN AVENUE 1252 CHARLOTTE, NC 28274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTORS THEATRE OF CHARLOTTE 1900 SELWYN AVENUE 1252 CHARLOTTE, NC 28274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ACTORS THEATRE OF CHARLOTTE 1900 SELWYN AVENUE 1252 CHARLOTTE, NC 28274	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,350
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	501
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	374
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADA JENKINS FAMILIES AND CAREERS DE PO BOX 1842 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	187
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AFRO-AMERICAN CULTURAL CENTER INC 551 SOUTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AGARAM EDUCATIONAL ACADEMY INC 8453 TWICKENHAM TER HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGARAM EDUCATIONAL ACADEMY INC 8453 TWICKENHAM TER HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
AGARAM EDUCATIONAL ACADEMY INC 8453 TWICKENHAM TER HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
AGARAM EDUCATIONAL ACADEMY INC 8453 TWICKENHAM TER HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAMANCE COMMUNITY COLLEGE FOUNDATI PO BOX 8000 GRAHAM, NC 27253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ALAMANCE COUNTY MEALS ON WHEELS INC 411 W 5TH ST STE A BURLINGTON, NC 272153884	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 279070293	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 279070293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 279070293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
ALBEMARLE AREA UNITED WAY PO BOX 293 ELIZABETH CITY, NC 279070293	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE ROAD PRESBYTERIAN CHURCH 6740 ALBEMARLE RD CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
ALBEMARLE ROAD PRESBYTERIAN CHURCH 6740 ALBEMARLE RD CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ALBEMARLE ROAD PRESBYTERIAN CHURCH 6740 ALBEMARLE RD CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALC MOSAIC6100 MONROE ROAD CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
ALC MOSAIC6100 MONROE ROAD CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ALDERSGATE UNITED METHODIST RETIREM 3800 SHAMROCK DR CHARLOTTE, NC 28215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALDERT ROOT ELEMENTARY EDUCATIONAL PO BOX 20981 RALEIGH, NC 276190389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALEXANDER GRAHAM MIDDLE 1800 RUNNYMEDE LANE CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
ALEXANDER GRAHAM MIDDLE 1800 RUNNYMEDE LANE CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,075
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALEXANDER GRAHAM MIDDLE SCHOOL PARE 1800 RUNNYMEDE LN CHARLOTTE, NC 282112652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,739
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,331
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,657
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER YOUTH NETWORK 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALEXANDERS TOY TRUNK 206 COLLEGE STREET SUITE 86 PINEVILLE, NC 281340030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ALLEGRO FOUNDATION 419 ARDMORE ROAD CHARLOTTE, NC 282091101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	842
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEGRO FOUNDATION 419 ARDMORE ROAD CHARLOTTE, NC 282091101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,053
ALLEGRO FOUNDATION 419 ARDMORE ROAD CHARLOTTE, NC 282091101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	211
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DRIVE RALEIGH, NC 276101821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLIANCE MEDICAL MINISTRY INC 101 DONALD ROSS DRIVE RALEIGH, NC 276101821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALLIANCE OF DIVINE LOVE INC 430 LARSEN LN TRYON, NC 287826760	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
ALLIANCE OF DIVINE LOVE INC 430 LARSEN LN TRYON, NC 287826760	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,355
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	318
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVE STE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
ALZHEIMERS DISEASE AND RELATED DISO 5171 GLENWOOD AVE STE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMATEUR ATHLETIC UNION OF THE UNITE 523 CLEARWATER DRIVE CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
AMATEUR ATHLETIC UNION OF THE UNITE 523 CLEARWATER DRIVE CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	619
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BELARUSSIAN RELIEF ORGANIZ PO BOX 25303 WINSTON SALEM, NC 27114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	458
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,126
AMERICAN CANCER SOCIETY INC 2202 WRIGHTSVILLE AVENUE 111 WILMINGTON, NC 28451	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,261
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7027 ALBERT PICK RD STE 104 GREENSBORO, NC 27409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,477
AMERICAN CANCER SOCIETY INC 7027 ALBERT PICK RD STE 104 GREENSBORO, NC 27409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	766
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,062
AMERICAN CANCER SOCIETY INC 7027 ALBERT PICK RD STE 104 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 7027 ALBERT PICK RD STE 104 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	543
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	268
AMERICAN CANCER SOCIETY INC 930 WELLNESS DRIVE B GREENVILLE, NC 27834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN CANCER SOCIETY INC 7027 ALBERT PICK RD STE 104 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN CANCER SOCIETY INC 1901 BRUNSWICK AVENUE SUITE 100 CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8300 HEALTH PARK STE 10 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION OF N PO BOX 28004 RALEIGH, NC 276118004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN CIVIL LIBERTIES UNION OF N PO BOX 28004 RALEIGH, NC 276118004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AMERICAN DIABETES ASSOCIATION 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN DIABETES ASSOCIATION INC 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	247
AMERICAN DIABETES ASSOCIATION INC 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
AMERICAN DIABETES ASSOCIATION INC 1300 BAXTER STREET SUITE 150 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK RD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK RD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK RD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7029 ALBERT PICK RD STE 200 GREENSBORO, NC 27409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	495
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,011
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	214
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LEBANESE SYRIAN ASSOC CHAR 301 HAWTHORNE LN STE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
AMERICAN LUNG ASSOCIATION 401 HAWTHORNE LANE SUITE 110 298 CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,350
AMERICAN NATIONAL RED CROSS 100 NORTH PEARTREE LANE RALEIGH, NC 27620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 1102 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,805
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 807 CARROL ST FAYETTEVILLE, NC 28303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 167 UNION ST SOUTH CONCORD, NC 28025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,181
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	570
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 167 UNION ST SOUTH CONCORD, NC 28025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	783
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	174
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,121
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	643
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN NATIONAL RED CROSS 167 UNION ST SOUTH CONCORD, NC 28025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,260
AMERICAN NATIONAL RED CROSS 1375 LENOIR RHYNE BLVD HICKORY, NC 28602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 700-A CROMWELL DR GREENVILLE, NC 27858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 690 COLISEUM DRIVE WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,775
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,125
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	331
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1102 S 16TH STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2425 PARK RD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS PO BOX 37295 CHARLOTTE, NC 20013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN NATIONAL RED CROSS 100 N PEARTREE LANE RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 167 UNION ST SOUTH CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN WHITEWATERPO BOX 1540 CULLOWHEE, NC 28723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 4 NORTH BLOUNT STREET SUITE 200 RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
ANDREAS H BECHTLER ARTS FOUNDATION 420 SOUTH TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
ANGELAS ARK6811 SUNVIEW DR CHARLOTTE, NC 282104636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS AND SPARROWS SOUP KITCHEN IN POBOX 315 HUNTERSVILLE NC 28070-031 HUNTERSVILLE, NC 280700315	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANGELS OF THE ABBEY INC 9815 J SAM FURR RD STE 161 HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
ANGELS OF THE ABBEY INC 9815 J SAM FURR RD STE 161 HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	182
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CRUELTY PREVENTION OF THE CA 6110 BUD HUEY RD WAXHAW, NC 281738419	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	80
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ANIMAL PROTECTION SOCIETY OF DURHAM 2117 E CLUB BLVD DURHAM, NC 277043415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REHABILITATORS OF THE CAROLI PO BOX 668411 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ANIMAL REHABILITATORS OF THE CAROLI PO BOX 668411 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ANIMAL REHABILITATORS OF THE CAROLI PO BOX 668411 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL REHABILITATORS OF THE CAROLI PO BOX 668411 CHARLOTTE, NC 28266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ANURAAG FOUNDATION 155 PRESIDENTS WALK LN CARY, NC 275199337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	900
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	552
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
APPALACHIAN STATE UNIVERSITY FOUNDA ASU BOX 32064 MCKINNEY ALUMNI CTR BOONE, NC 286082064	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	775
APPALACHIAN SUSTAINABLE AGRICULTURE 306 W HAYWOOD STREET SUITE 200 ASHEVILLE, NC 288013105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPARO SOLUTIONS INC 1117 E MOREHEAD STREET SUITE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,667
APPARO SOLUTIONS INC 1117 E MOREHEAD STREET SUITE 100 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 281047992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 281047992	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ARDREY KELL HIGH 10220 ARDREY KELL RD CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
ARDREY KELL HIGH 10220 ARDREY KELL RD CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH 10220 ARDREY KELL RD CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARDREY KELL HIGH SCHOOL ATHLETIC BO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL BAND BOOSTE 9935-D REA ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,715
ARDREY KELL HIGH SCHOOL JROTC BOOST 10220 ARDREY KELL RD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
ARDREY KELL HIGH SCHOOL PTSO 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ARDREY KELL HIGH SCHOOL ROYAL THEAT 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDREY KELL HIGH SCHOOL ROYAL THEAT 10220 ARDREY KELL RD CHARLOTTE, NC 282771957	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARTHRITIS FOUNDATION INC 4530 PARK ROAD SUITE 230 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	666
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,515
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26,556
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,086
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,024
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	770
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,868
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,155
ARTS & SCIENCE COUNCIL CHARLOTTE ME 222 S CHURCH STREET STE 300 CHARLOTTE, NC 282021676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
ARTS COUNCIL INCORPORATED WINSTON-S 251 N SPRUCE ST WINSTONSALEM, NC 27101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS COUNCIL INCORPORATED WINSTON-S 251 N SPRUCE ST WINSTONSALEM, NC 27101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
ARTS COUNCIL OF WILSON INC 108 NASH ST NE WILSON, NC 27893	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTS EMPOWERMENT PROJECT INC 11402 JAMES JACK LANE CHARLOTTE, NC 282773721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS EMPOWERMENT PROJECT INC 11402 JAMES JACK LANE CHARLOTTE, NC 282773721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ARTS EMPOWERMENT PROJECT INC 11402 JAMES JACK LANE CHARLOTTE, NC 282773721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARTS FOR LIFE 50 S FRENCH BROAD AVE STE 258 ASHEVILLE, NC 28801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTSPLUS345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ARTSPLUS345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
ARTSPLUS345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTSPLUS345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ASHEVILLE MUSEUM OF SCIENCE 43 PATTON AVE ASHEVILLE, NC 288013314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ASHEVILLE POVERTY INITIATIVE 789 MERRIMON AVE ASHEVILLE, NC 28804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHEVILLE-BUNCOMBE TECHNICAL COMMUN 340 VICTORIA RD ASHEVILLE, NC 288014816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ASOCIACION DE MUJERES LATINO-AMERIC LATIN AMERICANS WORKING FOR ACHIEVEMENT CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ASSOCIATION FOR THE PRESERVATION OF 4404 GUESS RD DURHAM, NC 277122620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A-TEAM BOOSTER CLUB 325 FOREST PARK RD WILMINGTON, NC 284095715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ATHLETIC FOUNDATION OF THE UNIVERSI 9201 UNIVERSITY CITY BLVD REESE 412 CHARLOTTE, NC 282230001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,745
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,715
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ATRIUM HEALTH FOUNDATION 700 W ROOSEVELT BLVD MONROE, NC 281103437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	512
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,896
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ATRIUM HEALTH FOUNDATION 700 W ROOSEVELT BLVD MONROE, NC 281103437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	806
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ATRIUM HEALTH FOUNDATION VOLUNTEER SERVICES DEPARTMENT - 10628 PARK ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION 700 W ROOSEVELT BLVD MONROE, NC 281103437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	156
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,888
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATRIUM HEALTH FOUNDATION PO BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	41
AUGUSTINE LITERACY PROJECT-CHARLOTT 115 WEST 7TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUTISM CHARLOTTEPO BOX 12671 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM CHARLOTTE 821 BAXTER STREET SUITE 310 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AUTISM CHARLOTTEPO BOX 12671 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUTISM CHARLOTTEPO BOX 12671 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF CUMBERLAND COUNTY 351 WAGONER DR STE 410 FAYETTEVILLE, NC 283034670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AUTISM SOCIETY OF CUMBERLAND COUNTY 351 WAGONER DR STE 410 FAYETTEVILLE, NC 283034670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUTISM SOCIETY OF CUMBERLAND COUNTY 351 WAGONER DR STE 410 FAYETTEVILLE, NC 283034670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF CUMBERLAND COUNTY 351 WAGONER DR STE 410 FAYETTEVILLE, NC 283034670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AUTISM SOCIETY OF NORTH CAROLINA IN 5121 KINGDOM WAY STE 100 RALEIGH, NC 27607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AUTISM SOCIETY OF NORTH CAROLINA IN 5121 KINGDOM WAY STE 100 RALEIGH, NC 27607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM UNBOUNDPO BOX 41166 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	698
AUTISM UNBOUNDPO BOX 41166 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	498
AUTISM UNBOUNDPO BOX 41166 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	332
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM UNBOUNDPO BOX 41166 GREENSBORO, NC 27404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	166
AUTISMAFTER 18 INC 9419 LINDEN TREE LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AUTISMAFTER 18 INC 9419 LINDEN TREE LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISMAFTER 18 INC 9419 LINDEN TREE LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AVONDALE CHILDREN'S CENTER 2821 PARK ROAD CHARLOTTE, NC 28209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	545
AZALEA MOUNTAIN SCHOOL INC 587 HAYWOOD RD ASHEVILLE, NC 288063553	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AZALEA MOUNTAIN SCHOOL INC 587 HAYWOOD RD ASHEVILLE, NC 288063553	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
AZALEA MOUNTAIN SCHOOL INC 587 HAYWOOD RD ASHEVILLE, NC 288063553	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
BABY BUNDLESPO BOX 12303 CHARLOTTE, NC 282202303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACH AKADEMIE CHARLOTTE 3527 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
BACH AKADEMIE CHARLOTTE 3527 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
BACK CREEK CHRISTIAN ACADEMY 3730 AYRSHIRE CT HARRISBURG, NC 28075	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKPACK BEGINNINGS 3707D ALLIANCE DRIVE GREENSBORO, NC 27407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BACKPACK BEGINNINGS 1852 BANKING STREET 9024 GREENSBORO, NC 27408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BACKPACK MINISTRY INCPO BOX 702 INDIAN TRAIL, NC 280795575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACKPACK WEEKEND FOOD PROGRAM INC PO BOX 551030 GASTONIA, NC 28055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BAGS OF HOPE16503 SEGARS LANE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BAGS OF HOPE16503 SEGARS LANE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAGS OF HOPE16503 SEGARS LANE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
BAGS OF HOPE16503 SEGARS LANE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BALD HEAD ISLAND CONSERVANCY INC 700 FEDERAL ROAD BALD HEAD ISLAND, NC 284617000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALM IN GILEAD FAMILY COUNSELING MI 3110 DOC BENNETT ROAD FAYETTEVILLE, NC 28306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
BANDS OF BUTLER FOUNDATION INC PO BOX 2252 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BANDYS HIGH5040 E BANDYS ROAD CATAWBA, NC 286099727	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST CHILDRENS HOMES OF NORTH CA PO BOX 338 THOMASVILLE, NC 273610338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BAPTIST CHILDRENS HOMES OF NORTH CA PO BOX 338 THOMASVILLE, NC 273610338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAPTIST STATE CONVENTION OF NORTH C PO BOX 1107 CARY, NC 27512	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNABAS CENTER 7615 COLONY RD SUITE 200 CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BARNABAS NETWORKPO BOX 2666 GREENSBORO, NC 27402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BARNETTE ELEMENTARY 13659 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNETTE ELEMENTARY 13659 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	307
BARNETTE ELEMENTARY 13659 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
BARNETTE ELEMENTARY 13659 BEATTIES FORD ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARRINGER ACADEMIC CENTER 1546 WALTON RD CHARLOTTE, NC 28208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BARRINGER ACADEMIC CENTER 1546 WALTON RD CHARLOTTE, NC 28208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,225
BARRINGER ACADEMIC CENTER 1546 WALTON RD CHARLOTTE, NC 28208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTON COLLEGEP O BOX 5000 WILSON, NC 278937000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BARTON COLLEGEP O BOX 5000 WILSON, NC 278937000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BEATTIES FORD ROAD VOCATIONAL TRADE 1406 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEATTIES FORD ROAD VOCATIONAL TRADE 1406 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BEATTIES FORD ROAD VOCATIONAL TRADE 1406 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BEDS FOR KIDS INC 1800 CAMDEN RD SUITE 107-17 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BEHAILU ACADEMY NFPPO BOX CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY ROAD BELMONT, NC 28012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY ROAD BELMONT, NC 28012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
BELMONT CITIZENS POLICE ACADEMY ALU PO BOX 1321 BELMONT, NC 280121321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BELMONT COMMUNITY ORGANIZATION PO BOX 1248 BELMONT, NC 280121248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST LOVE FAMILY FOUNDATION PO BOX 11096 DURHAM, NC 277030096	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BETA NU LAMBDA FOUNDATION PO BOX 562133 CHARLOTTE, NC 282562133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	58
BETA NU LAMBDA FOUNDATION PO BOX 562133 CHARLOTTE, NC 282562133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETA NU LAMBDA FOUNDATION PO BOX 562133 CHARLOTTE, NC 282562133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14
BETHEL ELEMENTARY 2425 MIDLAND ROAD MIDLAND, NC 281079315	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
BETHEL ELEMENTARY PTSO 2425 MIDLAND RD MIDLAND, NC 28107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL PRESBYTERIAN CHURCH 19920 BETHEL CHURCH ROAD CORNELIUS, NC 28031	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	574
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BETHLEHEM CENTER OF CHARLOTTE INC 2702 NORFOLK AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETTER HEALTH OF CUMBERLAND COUNTY 1422 BRAGG BLVD FAYETTEVILLE, NC 283010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BEVERLY WOODS ELEMENTARY 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
BEVERLY WOODS ELEMENTARY 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEVERLY WOODS ELEMENTARY 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	275
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BEYOND FENCES INCPO BOX 3259 DURHAM, NC 277153259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BG CAROLINAS INC10413 CLUB CAR CT CHARLOTTE, NC 28227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,382
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,806
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,420
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	207
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	162
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	74
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF CENTRAL 3801 E INDEPENDENCE BLVD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF THE TRI 808 AVIATION PARKWAY SUITE 900 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS BIG SISTERS OF THECENT 1222 EASTCHESTER DR SUITE 100 HIGH POINT, NC 27261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHCHOICE 2304 WESVILL CT STE 340 RALEIGH, NC 27607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
BIRTHCHOICE 2304 WESVILL CT STE 340 RALEIGH, NC 27607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BIRTHCHOICE 2304 WESVILL CT STE 340 RALEIGH, NC 27607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT OF WINSTON-SALEM INCORPO 1330 ASHLEY SQ WINSTON SALEM, NC 271032949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIRTHRIGHT OF WINSTON-SALEM INCORPO 1330 ASHLEY SQ WINSTON SALEM, NC 271032949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BIRTHRIGHT OF WINSTON-SALEM INCORPO 1330 ASHLEY SQ WINSTON SALEM, NC 271032949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHRIGHT OF WINSTON-SALEM INCORPO 1330 ASHLEY SQ WINSTON SALEM, NC 271032949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
BLACK MOUNTAIN-SWANNANOA ART CENTER 225 WEST STATE STREET BLACK MOUNTAIN, NC 28711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
BLIND CAT RESCUE & SANCTUARY INC 3101 E GREAT MARSH CHURCH RD SAINT PAULS, NC 283846999	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLOOMHERE 1010 NICHOLWOOD DR APT 203 RALEIGH, NC 276053221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BLOOMHERE 1010 NICHOLWOOD DR APT 203 RALEIGH, NC 276053221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BLUE RIBBON COMMISSION PREVENTION O 507 MCRAE STREET WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE BOXER RESCUE PO BOX 1855 HICKORY, NC 286031855	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BLUE RIDGE BOXER RESCUE 319 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	709
BLUE RIDGE BOXER RESCUE PO BOX 1855 HICKORY, NC 286031855	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE BOXER RESCUE 319 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BLUE RIDGE BOXER RESCUE 319 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BLUE RIDGE BOXER RESCUE PO BOX 1855 HICKORY, NC 286031855	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE BOXER RESCUE 319 13TH AVENUE NW HICKORY, NC 28601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
BLUE RIDGE PARKWAY FOUNDATION 717 S MARSHALL ST WINSTON SALEM, NC 271015865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
BLUE STAR MOTHERS OF AMERICA INC PO BOX 1804 MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOK HARVEST2501 UNIVERSITY DR DURHAM, NC 27707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOUNTY & SOUL999 OLD US HWY 70 W BLACK MOUNTAIN, NC 28711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3231 ATLANTIC AVENUE RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
BOY SCOUTS OF AMERICA 6600 SILAS CREEK PKWY WINSTON SALEM, NC 271065058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	258
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
BOY SCOUTS OF AMERICA 12328 SANDRINGHAM PLACE CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4709 GAYNELLE DR CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH STREET CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	288
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1059 GASTONIA, NC 28053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 1436 GOLDSBORO, NC 27533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 110 LONG STREET DRIVE WILMINGTON, NC 28412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOY SCOUTS OF AMERICA 32252 HWY NC 24/27 ALBEMARLE, NC 28002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1410 E 7TH ST CHARLOTTE, NC 282042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICAPO BOX 250 ALBEMARLE, NC 280020250	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA TROOP 144 9135 BLAIR ROAD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF EDEN INC PO BOX 4628 EDEN, NC 272894628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUB OF HENDERSON COL PO BOX 1460 HENDERSONVILLE, NC 28793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF AMERICA 2901 MILTON RD CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUBS OF THE COASTAL P 621 W FIRE TOWER ROAD WINTERVILLE, NC 28590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF THE COASTAL P 621 W FIRE TOWER ROAD WINTERVILLE, NC 28590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS & GIRLS CLUBS OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BOYS AND GIRLS CLUB OF CABARRUS COU PO BOX 1405 CONCORD, NC 280261405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BOYS AND GIRLS CLUBS OF GREATER GAS PO BOX 23 GASTONIA, NC 28053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF GREATER GAS PO BOX 23 GASTONIA, NC 28053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
BOYS AND GIRLS CLUBS OF GREATER GAS PO BOX 23 GASTONIA, NC 28053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	478
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
BOYS CLUB OF WAKE COUNTY INC 701 NORTH RALEIGH BLVD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	991
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS TO MEN FOUNDATION INC 711 LARIMER LANE CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
BOYS TO MEN FOUNDATION INC 711 LARIMER LANE CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
BOYS TO MEN FOUNDATION INC 711 LARIMER LANE CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS TO MEN FOUNDATION INC 711 LARIMER LANE CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	90
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,240
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BRADFORD PREPARATORY SCHOOL 2502 SALOME CHURCH ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN TUMOR FUND FOR THE CAROLINAS 2664 TUDOR CT CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREAST CANCER HUB CORPORATION 9637 CAMDEN TOWN DR NW CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BREVARD MUSIC CENTER INCORPORATED PO BOX 312 BREVARD, NC 287120312	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE TO RECOVERYPO BOX 322 ALBEMARLE, NC 280020322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRIDGE TO TURKIYE100 FOX BRIAR LN CARY, NC 275188311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRIDGE TO TURKIYE100 FOX BRIAR LN CARY, NC 275188311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE TO TURKIYE100 FOX BRIAR LN CARY, NC 275188311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,510
BRIER CREEK ELEMENTARY 9801 BRIER CREEK PARKWAY RALEIGH, NC 27617	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BRIGADE BOYS & GIRLS CLUB INC 2759 VANCE STREET WILMINGTON, NC 28412	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHT BLESSINGS 1150 CREWS RD STE C MATTHEWS, NC 28105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BRITISH AMERICAN SCHOOL OF CHARLOTT 7000 ENDHAVEN LANE CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BROOKS GLOBAL ELEMENTARY 1215 N JOSEPHINE BOYD ST GREENSBORO, NC 274088296	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKSTONE SCHOOLSPO BOX 30696 CHARLOTTE, NC 28230	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,750
BROOKSTONE SCHOOLSPO BOX 30696 CHARLOTTE, NC 28230	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
BROOKSTONE SCHOOLSPO BOX 30696 CHARLOTTE, NC 28230	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKSTONE SCHOOLS OF MECKLENBURG C 301 SOUTH DAVIDSON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,600
BSA TROOP 118 FOUNDATION 6719-C FAIRVIEW ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BSA TROOP 118 FOUNDATION 6719-C FAIRVIEW ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BSA TROOP 118 FOUNDATION 6719-C FAIRVIEW ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
BSA TROOP 118 FOUNDATION 6719-C FAIRVIEW ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
BSA TROOP 164 - PPC 10140 PROVIDENCE CHURCH LANE CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BULLIES 2 THE RESCUE 3051 DAIRY FARM DR MONROE, NC 281105608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BUTTERFLY HIGHWAY 6615 EASTFIELD PARK DRIVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUTTERFLY HIGHWAY 6615 EASTFIELD PARK DRIVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAAC STEWARDSHIP FOUNDATION INC 6118 LEGACY CIR CHARLOTTE, NC 282778117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CABARRUS COUNTY EDUCATION FOUNDATIO PO BOX 388 CONCORD, NC 28026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS COUNTY EDUCATION FOUNDATIO PO BOX 388 CONCORD, NC 28026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN ST KANNAPOLIS, NC 28081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN ST KANNAPOLIS, NC 28081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN ST KANNAPOLIS, NC 28081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CABARRUS MEALS ON WHEELS INC 1701 SOUTH MAIN ST KANNAPOLIS, NC 28081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CABARRUS STALLIONS FOOTBALL 494 RIVERGLEN DR NW CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
CABARRUS VICTIMS ASSISTANCE NETWORK PO BOX 1749 CONCORD, NC 280266003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CALVARY BAPTIST CHURCH 134 S PEACE HAVEN RD WINSTONSALEM, NC 27104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY BAPTIST DAY SCHOOL 134 S PEACE HAVEN ROAD WINSTON SALEM, NC 27104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CALVARY BAPTIST DAY SCHOOL 134 S PEACE HAVEN ROAD WINSTON SALEM, NC 27104	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	360
CAM NEWTON FOUNDATION INC 1000 NC MUSIC FACTORY BLVD SUITE C8 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAM NEWTON FOUNDATION INC 1000 NC MUSIC FACTORY BLVD SUITE C8 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAM NEWTON FOUNDATION INC 1000 NC MUSIC FACTORY BLVD SUITE C8 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
CAM NEWTON FOUNDATION INC 1000 NC MUSIC FACTORY BLVD SUITE C8 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMINO COMMUNITY DEVELOPMENT CORPOR 133 STETSON DR ATTN CHERYL MOYNIHAN CHARLOTTE, NC 282623326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CAMP CARE INCPO BOX 35072 CHARLOTTE, NC 282355072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAMP KESEM NATIONAL 3134 HILLANDALE RD APT 202 DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP KESEM NATIONAL 3134 HILLANDALE RD APT 202 DURHAM, NC 27705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
CAMP LUCK INCP O BOX 5159 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
CAMP LURECREST INC 10800 SIKES PLACE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
CAMPBELL UNIVERSITY INCPO BOX 97 BUIES CREEK, NC 275060097	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPBELL UNIVERSITY INCPO BOX 97 BUIES CREEK, NC 275060097	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPBELL UNIVERSITY INC ADVANCEMENT OFFICE - PO BOX 116 BUIES CREEK, NC 27506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CANNON MEMORIAL YOUNG MENS CHIRSTIA PO BOX 46 KANNAPOLIS, NC 28083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,335
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,250
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,100
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANNON SCHOOL 5801 POPLAR TENT ROAD CONCORD, NC 28027	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,650
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE FEAR BOTANICAL GARDEN PO BOX 53485 FAYETTEVILLE, NC 283053485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAPE FEAR BOTANICAL GARDEN PO BOX 53485 FAYETTEVILLE, NC 283053485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAPE FEAR CLINIC INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE FEAR CLINIC INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CAPE FEAR COMMUNITY COLLEGE FOUNDAT 411 N FRONT ST WILMINGTON, NC 284013910	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
CAPE FEAR EQUINE RESCUE PO BOX 1034 ROCKY POINT, NC 284571034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE FEAR RIVER WATCH 617 SURREY ST WILMINGTON, NC 284015041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CARDINAL GIBBONS HIGH SCHOOL 1401 EDWARDS MILL RD RALEIGH, NC 276073616	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
CARE RING INC 601 E 5TH STREET SUITE 140 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE RING INC 601 E 5TH STREET SUITE 140 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CAREPARTNERS FOUNDATION 68 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CARL A FURR PTO2725 CLOVER ROAD CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,450
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL CHRISTIAN SCHOOL 1145 PINEVILLE MATTHEWS ROAD MATTHEWS, NC 281056518	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,334
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL EDUCATIONAL FOUNDATION 1145 PINEVILLE-MATTHEWS RD MATTHEWS, NC 281056518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,600
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARMEL MIDDLE5001 CAMILLA DR CHARLOTTE, NC 282266760	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CAROL S PETREA YOUTH GOLF FOUNDATIO P O BOX 1820 SHALLOTTE, NC 28459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROL S PETREA YOUTH GOLF FOUNDATIO P O BOX 1820 SHALLOTTE, NC 28459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BIG HEARTS BIG BARKS RESCU 3914 KISER ISLAND ROAD TERRELL, NC 28682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
CAROLINA BIG HEARTS BIG BARKS RESCU 3914 KISER ISLAND ROAD TERRELL, NC 28682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAROLINA BIG HEARTS BIG BARKS RESCU 3914 KISER ISLAND ROAD TERRELL, NC 28682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BIG HEARTS BIG BARKS RESCU 3914 KISER ISLAND ROAD TERRELL, NC 28682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINA BORDER COLLIE RESCUE PO BOX 1213 PITTSBORO, NC 273120015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAROLINA BOXER RESCUE INC PO BOX 87 HAMPSTEAD, NC 284430087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BOXER RESCUE INC PO BOX 87 HAMPSTEAD, NC 284430087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CAROLINA BOXER RESCUE INC PO BOX 87 HAMPSTEAD, NC 284430087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA BOXER RESCUE INC PO BOX 87 HAMPSTEAD, NC 284430087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	318
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,444
CAROLINA BREAST FRIENDS INC 1607 EAST MOREHEAD STREET CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,750
CAROLINA CARING INC 3975 ROBINSON RD NEWTON, NC 286589715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA CLIMBERS COALITION PO BOX 33227 RALEIGH, NC 276363227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,604
CAROLINA COLLABORATIVE PREPARATORY 333 W TRADE ST 2404 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CAROLINA FAMILY CONNECTIONS 3141 AMITY CT SUITE 200 CHARLOTTE, NC 282155745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA FOR THE KIDS FOUNDATION PO BOX 628 CHAPEL HILL, NC 275140628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAROLINA FOR THE KIDS FOUNDATION PO BOX 628 CHAPEL HILL, NC 275140628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CAROLINA PET ADOPTION AND WELFARE I PO BOX 365 WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPIDS SOCCER CLUB 3434 SOUTH NEW HOPE ROAD GASTONIA, NC 28056	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	379
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,080
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	462
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	324
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,026
CAROLINA RAPTOR CENTER INC PO BOX 16443 CHARLOTTE, NC 28297	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CAROLINA REFUGEE RESETTLEMENT AGENC 5009 MONROE RD STE 100 CHARLOTTE, NC 282057874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA REFUGEE RESETTLEMENT AGENC 5009 MONROE RD STE 100 CHARLOTTE, NC 282057874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CAROLINA SMALL BUSINESS DEVELOPMENT 3128 HIGHWOODS BLVD SUITE 170 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CAROLINA SMALL BUSINESS DEVELOPMENT 3128 HIGHWOODS BLVD SUITE 170 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA THEATRE OF DURHAM INC 309 WEST MORGAN STREET DURHAM, NC 27701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CAROLINA THEATRE OF GREENSBORO INC 310 SOUTH GREENE STREET GREENSBORO, NC 274012819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CAROLINA THEATRE OF GREENSBORO INC 310 SOUTH GREENE STREET GREENSBORO, NC 274012819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA THEATRE OF GREENSBORO INC 310 SOUTH GREENE STREET GREENSBORO, NC 274012819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	550
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CAROLINA THREAD TRAIL 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
CAROLINA TIGER RESCUE 1940 HANKS CHAPEL RD PITTSBORO, NC 273129794	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA TIGER RESCUE 1940 HANKS CHAPEL RD PITTSBORO, NC 273129794	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
CAROLINA TIGER RESCUE 1940 HANKS CHAPEL RD PITTSBORO, NC 273129794	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
CAROLINA VETERINARY ASSISTANCE AND 394 COOK FLORIST RD REIDSVILLE, NC 273208647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA VETERINARY ASSISTANCE AND 394 COOK FLORIST RD REIDSVILLE, NC 273208647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CAROLINA VETERINARY ASSISTANCE AND 394 COOK FLORIST RD REIDSVILLE, NC 273208647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA VETERINARY ASSISTANCE AND 394 COOK FLORIST RD REIDSVILLE, NC 273208647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA VOICES INC 1900 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	103
CAROLINA VOICES INC 1900 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	179
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	609
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	511
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	344
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	166
CAROLINA WATERFOWL RESCUE PO BOX 1484 INDIAN TRAIL, NC 280791484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINAS AVIATION MUSEUM 1026 JAY STREET CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAROLINAS CARE PARTNERSHIP 5855 EXECUTIVE CENTER DRIVE SUITE 101 CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAROLINE CALOUCHE & CO 10515 HAWICK CT CHARLOTTE, NC 282788023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 28174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 28174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 28174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE EQUINE RESCUE & ASSISTANCE 1107 SUMMERLIN DAIRY RD WINGATE, NC 28174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CARVER HIGH 3545 CARVER SCHOOL ROAD WINSTON SALEM, NC 27105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
CARY ACADEMY1500 N HARRISON AVE CARY, NC 275135549	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARY ACADEMY1500 N HARRISON AVE CARY, NC 275135549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CASAP O BOX 12545 RALEIGH, NC 276052545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CASWELL CENTER FOUNDATION INC PO BOX 1459 KINSTON, NC 285031459	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,750
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	577
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
CAT SMART COALITION INC 5624 EXECUTIVE CENTER DR SUIT CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA COUNTY UNITED WAY INC PO BOX 2425 HICKORY, NC 286032425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,880
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	296
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA LANDS CONSERVANCY 4530 PARK ROAD SUITE 420 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATAWBA RIVERKEEPER FOUNDATION INC 715 N CHURCH ST SUITE 120 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATAWBA SPRINGS ELEMENTARY 206 NORTH LITTLE EGYPT RD DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
CATAWBA SPRINGS ELEMENTARY PTO 206 N LITTLE EGYPT RD DENVER, NC 280378015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATERING TO CATS & DOGS PO BOX 43567 CHARLOTTE, NC 28215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINES HOUSEPO BOX 1633 BELMONT, NC 280121633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	578
CATHOLIC CHARITIES DIOCESE OF CHARL 3016 PROVIDENCE RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	758
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
CATHOLIC CHARITIES DIOCESE OF CHARL 3016 PROVIDENCE RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	552
CATHOLIC CHARITIES DIOCESE OF CHARL 3016 PROVIDENCE RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF CHARL 3016 PROVIDENCE RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
CATHOLIC CHARITIES DIOCESE OF CHARL 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	276
CATHOLIC CHARITIES OF THE DIOCESE O 7200 STONEHENGE DR RALEIGH, NC 276131620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CENTER FOR COMMUNITY TRANSITIONS PO BOX 33533 CHARLOTTE, NC 28233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CENTRAL ACADEMY BAND BOOSTERS INC 600 BREWER DR MONROE, NC 281126111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL ACADEMY OF TECHNOLOGY & ART 600 BREWER DR MONROE, NC 281126111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CENTRAL ACADEMY OF TECHNOLOGY AND A 600 BREWER DR MONROE, NC 28112	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
CENTRAL ACADEMY OF TECHNOLOGY AND A 600 BREWER DR MONROE, NC 28112	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CABARRUS BIBLE TEACHING ASS PO BOX 63 HARRISBURG, NC 280750063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
CENTRAL CABARRUS BIBLE TEACHING ASS PO BOX 63 HARRISBURG, NC 280750063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	147
CENTRAL CABARRUS BIBLE TEACHING ASS PO BOX 63 HARRISBURG, NC 280750063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CABARRUS HIGH505 NC-49 CONCORD, NC 28025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	73
CENTRAL CABARRUS HIGH505 NC-49 CONCORD, NC 28025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	220
CENTRAL CABARRUS HIGH505 NC-49 CONCORD, NC 28025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CHILDRENS HOME OF NORTH CAR 211 W ANTIOCH DR OXFORD, NC 275656990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	501
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 282355009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CENTURIONS1108 ROSADA DR CHARLOTTE, NC 282135955	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
CFA CHURCH 154 WARREN C COLEMAN BLVD CONCORD, NC 28027	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD LUBAVITCH OF GREENSBORO INC 1102 BEARHOLLOW RD GREENSBORO, NC 274103606	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	293
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGED CHOICESPO BOX 34367 CHARLOTTE, NC 28234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	166
CHANTILLY MONTESSORI PTO 701 BRIAR CREEK RD CHARLOTTE, NC 282056908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY LEAGUE INCPO BOX 471332 CHARLOTTE, NC 282471332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLES E BOGER ELEMENTARY 5150 DOVEFIELD LANE KANNAPOLIS, NC 28081	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
CHARLIES HEART FOUNDATION 735 ASHGROVE LN CHARLOTTE, NC 282703799	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,775
CHARLOTTE BALLET701 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE BASKETBALL CLUB INC 3005 AMESBURY HILL DRIVE CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BASKETBALL CLUB INC 3005 AMESBURY HILL DRIVE CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE BASKETBALL CLUB INC 3005 AMESBURY HILL DRIVE CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
CHARLOTTE BASKETBALL CLUB INC 3005 AMESBURY HILL DRIVE CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BILINGUAL PRESCHOOL INC 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE BILINGUAL PRESCHOOL INC 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE BILINGUAL PRESCHOOL INC 6300 HIGHLAND AVENUE CHARLOTTE, NC 28215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE BLUES SOCIETY INCORPORATE PO BOX 32752 CHARLOTTE, NC 282322752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,100
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10
CHARLOTTE CATHOLIC HIGH SCHOOL 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN PO BOX 474055 CHARLOTTE, NC 282474055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CATHOLIC HIGH SCHOOL FOUN 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282263934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR LEGAL ADVOCACY 1431 ELIZABETH AVE CHARLOTTE, NC 282042506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	405
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,690
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	403
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	312
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,701
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	408
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	294
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
CHARLOTTE CENTER FOR URBAN MINISTRY 2435 LUCENA ST CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CENTER FOR URBAN MINISTRY 2435 LUCENA ST CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	181
CHARLOTTE CENTER FOR URBAN MINISTRY PO BOX 31335 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
CHARLOTTE CHORALE INC 6002 HEMBY COMMONS PKWY INDIAN TRAIL, NC 280794334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,900
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COCKER RESCUE OF NC INC 923 LONGVIEW AVENUE KANNAPOLIS, NC 28081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE COCKER RESCUE OF NC INC 923 LONGVIEW AVENUE KANNAPOLIS, NC 28081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE COMMUNITY HEALTH CLINIC I 8401 MEDICAL PLAZA DR SUITE 300 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	640
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COMMUNITY HEALTH CLINIC I 8401 MEDICAL PLAZA DR SUITE 300 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
CHARLOTTE COMMUNITY HEALTH CLINIC I 8401 MEDICAL PLAZA DR SUITE 300 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
CHARLOTTE COMMUNITY HEALTH CLINIC I 8401 MEDICAL PLAZA DR SUITE 300 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	114
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE CONCERTS 1625 SOUTH BLVD SUITE 202 CHARLOTTE, NC 28203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	23
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,688
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,057
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,030
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,975
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,450
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	13,300
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	322
CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
CHARLOTTE FAMILY HOUSING INC 300 HAWTHORNE LN THIRD FLOOR CHARLOTTE, NC 282042434	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
CHARLOTTE FILM SOCIETY PO BOX 78872 CHARLOTTE, NC 282717043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FLIGHTS TRACK AND FIELD C PO BOX 562163 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
CHARLOTTE FLIGHTS TRACK AND FIELD C PO BOX 562163 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE FLIGHTS TRACK AND FIELD C PO BOX 562163 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE FLIGHTS TRACK AND FIELD C PO BOX 562163 CHARLOTTE, NC 28273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHARLOTTE GOLFERS FOR CHARITY 8930 PARKCREST ST HUNTERSVILLE, NC 280786711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE HEAT SOFTBALL INC 2915 CUTTER CT WAXHAW, NC 281738064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE HEPTATHLON 525 N TRYON ST STE 1900 CHARLOTTE, NC 282020209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,755
CHARLOTTE JEWISH DAY SCHOOL PO BOX 79180 CHARLOTTE, NC 28271	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE JEWISH DAY SCHOOL PO BOX 79180 CHARLOTTE, NC 28271	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD SUITE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD SUITE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE JEWISH PRESCHOOL INC 5007 PROVIDENCE RD SUITE 109 CHARLOTTE, NC 282265907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE KIWANIS FOUNDATION INC PO BOX 36626 CHARLOTTE, NC 282366626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,350
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	780
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
CHARLOTTE LAB SCHOOL INC 301 E 9TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,325
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,600
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,395
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOL 9502 PROVIDENCE ROAD CHARLOTTE, NC 282778695	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,700
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,804
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,909
CHARLOTTE LATIN SCHOOLS INC 9502 PROVIDENCE RD CHARLOTTE, NC 282778695	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12,743
CHARLOTTE LEADERSHIP ACADEMY INC 8727 OAK DRIVE NE CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE LEADERSHIP ACADEMY INC 8727 OAK DRIVE NE CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHARLOTTE MECKELENBURG ANIMAL CARE 8315 BYRUM DR CHARLOTTE, NC 28217	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	220
CHARLOTTE MECKELENBURG ANIMAL CARE 8315 BYRUM DR CHARLOTTE, NC 28217	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKELENBURG ANIMAL CARE 8315 BYRUM DR CHARLOTTE, NC 28217	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,628
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	3,230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	240
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	527
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	377
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	327
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	152
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MECKLENBURG LIBRARY FOUND 310 N TRYON ST CHARLOTTE, NC 282022139	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE MECKLENBURG SCHOLASTICS C PO BOX 221882 CHARLOTTE, NC 282221882	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
CHARLOTTE MUSEUM OF HISTORY INC 3500 SHAMROCK DR CHARLOTTE, NC 282153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE NEUROSCIENCE ASSOCIATION 300 BILLINGSLEY RD STE 108 CHARLOTTE, NC 282113091	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE PREPARATORY SCHOOL INC 212 BOYCE ROAD CHARLOTTE, NC 282116006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE PRIDE INCPO BOX 32362 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE PRIDE INCPO BOX 32362 CHARLOTTE, NC 28232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,396
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,045
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,780
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	477
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,439
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,900
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION PO BOX 33000 CHARLOTTE, NC 28233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE RESCUE MISSION ENDOWMENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE RESCUE MISSION SOCIAL ENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE RESCUE MISSION SOCIAL ENT 907 W 1ST ST CHARLOTTE, NC 282021003	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE SECONDARY SCHOOL 8601 MCALPINE PARK DRIVE CHARLOTTE, NC 28211	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SECONDARY SCHOOL 8601 MCALPINE PARK DRIVE CHARLOTTE, NC 28211	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE SECONDARY SCHOOL 8601 MCALPINE PARK DRIVE CHARLOTTE, NC 28211	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	320
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SPEECH AND HEARING CENTER 741 KENILWORTH AVENUE SUITE 100 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
CHARLOTTE SWIM ASSOCIATION INC 7011 REISMAN LANE CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,300
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	908
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHARLOTTE SYMPHONY ORCHESTRA SOCIET 128 S TRYON STREET SUITE 350 CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
CHARLOTTE VEGFEST INC 316 W PARK AVE CHARLOTTE, NC 282034441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE WORKS 11301 CARMEL COMMONS RD STE 301 CHARLOTTE, NC 282265318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE YOUTH BALLET INC PO BOX 472937 CHARLOTTE, NC 282472937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG HOUSING PARTN 4601 CHARLOTTE PARK DRIVE SUITE 350 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHARLOTTE-MECKLENBURG POLICE FOUNDA PO BOX 32084 CHARLOTTE, NC 28232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE-MECKLENBURG POLICE FOUNDA PO BOX 32084 CHARLOTTE, NC 28232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG POLICE FOUNDA PO BOX 32084 CHARLOTTE, NC 28232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTE-MECKLENBURG SCHOOLS P O BOX 471534 CHARLOTTE, NC 28247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	821
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	70
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	49
CHARLOTTE-MECKLENBURG SCHOOLS 1800 PINEVILLE MATTHEWS ROAD CHARLOTTE, NC 28270	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,012
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE-MECKLENBURG SCHOOLS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
CHARLOTTE-MECKLENBURG SCHOOLS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTE-MECKLENBURG SCHOOLS 1800 PINEVILLE MATTHEWS ROAD CHARLOTTE, NC 28270	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
CHARLOTTE-MECKLENBURG SCHOOLS 1800 PINEVILLE MATTHEWS ROAD CHARLOTTE, NC 28270	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	253
CHARLOTTE-MECKLENBURG SCHOOLS PO BOX 30035 CHARLOTTE, NC 282300035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTES FINEST LEGACY FOUNDATION PO BOX 34742 CHARLOTTE, NC 282344742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTES HOPE CHURCH 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHARLOTTES HOPE CHURCH 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTES HOPE CHURCH 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CHARLOTTES HOPE CHURCH 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHARLOTTES HOPE CHURCH 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHIHUAHUA RESCUE & TRANSPORT INC 83 HUNTERS EDGE DR TIMBERLAKE, NC 27583	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILD ADVOCACY CENTER INC PO BOX 488 FAYETTEVILLE, NC 28302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CHILD ADVOCACY CENTER INC PO BOX 488 FAYETTEVILLE, NC 28302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ADVOCACY CENTER INC PO BOX 488 FAYETTEVILLE, NC 28302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	480
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	360
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
CHILD CARE RESOURCES INC 4600 PARK RD SUITE 400 CHARLOTTE, NC 282093239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN AND FAMILY SERVICES CENTER 601 E 5TH STREET SUITE 450 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHILDREN AND FAMILY SERVICES CENTER 601 E 5TH STREET SUITE 450 CHARLOTTE, NC 282023092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS FLIGHT OF HOPE INC 1101 AVIATION PARKWAY SUITE D MORRISVILLE, NC 27560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 27415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 27415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 274154608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 27415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 274154608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,600
CHILDRENS HOME SOCIETY OF NORTH CAR PO BOX 14608 GREENSBORO, NC 274154608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPNGS, NC 280100001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPNGS, NC 280100001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,717
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	535
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	613
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 28010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 28010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOPE ALLIANCEPO BOX 1 BARIUM SPRINGS, NC 280100000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
CHILDRENS MIRACLE NETWORK P O BOX 32861 CHARLOTTE, NC 282322861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,032
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	311
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	193
CHILDRENS THEATRE OF CHARLOTTE INC 300 E 7TH ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	159
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
CHINESE ACADEMY INCP O BOX 78314 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINESE PHOENIX ARTS 2027 SANDY POND LN WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHINESE PHOENIX ARTS 2027 SANDY POND LN WAXHAW, NC 28173	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHRIST LUTHERAN CHURCH 4519 PROVIDENCE RD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST OUR SHEPERD MINISTRIES 226 W JOHN ST MATTHEWS, NC 281055336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHRIST OUR SHEPERD MINISTRIES 226 W JOHN ST MATTHEWS, NC 281055336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	450
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,000
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	950
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST SCHOOL 500 CHRIST SCHOOL ROAD ARDEN, NC 287049570	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
CHRISTIAN HEARTS FOR HAITI 4315 WINEDALE LN CHARLOTTE, NC 282054530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CHRISTIAN HEARTS FOR HAITI 4315 WINEDALE LN CHARLOTTE, NC 282054530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN MONTESSORI SCHOOL AT LAKE 14101 STUMPTOWN RD HUNTERSVILLE, NC 280789029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHURCH OF GOD CHILDRENS HOME OF NOR 3485 ORPHANAGE CIR CONCORD, NC 280273006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIRCLE DE LUZ INCPO BOX 2 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
CITY AT PEACE-CHARLOTTE INC PO BOX 33893 CHARLOTTE, NC 282333893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CITY OF OAKS FOUNDATION INC 222 W HARGETT STREET RALEIGH, NC 27601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF OAKS FOUNDATION INC 222 W HARGETT STREET RALEIGH, NC 27601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	26,000
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CLAIRES ARMY INCPO BOX 78571 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,625
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	683
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSROOM CENTRAL INC 2116 WILKINSON BLVD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CLAYWORKS INC4506 MONROE ROAD CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLEAN AIR CAROLINAPO BOX 5311 CHARLOTTE, NC 28299	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CLEMMONS FOOD PANTRY INC PO BOX 871 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CLT BIKE CAMP6827 ROSEMARY LN CHARLOTTE, NC 282107018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CMS FOUNDATION 4421 STUART ANDREW BOULEVARD SUITE 100 CHARLOTTE, NC 28217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTXCOAST FOUNDATION PO BOX 87192 FAYETTEVILLE, NC 28304	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,953
CODDLE CREEK ELEMENTARY 484 PRESBYTERIAN ROAD MOORESVILLE, NC 28115	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,050
COLFAX ELEMENTARY SCHOOL PARENT TEA 9112 W MARKET ST COLFAX, NC 272359788	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	187
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLIE RESCUE OF THE CAROLINAS 3227 SWAIM RD WINSTONSALEM, NC 271073675	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLLINSWOOD LANGUAGE ACADEMY 4000 APPLEGATE RD CHARLOTTE, NC 282092702	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
COLONIAL CAPITAL HUMANE SOCIETY PO BOX 326 NEW BERN, NC 285630326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLTRANE-WEBB ELEMENTARY 61 SPRING ST NW CONCORD, NC 280254748	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	352
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,355
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMON HEART INCPO BOX 2761 INDIAN TRAIL, NC 280792761	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
COMMON WEALTH CHARLOTTE 5301 WILKINSON BLVD CHARLOTTE, NC 282085455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON WEALTH CHARLOTTE 5301 WILKINSON BLVD CHARLOTTE, NC 282085455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	526
COMMUNITIES IN SCHOOLS OF BRUNSWICK PO BOX 10087 SOUTHPORT, NC 284610087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
COMMUNITIES IN SCHOOLS OF BRUNSWICK PO BOX 10087 SOUTHPORT, NC 284610087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,565
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,056
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,161
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,662
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 E 5TH ST STE 300 CHARLOTTE, NC 282023094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CHARLOTTE 601 EAST 5TH STREET 300 CHARLOTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITIES IN SCHOOLS OF NORTH CAR 222 NORTH PERSON ST STE 203 RALEIGH, NC 276011067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMUNITY BUILDING INITIATIVE 601 E 5TH ST STE 460 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY BUILDING INITIATIVE 601 E 5TH ST STE 460 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
COMMUNITY CULINARY SCHOOL OF CHARLO 9315-D MONROE RD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY EDUCATION PROJECT 4025 KALISPELL LN CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY EMPOWERMENT FUND 208 N COLUMBIA STREET SUITE 100 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY FOUNDATION OF GASTON COUN PO BOX 123 GASTONIA, NC 280530123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF GASTON COUN PO BOX 123 GASTONIA, NC 280530123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOUNDATION OF GREATER GRE 330 S GREENE ST SUITE 100 GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FREE CLINIC 528-A LAKE CONCORD ROAD CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOME TRUSTPO BOX 2315 CHAPEL HILL, NC 27515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
COMMUNITY HOUSE MIDDLE SCHOOL PTO 9500 COMMUNITY HOUSE RD CHARLOTTE, NC 282771829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVENUE GREENSBORO, NC 274020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING SOLUTIONS OF GUIL 1031 SUMMIT AVENUE SUITE 1E-1 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY IN CHRIST LUTHERAN CHURCH 7621 NORMAN ISLAND DR CORNELIUS, NC 28031	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,845
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY LINK PROGRAMS OF TRAVELER 601 E 5TH ST STE 220 CHARLOTTE, NC 282023093	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY LINK PROGRAMS OF TRAVELER 601 EAST 5TH STREET SUITE 220 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY MOSQUE OF HIGH POINT 222 SPRING HILL CHURCH RD HIGH POINT, NC 272628420	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,806
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL OF DAVIDSON INC 404 ARMOUR ST - ATTN JOYCE BURKE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	307
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SCHOOL OF THE ARTS 345 N COLLEGE ST CHARLOTTE, NC 282022113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMPANION PARROTS RE-HOME 321 S POLK ST STE 2C PINEVILLE, NC 281348479	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMPASSION TO ACT INCORPORATED PO BOX 541 WAXHAW, NC 281731048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATIONS FOR KIDS INC 5835 EXECUTIVE CENTER DR SUITE 101-J CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNECTIONS OF CUMBERLAND COUNTY IN PO BOX 88040 FAYETTEVILLE, NC 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONSERVATORS CENTER INC PO BOX 882 MEBANE, NC 273020882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVING CAROLINA847 CASE ST HENDERSONVLLE, NC 28792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,700
CONSERVING CAROLINA847 CASE ST HENDERSONVLLE, NC 28792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	880
CONSERVING CAROLINA847 CASE ST HENDERSONVLLE, NC 28792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONSERVING CAROLINA847 CASE ST HENDERSONVLLE, NC 28792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
CONSUMER CREDIT COUNSELING SERVICE 50 SOUTH FRENCH BROAD AVENUE SUITE 227 ASHEVILLE, NC 288013271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CONTEMPORARY ART FOUNDATION INC 409 WEST MARTIN STREET RALEIGH, NC 27603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELIUS ARTS COMMUNITY CENTER INC PO BOX 1443 CORNELIUS, NC 280318527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CORNELIUS ELEMENTARY 21126 CATAWBA AVENUE CORNELIUS, NC 28031	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CORNELIUS YOUTH ORCHESTRAS 19701 BETHEL CHURCH RD 103-147 CORNELIUS, NC 280315912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL 4041 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	400
CORVIAN COMMUNITY SCHOOL 4041 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
CORVIAN COMMUNITY SCHOOL 4041 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL 4041 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
CORVIAN COMMUNITY SCHOOL 4041 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVIAN COMMUNITY SCHOOL INC 4041 JOHNSTON OEHLER RD CHARLOTTE, NC 282691062	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
COTSWOLD ELEMENTARY 300 GREENWICH CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,790
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR CHILDRENS RIGHTS INC 601 EAST 5TH ST STE 510 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
COUNCIL ON AGING IN UNION COUNTY PO BOX 185 MONROE, NC 281110185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COVE GROUP411 WINDMILL STREET WALNUT COVE, NC 27052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
COVENANT DAY SCHOOL INC 800 FULLWOOD LANE MATTHEWS, NC 28105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,600
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	252
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	42
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT PRESBYTERIAN CHURCH 1000 EAST MOREHEAD STREET CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,500
COVERED GIRLS INC 5851 AMITY SPRINGS DR CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
COVERED GIRLS INC 5851 AMITY SPRINGS DR CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVERED GIRLS INC 5851 AMITY SPRINGS DR CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
COVERED GIRLS INC 5851 AMITY SPRINGS DR CHARLOTTE, NC 28212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
COX MILL ELEMENTARY 1450 COX MILL ROAD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COX MILL HIGH SCHOOL 1355 COX MILL ROAD NE CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COX MILL PARENT TEACHER ORGANIZATIO 1450 COX MILL RD CONCORD, NC 280277566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATIVE PLAYER SPORTS FOUNDATION 2601 WILKINSON BLVD STE B CHARLOTTE, NC 282085617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
CRESTDALE MIDDLE SCHOOL PTO 940 SAM NEWELL RD MATTHEWS, NC 281054517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
CRESTDALE MIDDLE SCHOOL PTO 940 SAM NEWELL RD MATTHEWS, NC 281054517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,850
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,283
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	765
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	548
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,012
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	511
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 282062913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	132
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CONTROL MINISTRY INC 200 EAST TENTH STREET WINSTONSALEM, NC 271011512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
CROSBY SCHOLARS COMMUNITY PARTNERSH 2701 UNIVERSITY PARKWAY WINSTON SALEM, NC 271050000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CROSSROADS CORP FOR AFFORDABLE HOUS 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS CORP FOR AFFORDABLE HOUS 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
CROSSROADS CORP FOR AFFORDABLE HOUS 3623 LATROBE DRIVE SUITE 208 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CROWNKEEPERS 1824 STATESVILLE AVE STE 105 CHARLOTTE, NC 282060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CSYO PARENTS ASSOCIATION INC 7209 E WT HARRIS BLVD SUITE J 291 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CSYO PARENTS ASSOCIATION INC 7209 E WT HARRIS BLVD SUITE J 291 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CSYO PARENTS ASSOCIATION INC 7209 E WT HARRIS BLVD SUITE J 291 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CSYO PARENTS ASSOCIATION INC 7209 E WT HARRIS BLVD SUITE J 291 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CSYO PARENTS ASSOCIATION INC 7209 E WT HARRIS BLVD SUITE J 291 CHARLOTTE, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CULTIVATE LIFE304 MCADENVILLE RD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,585
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTIVATE LIFE304 MCADENVILLE RD BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CUMBERLAND RESIDENTIAL AND EMPLOYME PO BOX 877 FAYETTEVILLE, NC 283020877	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUTHBERTSON MIDDLE SCHOOL PTSO 1520 CUTHBERTSON RD WAXHAW, NC 281738102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,098
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,375
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,876
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	872
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	641
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,380
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	614
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 7101 CREEDMOOR RD SUITE 130 RALEIGH, NC 27613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,585
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	382
CYSTIC FIBROSIS FOUNDATION 4600 PARK RD SUITE 100 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 7101 CREEDMOOR RD SUITE 130 RALEIGH, NC 27613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
DAHLIA GROVE INC 155 LANSDOWNE RD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DALE JR FOUNDATION349 CAYUGA DR MOORESVILLE, NC 281178216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANCE PROJECT INC 200 N DAVIE ST STE 7 GREENSBORO, NC 274012865	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
DANIEL CENTER FOR MATH AND SCIENCE 735 ROCK QUARRY ROAD RALEIGH, NC 27610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DARE COUNTY EDUCATION FOUNDATION IN PO BOX 959 KITTY HAWK, NC 279490959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,095
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,065
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	138
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,725
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	330
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON COLLEGEBOX 7170 DAVIDSON, NC 280357170	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DAVIDSON COLLEGE PRESBYTERIAN CHURC PO BOX 337 DAVIDSON, NC 28036	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
DAVIDSON COUNTY ANIMAL ALLIANCE INC PO BOX 183 THOMASVILLE, NC 273610183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIDSON HOUSING COALITION PO BOX 854 DAVIDSON, NC 280360854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	570
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
DELTAS OF CHARLOTTE INC PO BOX 37061 CHARLOTTE, NC 282377061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
DEMENTIA ALLIANCE OF NORTH CAROLINA 9131 ANSON WAY RALEIGH, NC 27615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMENTIA ALLIANCE OF NORTH CAROLINA 5171 GLENWOOD AVE STE 101 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DENVER UNITED FUTBOL CLUB 8030 MCCONNELL RD DENVER, NC 280376479	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
DIAKONOS INCPO BOX 5217 STATESVILLE, NC 28687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIAKONOS INCPO BOX 5217 STATESVILLE, NC 28687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DIAPER BANK OF NORTH CAROLINA 1311 E CLUB BLVD DURHAM, NC 27704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	346
DIGIBRIDGE330 CAMP ROAD CHARLOTTE, NC 28206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIGIBRIDGE330 CAMP ROAD CHARLOTTE, NC 28206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DILWORTH COMMUNITY DEVELOPMENT ASSO PO BOX 36023 CHARLOTTE, NC 282366023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
DILWORTH ELEMENTARY 405 E PARK AVE CHARLOTTE, NC 28203	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	561
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY PLACE INC301 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DISCOVERY PLACE INC301 N TRYON ST CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
DOBERMAN RESCUE OF THE TRIAD PO BOX 13979 GREENSBORO, NC 274153979	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOBERMAN RESCUE OF THE TRIAD PO BOX 13979 GREENSBORO, NC 274153979	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DOBERMAN RESCUE OF THE TRIAD PO BOX 13979 GREENSBORO, NC 274153979	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
DONALD DENEIL HARRISON SCHOLARSHIP 4625 HOPE VALLEY RD APT F DURHAM, NC 27707	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONT EVER GIVE UP INC 14600 WESTON PARKWAY CARY, NC 275132259	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DOWN SYNDROME ASSOCIATION OF GREATE 3900 PARK ROAD C CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM ON 3 4311 SCHOOL HOUSE COMMONS RD HARRISBURG, NC 280757510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,730
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	293
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,183
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,010
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,475
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS CHARLOTTE 500-A CLANTON RD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DRESS FOR SUCCESS TRIANGLE NC 1812 TILLERY PLACE SUITE 105 RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,400
DTH PUBLISHING CORPORATION 109 E FRANKLIN ST SUITE 210 CHAPEL HILL, NC 275143539	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,600
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE ALUMNI ASSOCIATION INC BOX 90581 DURHAM, NC 277080581	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,750
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	26,435
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	201
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,100
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,851
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY 300 W MORGAN STREET SUITE 1200 DURHAM, NC 27701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
DUKE UNIVERSITY BOX 90581 ALUMNI AND DEVELOPMENT RECORDS DURHAM, NC 277080581	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
DUKE UNIVERSITY 324 BLACKWELL ST STE 850 DURHAM, NC 277013659	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUKE UNIVERSITY HEALTH SYSTEM INC BOX 90581 DURHAM, NC 27708	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DURHAM ACADEMY3601 RIDGE ROAD DURHAM, NC 27705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
DURHAM ARTS COUNCIL INC 120 MORRIS ST DURHAM, NC 277013242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DURHAM COLORED LIBRARY INCORPORATED PO BOX 2736 DURHAM, NC 277152736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DURHAM CRISIS RESPONSE CENTER 206 N DILLARD STREET DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DURHAM LIBRARY FOUNDATION PO BOX 25246 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DURHAM LIBRARY FOUNDATION PO BOX 25246 DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
DURHAM NATIVITY SCHOOL PO BOX 3537 DURHAM, NC 27702	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
DURHAM TECHNICAL COMMUNITY COLLEGE 1637 E LAWSON ST DURHAM, NC 27703	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUSKIN AND STEPHENS FOUNDATION 26 PINECREST PLAZA 316 SOUTHERN PNES, NC 283875180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLES NEST FOUNDATION INCORPORATED 43 HART RD PISGAH FOREST, NC 287688631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EAST CAROLINA UNIVERSITY EDUCATIONA 304 WARD SPORTS MEDICINE BLDG GREENVILLE, NC 27858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
EAST CAROLINA UNIVERSITY EDUCATIONA 304 WARD SPORTS MEDICINE BLDG GREENVILLE, NC 27858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY EDUCATIONA 304 WARD SPORTS MEDICINE BLDG GREENVILLE, NC 27858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,600
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD SUITE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	277
EAST CAROLINA UNIVERSITY FOUNDATION 2200 S CHARLES BLVD GREENVILLE CTR STE 1100 GREENVILLE, NC 27858	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COAST GREENWAY ALLIANCE INC 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EAST COAST GREENWAY ALLIANCE INC 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EAST GASTON HIGH1744 LANE ROAD MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GASTON HIGH1744 LANE ROAD MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
EAST GASTON HIGH1744 LANE ROAD MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
EAST LINCOLN HIGH6471 HWY 73 DENVER, NC 280379527	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST LINCOLN MIDDLE4137 HWY 73 IRON STATION, NC 28080	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
EAST MARKET STREET DEVELOPMENT CORP 601 B EAST MARKET STREET GREENSBORO, NC 274013267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
EAST MECKLENBURG HIGH SCHOOL ATHLET 6800 MONROE RD CHARLOTTE, NC 282126821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MECKLENBURG HIGH SCHOOL ATHLET 6800 MONROE RD CHARLOTTE, NC 282126821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EAST MECKLENBURG HIGH SCHOOL PARENT 6800 MONROE RD CHARLOTTE, NC 282126821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EAST ROWAN HIGH 175 ST LUKES CHURCH RD SALISBURY, NC 281467610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST ROWAN HIGH 175 ST LUKES CHURCH RD SALISBURY, NC 281467610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
EAST ROWAN HIGH 175 ST LUKES CHURCH RD SALISBURY, NC 281467610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
EAST ROWAN SCHOOL BOOSTERS CLUB 175 SAINT LUKE CHURCH RD SALISBURY, NC 281468222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST ROWAN SCHOOL BOOSTERS CLUB 175 SAINT LUKE CHURCH RD SALISBURY, NC 281468222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
EAST ROWAN SCHOOL BOOSTERS CLUB 175 SAINT LUKE CHURCH RD SALISBURY, NC 281468222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
EAST VOYAGER ACADEMY 7429 TUCKASEEGEE RD CHARLOTTE, NC 282142620	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN CATAWBA COOPERATIVE CHRISTI PO BOX 31 NEWTON, NC 286580031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
EASTOVER ELEMENTARY 500 CHEROKEE ROAD CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
EASTSIDE COMMUNITY ECONOMIC DEVELOP 2425 JEFFERSON DAVIS STREET CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD STE 26A DURHAM, NC 277071155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD STE 26A DURHAM, NC 277071155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EL CENTRO HISPANO INC 2000 CHAPEL HILL RD STE 26A DURHAM, NC 277071155	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,900
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL ROPHE CENTER INCPO BOX 327 WAXHAW, NC 281730000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ELEVATION CHURCH 11416 E INDEPENDENCE BLVD STE N MATTHEWS, NC 281054947	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ELEVATION CHURCH 11416 E INDEPENDENCE BLVD STE N MATTHEWS, NC 281054947	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIADA FOUNDATION INC PO BOX 16708 ASHEVILLE, NC 288160708	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	90
ELIADA FOUNDATION INC PO BOX 16708 ASHEVILLE, NC 288160708	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
ELIADA FOUNDATION INC PO BOX 16708 ASHEVILLE, NC 288160708	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH LANE ELEM 121 ELIZABETH LANE MATTHEWS, NC 28105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	625
ELIZABETH LANE ELEM 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	510
ELNA B SPAULDING CONFLICT RESOLUTIO PO BOX 14568 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON HOMES FOR CHILDREN 617 NORTH SUMMIT AVE CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ELON HOMES FOR CHILDREN 617 NORTH SUMMIT AVE CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ELON PARK ELEMENTARY SCHOOL PTO 11425 ARDREY KELL RD CHARLOTTE, NC 282771977	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON PARK ELEMENTARY SCHOOL PTO 11425 ARDREY KELL RD CHARLOTTE, NC 282771977	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,525
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ELON UNIVERSITY2600 CAMPUS BOX ELON, NC 27244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMILY KRZYZEWSKI FAMILY LIFE CENTER 904 W CHAPEL HILL ST DURHAM, NC 277013060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EMPLOYMENT SOURCE INC600 AMES ST FAYETTEVILLE, NC 283014504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
EMPOWHERMENT INCPO BOX 32263 CHARLOTTE, NC 28232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWHERMENT INC PO BOX 32263 CHARLOTTE, NC 28232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ENDHAVEN ELEMENTARY 6815 ENDHAVEN LANE CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	270
ENVISION CHARLOTTE 615 S COLLEGE STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EP PEARCE ELEMENTARY 2006 PLEASANT RIDGE RD GREENSBORO, NC 27410	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
EP PEARCE ELEMENTARY 2006 PLEASANT RIDGE RD GREENSBORO, NC 27410	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
EPILEPSY ALLIANCE NORTH CAROLINA MRI BUILDING ROOM 256 - MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY ALLIANCE NORTH CAROLINA 1920 W 1ST ST WINSTON SALEM, NC 271044220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
EPILEPSY ALLIANCE NORTH CAROLINA MRI BUILDING ROOM 256 - MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EPILEPSY FOUNDATION OF NORTH CAROLI 1920 W 1ST ST WINSTON SALEM, NC 271044220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF NORTH CAROLI MRI BUILDING ROOM 256 - MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
EPISCOPAL DIOCESE OF NORTH CAROLINA 115 WEST 7TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL DIOCESE OF NORTH CAROLINA 505 MOUNTAIN RD ASHEBORO, NC 272054219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	381
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL DIOCESE OF NORTH CAROLINA 505 MOUNTAIN RD ASHEBORO, NC 272054219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
EPISCOPAL DIOCESE OF NORTH CAROLINA 505 MOUNTAIN RD ASHEBORO, NC 272054219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EQUALITY NORTH CAROLINA FOUNDATION PO BOX 28768 RALEIGH, NC 276118768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUIPPING WITH TRUTH MINISTRIES INC 119 W BROAD ST STATESVILLE, NC 286775257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
EQUIPPING WITH TRUTH MINISTRIES INC 119 W BROAD ST STATESVILLE, NC 286775257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EQUITAS INC300 W 5TH ST APT 215 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUITAS INC300 W 5TH ST APT 215 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,257
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EXCEPTIONAL FOUNDATION OF CHARLOTTE PO BOX 11467 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EXTRAORDINARY VENTURES INC 200 S ELLIOTT RD CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F3 FOUNDATION INC 1645 QUEENS RD WEST CHARLOTTE, NC 28207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
FAITH HOPE & LOVE MENTORING 1720 PADDOCK CIRCLE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FAITH HOPE & LOVE MENTORING 1720 PADDOCK CIRCLE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES FORWARD CHARLOTTE INC PO BOX 470436 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES MOVING FORWARD 300 N QUEEN ST DURHAM, NC 277013446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAMILY ADDITION DOG RESCUE OF CHARL PO BOX 12221 CHARLOTTE, NC 28220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FAMILY ADDITION DOG RESCUE OF CHARL PO BOX 12221 CHARLOTTE, NC 28220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY CARE CENTER OF CATAWBA VALLE 2875 HIGHLAND AVE NE HICKORY, NC 28601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY CRISIS COUNCIL OF ROWAN INC 502 N LONG ST SALISBURY NC 28144 SPENCER, NC 28159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY IMPACT FUND 601 EAST FIFTH STREET SUITE 330-D CHARLOTTE, NC 28202	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY IMPACT FUND 601 EAST FIFTH STREET SUITE 330-D CHARLOTTE, NC 28202	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
FAMILY SERVICE OF THE PIEDMONT INC 902 BONNER DR JAMESTOWN, NC 272828948	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FAYETTEVILLE ANIMAL PROTECTION SOCI 3927 BRAGG BLVD FAYETTEVILLE, NC 28303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTEVILLE ANIMAL PROTECTION SOCI 3927 BRAGG BLVD FAYETTEVILLE, NC 28303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FAYETTEVILLE ANIMAL PROTECTION SOCI 3927 BRAGG BLVD FAYETTEVILLE, NC 28303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
FAYETTEVILLE AREA OPERATIONINASMUCH 531 HILLSBORO STREET FAYETTEVILLE, NC 283014634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTEVILLE URBAN MINISTRY INC 701 WHITFIELD ST FAYETTEVLLLE, NC 283021171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FBI NATIONAL CITIZENS ACADEMY ALUMN PO BOX 30624 CHARLOTTE, NC 282300624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FEDERATION OF TAMIL SANGAMS OF NORT 1803 GRAYSCROFT DR WAXHAW, NC 281736681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	274
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE SUITE 803 CLEMMONS, NC 27012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
FELINE URGENT RESCUE & REHAB INC PO BOX 1164 WAXHAW, NC 281731010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FESTIVAL IN THE PARK INC 1409 EAST BLVD CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FINE WHINES AND LICKERS INC 6681 NC150 EAST REIDSVILLE, NC 27320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	138
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FIRST BAPTIST CHURCH101 N MAIN ST KANNAPOLIS, NC 280813427	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FIRST IN FAMILIES OF NORTH CAROLINA 909 BURCH AVE DURHAM, NC 277012815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,606
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	830
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FIRST TEE OF GREATER CHARLOTTE 2661 BARRINGER DR CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 282020000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 282020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
FIRST UNITED METHODIST CHURCH CHILD 501 N TRYON STREET CHARLOTTE, NC 282020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
FISHER HOUSE FOUNDATION INC 12 BASSETT STREET FORT BRAGG, NC 28390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 282035873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FLORENCE CRITTENTON SERVICES INC 1300 BLYTHE BLVD CHARLOTTE, NC 28236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOLDS OF HONOR FOUNDATION 6519 LUNDIN LINKS LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK OF CENTRAL & EASTERN NORT 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
FOOD BANK OF CENTRAL & EASTERN NORT 1314 MARSTELLAR ST WILMINGTON, NC 28402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOTHILLS CONSERVANCY OF NORTH CARO PO BOX 3023 MORGANTON, NC 28680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOTHILLS OUTDOORSMAN ASSOCIATION PO BOX 22 COLLETTSVILLE, NC 286110022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FOREST HILL CHURCH7224 PARK RD CHARLOTTE, NC 282106133	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOREST HILL CHURCH7224 PARK RD CHARLOTTE, NC 282106133	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
FOREST HILL CHURCH7224 PARK RD CHARLOTTE, NC 282106133	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
FORSYTH COUNTRY DAY SCHOOL INC PO BOX 549 LEWISVILLE, NC 270230549	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH COUNTRY DAY SCHOOL INC PO BOX 549 LEWISVILLE, NC 270230549	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FORSYTH HUMANE SOCIETY 4881 COUNTRY CLUB ROAD WINSTON SALEM, NC 27104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORSYTH TECHNICAL COMMUNITY COLLEGE 2100 SILAS CREEK PARKWAY WINSTONSALEM, NC 271035150	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
FOSTER VILLAGE CHARLOTTE PO BOX 77672 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FOSTER VILLAGE CHARLOTTE PO BOX 77672 CHARLOTTE, NC 28271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER VILLAGE CHARLOTTE PO BOX 77672 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
FOUNDATION FIGHTING BLINDNESS INC 4600 MARIOTT DRIVE SUITE 340 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FOUNDATION FIGHTING BLINDNESS INC 4600 MARIOTT DRIVE SUITE 340 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,820
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,135
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,538
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
FOUNDATION FOR THE CAROLINAS 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,388
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	621
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	93
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,293
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	701
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION FOR TOMORROW PO BOX 470836 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION OF SHALOM PARK INC 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE CALDWELL COMMUNIT PO BOX 600 LENOIR, NC 28645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION OF THE CALDWELL COMMUNIT PO BOX 600 LENOIR, NC 28645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,983
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE UNIVERSITY OF NOR 601 S COLLEGE RD WILMINGTON, NC 284035905	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
FRANKIE LEMMON SCHOOL AND DEVELOPME 3311 CARL SANDBURG CT RALEIGH, NC 276102047	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FREDERICK A EDGERTON JR FOUNDATION 6409 FAYETTEVILLE RD STE 120-232 DURHAM, NC 27713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM COMMUNITIES 2225 FREEDOM DR STE 5 CHARLOTTE, NC 282084035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,100
FREEDOM COMMUNITIES 2225 FREEDOM DR STE 5 CHARLOTTE, NC 282084035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FREEDOM HOUSEPO BOX 38215 GREENSBORO, NC 274388215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM RIDE RESCUE 615 MONROE DR RALEIGH, NC 27604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM SCHOOL PARTNERS INC PO BOX 37363 CHARLOTTE, NC 282377363	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
FREEDOM UNITED 4501 ATLANTIC AVE STE 110 RALEIGH, NC 276048110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FREEDOM UNITED 4501 ATLANTIC AVE STE 110 RALEIGH, NC 276048110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM WITHIN WALLS 635 PRESSLEY RD STE F CHARLOTTE, NC 282174609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	132
FREEDOM WITHIN WALLS 635 PRESSLEY RD STE F CHARLOTTE, NC 282174609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
FREEDOM WITHIN WALLS 635 PRESSLEY RD STE F CHARLOTTE, NC 282174609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	109
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FRIENDS OF FERAL FELINES PO BOX 473385 CHARLOTTE, NC 282473385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
FRIENDS OF OFCBPO BOX 34563 CHARLOTTE, NC 282344563	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
FRIENDS OF PLANT CONSERVATION FOUND 1060 MAIL SERVICE CENTER NCDA PLANT RALEIGH, NC 276990001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PUBLIC RADIO INC 254 N FRONT STREET SUITE 300 WILMINGTON, NC 284013920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	370
FRIENDS OF ROCKY MOUNT ANIMALS PO BOX 8766 ROCKY MOUNT, NC 27804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FRIENDS OF ROCKY MOUNT ANIMALS PO BOX 8766 ROCKY MOUNT, NC 27804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ROCKY MOUNT ANIMALS PO BOX 8766 ROCKY MOUNT, NC 27804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FRIENDS OF ROCKY MOUNT ANIMALS PO BOX 8766 ROCKY MOUNT, NC 27804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
FRIENDS OF SHERWOOD FOREST 1055 YORKSHIRE RD WINSTON SALEM, NC 271065447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF STATE PARKS INC PO BOX 37655 RALEIGH, NC 276277655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE MOUNT AIRY POLICE DE PO BOX 6444 MOUNT AIRY, NC 27030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE NORTHWEST SCHOOL OF 1415 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NORTHWEST SCHOOL OF 1415 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
FRIENDS OF THE NORTHWEST SCHOOL OF 1415 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
FRIENDS OF THE NORTHWEST SCHOOL OF 1415 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE UNION COUNTY ANIMALS 1647 JONESVILLE HWY UNION, NC 29379	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE UNION COUNTY ANIMALS 1647 JONESVILLE HWY UNION, NC 29379	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE UNION COUNTY ANIMALS 3340 PRESSON RD MONROE, NC 281129140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS SCHOOL OF WILMINGTON INC 350 PEIFFER AVENUE WILMINGTON, NC 28412	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
FRIENDSHIP MISSIONARY BAPTIST CHURC 3400 BEATTIES FORD RD/ATTN FINANCE CHARLOTTE, NC 282163737	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	738
FRIENDSHIP MISSIONARY BAPTIST CHURC 3400 BEATTIES FORD RD/ATTN FINANCE CHARLOTTE, NC 282163737	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,485
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,176
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	660
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP TRAYS INC 2401 DISTRIBUTION ST STE A CHARLOTTE, NC 282035378	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
FULL MOON FARM INCPO BOX 1374 BLACK MTN, NC 287111374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FURBABIES ANIMAL RESCUE 3007 BACK STRETCH BLVD INDIAN TRAIL, NC 280795748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARINGER EDUCATION FOUNDATION INC 1100 EASTWAY DR CHARLOTTE, NC 282051433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GASTON CHRISTIAN SCHOOL 1625 LOWELL BETHESDA RD GASTONIA, NC 280569496	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	800
GASTON CHRISTIAN SCHOOLS INC 1625 LOWELL BETHESDA RD GASTONIA, NC 280569496	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,535
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON DAY SCHOOL INC 2001 GASTON DAY SCHOOL RD GASTONIA, NC 280567514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
GASTON DAY SCHOOL INC 2001 GASTON DAY SCHOOL RD GASTONIA, NC 280567514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
GASTON HUMANE SOCIETY INC PO BOX 2334 GASTONIA, NC 280532334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GASTON HUMANE SOCIETY INC PO BOX 2334 GASTONIA, NC 280532334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
GASTON HUMANE SOCIETY INC PO BOX 2334 GASTONIA, NC 280532334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
GASTON STRING ORCHESTRA 5003 GRAYSTONE ESTATES DR BELMONT, NC 280128660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,700
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,400
GATE PREGNANCY RESOURCE CENTER 3824 NC HIGHWAY 49 S HARRISBURG, NC 280757422	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GAY MENS CHORUS OF CHARLOTTE PO BOX 560661 CHARLOTTE, NC 282560661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS CHORUS OF CHARLOTTE PO BOX 560661 CHARLOTTE, NC 282560661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GENERAL ALUMNI ASSOCPO BOX 660 CHAPEL HILL, NC 275140660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	370
GENERAL ALUMNI ASSOCPO BOX 660 CHAPEL HILL, NC 275140660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL ALUMNI ASSOCPO BOX 660 CHAPEL HILL, NC 275140660	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
GENERAL ALUMNI ASSOCIATION OF JOHNS 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
GENERAL ALUMNI ASSOCIATION OF JOHNS 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESIS CHARITABLE RELIEF FUND FOR 3400 BEATTIES FORD RD CHARLOTTE, NC 282163740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GENESIS CHARITABLE RELIEF FUND FOR 3400 BEATTIES FORD RD CHARLOTTE, NC 282163740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
GENESIS CHARITABLE RELIEF FUND FOR 3400 BEATTIES FORD RD CHARLOTTE, NC 282163740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEN-ONE INC933 LOUISE AVE 101-27 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,550
GERMAN LANGUAGE AND CULTURE FOUNDAT 121 WEST TRADE ST STE 2850 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
GETHSEMANE GARDEN CHRISTIAN CENTRE PO BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETHSEMANE GARDEN CHRISTIAN CENTRE PO BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GETHSEMANE GARDEN CHRISTIAN CENTRE PO BOX 713 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
GFWC OF NORTH CAROLINA INC 7474 CREEDMOOR ROAD BOX 310 RALEIGH, NC 27613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GFWC OF NORTH CAROLINA INC 7474 CREEDMOOR ROAD BOX 310 RALEIGH, NC 27613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIGIS PLAYHOUSE INC 2887 JONES FRANKLIN RD RALEIGH, NC 276064007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIGIS PLAYHOUSE INC 2887 JONES FRANKLIN RD RALEIGH, NC 276064007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 9101 KINGS PARADE BLVD CHARLOTTE, NC 28273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
GIRL SCOUTS CAROLINAS PEAKS TO PIED 8818 WEST MARKET STREET COLFAX, NC 27235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	990
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	726
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	524
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	262
GIRL SCOUTS HORNETS NEST COUNCIL 7007 IDLEWILD RD CHARLOTTE, NC 282125751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	184
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	276
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	184
GIRL SCOUTS NORTH CAROLINA COASTAL 6901 PINECREST ROAD RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	92
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST STE 201 CHARLOTTE, NC 282022743	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GIRLS ON THE RUN INTERNATIONAL 801 E MOREHEAD ST SUITE 201 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRLS ROCK CHARLOTTEPO BOX 39066 CHARLOTTE, NC 282781018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
GIVING TREE CHARITIES INC 1244 EAST BLVD CHARLOTTE, NC 282035708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENWOOD FAMILY MINISTRIES 1403 W FLORIDA STREET GREENSBORO, NC 27403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,013
GLENWOOD FAMILY MINISTRIES 1403 W FLORIDA STREET GREENSBORO, NC 27403	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	876
GO FAR2432 N OLD GREENSBORO RD HIGH POINT, NC 272657254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GO JEN GO FOUNDATION INC 7804 FAIRVIEW RD STE 217 CHARLOTTE, NC 282264998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
GOATHOUSE REFUGE INC 680 ALTON ALSTON ROAD PITTSBORO, NC 27312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GOLDEN RETRIEVER RESCUE CLUB OF CHA PO BOX 471931 CHARLOTTE, NC 282471931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,420
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GOOD FELLOWS CLUB INC 700 PARKWOOD AVE CHARLOTTE, NC 282052655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	304
GOOD FELLOWS CLUB INC PO BOX 34708 CHARLOTTE, NC 282344708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	445
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	677
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
GOOD FRIENDS 1307 WEST MOREHEAD STREET SUITE 207 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GOOD FRIENDS OF WILMINGTON PO BOX 4222 WILMINGTON, NC 284061222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD MINISTRIES OF WILMING 811 MARTIN STREET WILMINGTON, NC 284017825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GOODWILL INDUSTRIES OF THE SOUTHERN 5301 WILKINSON BLD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
GOODWILL INDUSTRIES OF THE SOUTHERN 5301 WILKINSON BLD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODYEAR ARTS INC 301 CAMP ROAD SUITE 200 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GRACE COVENANT ACADEMY 17301 STATESVILLE ROAD CORNELIUS, NC 280319353	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
GRACE COVENANT ACADEMY 17301 STATESVILLE ROAD CORNELIUS, NC 280319353	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE COVENANT ACADEMY 17301 STATESVILLE ROAD CORNELIUS, NC 280319353	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
GRACE COVENANT CHURCH OF CHARLOTTE 1800 SOUTH BLVD CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHARLOTTE SPCA PO BOX 77491 CHARLOTTE, NC 282717011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREENSBORO ALUMNAE DELTA CULTURAL E PO BOX 3444 GREENSBORO, NC 274023444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,100
GREENSBORO HOUSING COALITION INC 1031 SUMMIT AVENUE SUITE 1E-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO JEWISH FEDERATION 5509C W FRIENDLY AVE GREENSBORO, NC 274104211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREENSBORO JEWISH FEDERATION 5509C W FRIENDLY AVE GREENSBORO, NC 274104211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
GREENSBORO LITERARY ORGANIZATION PO BOX 5256 GREENSBORO, NC 274350256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
GREENSBORO URBAN MINISTRY 305 W GATE CITY BLVD GREENSBORO, NC 274061240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRIFFIN K-9 RESCUE INC1809 LOVE RD MONROE, NC 281107808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	792
GRIMSLEY HIGH 801 N JOSEPHINE BOYD ST GREENSBORO, NC 27408	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
GROUND 40 MINISTRIES303 DALE ST MONROE, NC 281124540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILFORD COLLEGE 5800 WEST FRIENDLY AVENUE GREENSBORO, NC 27410	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,850
GUILFORD COUNTY - FAMILY JUSTICE CE 301 W MARKET ST GREENSBORO, NC 27401	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	400
GUILFORD TECHNICAL COMMUNITY COLLEG 601 E MAIN ST JAMESTOWN, NC 27282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUILFORD TECHNICAL COMMUNITY COLLEG 601 E MAIN ST JAMESTOWN, NC 27282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
H E L P CENTER INC480 HELP STREET MONROE, NC 28110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
H E L P CENTER INC480 HELP STREET MONROE, NC 28110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H E L P CENTER INC480 HELP STREET MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HABIT MISSIONS MINISTRY INC 732 LA VALE DR CLEMMONS, NC 270129042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1840 E FRANKLIN BLVD GASTONIA, NC 28054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2420 RALEIGH BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,675
HABITAT FOR HUMANITY INTERNATIONAL 310 GREEN STREET FAYETTEVILLE, NC 28302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1688 MONROE, NC 281111688	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	779
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
HABITAT FOR HUMANITY INTERNATIONAL 33 MEADOW RD ASHEVILLE, NC 288032651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1023 W 14TH STREET WINSTONSALEM, NC 271055811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 789 NEWPORT, NC 28570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 1111 KEITH ST HENDERSONVILLE, NC 287925810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1111 KEITH ST HENDERSONVILLE, NC 287925810	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 2420 NORTH RALEIGH BOULEVARD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 33 DTS BOONE, NC 28607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 1031 SUMMIT AVE 2W-2 GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
HABITAT FOR HUMANITY INTERNATIONAL 20 N 4TH ST STE 200 WILMINGTON, NC 284014895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	522
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2008 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	383
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
HABITAT FOR HUMANITY INTERNATIONAL 20 N 4TH ST STE 200 WILMINGTON, NC 284014895	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 8 CHURCH STREET S CONCORD, NC 280253592	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL 33 MEADOW RD ASHEVILLE, NC 288032651	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3815 LATROBE DRIVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2008 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 3356 SALISBURY, NC 281453356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1088 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2008 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	302
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY INTERNATIONAL 8 CHURCH STREET S CONCORD, NC 280253592	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 220287 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
HABITAT FOR HUMANITY OF DURHAM INC 215 N CHURCH ST DURHAM, NC 277013327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
HABITAT FOR HUMANITY OF NORTH CAROL 2420 N RALEIGH RD RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAGARS PLACEPO BOX 31863 CHARLOTTE, NC 282311863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HAITI OUTREACH MINISTRIES POST OFFICE BOX 71042 DURHAM, NC 27722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HAITI OUTREACH MINISTRIES POST OFFICE BOX 71042 DURHAM, NC 27722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAITI OUTREACH MINISTRIES POST OFFICE BOX 71042 DURHAM, NC 27722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
HAITIAN HERITAGE & FRIENDS OF HAITI 7620 RIDGEFIELD DRIVE CHARLOTTE, NC 28269	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HANDICAP ENCOUNTER CHRIST PO BOX 383 CARY, NC 27512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANDSNFEET FOUNDATION 1218 S CHURCH ST CHARLOTTE, NC 282034159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HARRIS ROAD MIDDLE 1251 PATRIOT BLVD CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
HARRIS ROAD MIDDLE SCHOOL STUDENT P 1251 PATRIOT PLANTATION BLVD CONCORD, NC 280273511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISBURG CRISIS ASSISTANCE MINIST 4560 HIGHWAY 49 S HARRISBURG, NC 280757504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
HARRISBURG CRISIS ASSISTANCE MINIST 4560 HIGHWAY 49 S HARRISBURG, NC 280757504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
HARRISBURG CRISIS ASSISTANCE MINIST 4560 HIGHWAY 49 S HARRISBURG, NC 280757504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISBURG ELEMENTARY 3361 PRESCOTT PLACE NW CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	299
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	56
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	801
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRISBURG ELEMENTARY 3900 STALLINGS ROAD HARRISBURG, NC 280758484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	325
HART-2-HEART RESCUE INC 5408 CENTURY OAKS DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HART-2-HEART RESCUE INC 5408 CENTURY OAKS DRIVE GREENSBORO, NC 27455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTMANS HAVEN DOG RESCUE PO BOX 742 CONOVER, NC 28613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HARTSELL ATHLETIC ASSOCIATION 9395 LEYTON DR HARRISBURG, NC 28075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAVEN EILEEN KILEY FOUNDATION INC 17915 GOLDEN MEADOW CT DAVIDSON, NC 280367870	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN HOUSE INC 600 WEST CABARRAUS ST RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HAVEN HOUSE INC 600 WEST CABARRAUS ST RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
HAYWOOD CHRISTIAN MINISTRY INC 150 BRANNER AVE WAYNESVILLE, NC 287863287	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAYWOOD CHRISTIAN MINISTRY INC 150 BRANNER AVE WAYNESVILLE, NC 287863287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HAYWOOD CHRISTIAN MINISTRY INC 150 BRANNER AVE WAYNESVILLE, NC 287863287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	429
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	329
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	267
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	133
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HEART MATH TUTORING INC PO BOX 30623 CHARLOTTE, NC 282034010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF DYLAN FOUNDATION 240 WOODBRIDGE CIR MOUNT HOLLY, NC 281202363	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HEART OF HORSE SENSE INC 6919 MEADOWS TOWN RD MARSHALL, NC 287533717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEARTS BEAT AS ONE FOUNDATION INC 3310 N DAVIDSON 229 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS BEAT AS ONE FOUNDATION INC 3310 N DAVIDSON 229 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HEARTS BEAT AS ONE FOUNDATION INC 3310 N DAVIDSON 229 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HEARTS BEAT AS ONE FOUNDATION INC 3310 N DAVIDSON 229 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS FOR HEAVEN INC 63 PINE CONE LANE WARNE, NC 28909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	96
HEARTS FOR HEAVEN INC 63 PINE CONE LANE WARNE, NC 28909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	72
HEARTS FOR HEAVEN INC 63 PINE CONE LANE WARNE, NC 28909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTS FOR HEAVEN INC 63 PINE CONE LANE WARNE, NC 28909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	24
HEARTS FOR HEAVEN INC 63 PINE CONE LANE WARNE, NC 28909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	24
HELENE FOUNDATION 13200 STRICKLAND ROAD SUITE114-308 RALEIGH, NC 27613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELP ONE NOWPO BOX 26716 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	176
HELPING ANIMALS TO SURVIVE PO BOX 243 DENVER, NC 280370243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HELPMATE INCPO BOX 2263 ASHEVILLE, NC 288022263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPMATE INCPO BOX 2263 ASHEVILLE, NC 288022263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	615
HESED HOUSE OF HOPE INC PO BOX 1633 LINCOLNTON, NC 28092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
HICKORY COMMUNITY THEATRE INC 30 3RD ST NW HICKORY, NC 28601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKORY GROVE CHRISTIAN SCHOOL 6050 HICKORY GROVE RD CHARLOTTE, NC 28215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 282157200	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 28215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 282157200	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 28215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,125
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 282157200	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HICKORY GROVE CHRISTIAN SCHOOL 7200 E WT HARRIS BLVD CHARLOTTE, NC 28215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
HICKORY RIDGE HIGH 7321 RAGING RIDGE ROAD HARRISBURG, NC 28075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HICKORY RIDGE MIDDLE SCHOOL PTO 7336 RAGING RIDGE RD HARRISBURG, NC 280757645	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH COUNTRY UNITED WAY PO BOX 247 BOONE, NC 286070247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
HIGH COUNTRY UNITED WAY PO BOX 247 BOONE, NC 286070247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
HIGH POINT LEAP401 TAYLOR AVENUE HIGH POINT, NC 27260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH POINT REGIONAL HEALTH FOUNDATI 601 N ELM ST HIGH POINT, NC 272624331	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,750
HIGH POINT UNIVERSITY 833 MONTLIEU AVE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HIGHLAND MILL MONTESSORI 3201 CLEMSON AVENUE CHARLOTTE, NC 28205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND MILL MONTESSORI 3201 CLEMSON AVE CHARLOTTE, NC 28205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
HIGHLAND SCH OF TECHNOLOGY 1600 N MORRIS STREET GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	800
HIGHLAND SCHOOL OF TECHNOLOGY-PARE 1600 N MORRIS ST GASTONIA, NC 280521739	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND SCHOOL OF TECHNOLOGY-PARE 1600 N MORRIS ST GASTONIA, NC 280521739	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HILLEL THE FOUNDATION FOR JEWISH CA 210 W CAMERON AVE CHAPEL HILL, NC 275162751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
HILLEL THE FOUNDATION FOR JEWISH CA 210 W CAMERON AVE CHAPEL HILL, NC 275162751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HINDS FEET FARM INCPO BOX 2842 HUNTERSVILLE, NC 280702842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	501
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	101
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,001
HINDU CENTER7400 CITY VIEW DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,101
HISTORIC NORTH CHARLOTTE NEIGHBORHO 3007 NORTH MCDOWELL ST CHARLOTTE, NC 28205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC RURAL HILL INC PO BOX 1009 HUNTERSVILLE, NC 280701009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HISTORICAL PRESERVATION FUND OF WIL PO BOX 2741 WILSON, NC 278942741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOLLY Z HOPE INC 17631 CAMBRIDGE GROVE DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLY Z HOPE INC 17631 CAMBRIDGE GROVE DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOLLY Z HOPE INC 17631 CAMBRIDGE GROVE DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
HOLY ANGELS FOUNDATION INC PO BOX 710 BELMONT, NC 280120710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	797
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HOLY ANGELS INC 6600 W WILKINSON BLVD BELMONT, NC 280120710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY TRINITY CATHOLIC MIDDLE SCHOOL 3100 PARK RD CHARLOTTE, NC 28209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	451
HOMEWARD BOUND OF WESTERN NORTH CAR PO BOX 1166 ASHEVILLE NC 28802 ASHEVILLE, NC 28802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HONOR SERVICE DOGS INC PO BOX 77108 CHARLOTTE, NC 282710000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOOK LINE AND HEROES 206 COLLEGE ST UNIT 26 PINEVILLE, NC 281340019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOOPTEE CHARITIES INC PO BOX 11683 CHARLOTTE, NC 282201683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE CANCER MINISTRIES PO BOX 19967 CHARLOTTE, NC 28219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CHURCH ADVENT CHRISTIAN FELLOW 10643 BLAIR RD MINT HILL, NC 282276864	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
HOPE FOR ALL DOGS RESCUE 7103 FALLING TREE CT CHARLOTTE, NC 282733146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HAVEN INCPOBOX 791154 CHARLOTTE, NC 28206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HOPE HOUSE FOUNDATION INC PO BOX 61 HUNTERSVILLE, NC 280700061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE HOUSE FOUNDATION INC PO BOX 61 HUNTERSVILLE, NC 280700061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE MATCH2505 KINGS FARM WAY INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE OF WINSTON SALEM INC 355 NW CRAWFORD PLACE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOPE STREET FOOD PANTRY INC 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 282690829	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
HOPEWAY FOUNDATION 1717 SHARON ROAD WEST CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWAY FOUNDATION 1717 SHARON ROAD WEST CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HORSE PROTECTION SOCIETY OF NORTH C 2135 MILLER RD CHINA GROVE, NC 280239794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE & PALLIATIVE CARE CHARLOTTE PO BOX 470408 CHARLOTTE, NC 28247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HOSPICE & PALLIATIVE CARECENTER 101 HOSPICE LANE WINSTONSALEM, NC 27127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF IREDELL COUNTY INC 2347 SIMONTON ROAD STATESVILLE, NC 286258246	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOSPICE OF RANDOLPH COUNTY INC 416 VISION DR ASHEBORO, NC 27203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HOSPICE OF RANDOLPH COUNTY INC 416 VISION DR ASHEBORO, NC 27203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF RANDOLPH COUNTY INC 416 VISION DR ASHEBORO, NC 27203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HOSPICE OF SURRY COUNTY INC 401 TECHNOLOGY LANE NO 200 MOUNT AIRY, NC 270306692	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
HOSPICE OF WAKE COUNTY INC 250 HOSPICE CIRCLE RALEIGH, NC 27607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITALITY HOUSE OF CHARLOTTE 1400 SCOTT AVE CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOSPITALITY HOUSE OF THE BOONE AREA 338 BROOK HOLLOW RD BOONE, NC 286073519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOUSE OF HOPE COMMUNITY DEVELOPMENT PO BOX 26522 CHARLOTTE, NC 28221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSE OF MERCY INCP O BOX 808 BELMONT, NC 28012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING CONSULTANTS GROUP 1031 SUMMIT AVENUE SUITE 2E-2 GREENSBORO NC 27405 GREENSBORO, NC 27405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOUSING FOR NEW HOPE INC 18 W COLONY PLACE SUITE 250 DURHAM, NC 27705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HOW TO SAVE A LIFE2135 GHEEN RD SALISBURY, NC 281479753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HRHS CHORAL BOOSTERS 7321 RAGING RIDGE RD HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,200
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN COALITION1505 E 4TH ST CHARLOTTE, NC 282043223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,772
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	19,078
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,286
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,486
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,599
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,197
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,156
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	429
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CHARLOTTE INC 2700 TOOMEY AVE CHARLOTTE, NC 282035556	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
HUMANE SOCIETY OF CONCORD & GREATER PO BOX 5347 CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF CONCORD & GREATER 2010 WILSHIRE COURT CONCORD, NC 280271506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CONCORD & GREATER PO BOX 5347 CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF CONCORD & GREATER 2010 WILSHIRE COURT CONCORD, NC 280271506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	32
HUMANE SOCIETY OF CONCORD & GREATER 2010 WILSHIRE COURT CONCORD, NC 280271506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF DAVIE COUNTY 291 EATON ROAD MOCKSVILLE, NC 270280153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF DAVIE COUNTY 291 EATON ROAD MOCKSVILLE, NC 270280153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF LAKE NORMAN 7711 TROTTER RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF LAKE NORMAN 7711 TROTTER RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HUMANE SOCIETY OF LAKE NORMAN 7711 TROTTER RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
HUMANE SOCIETY OF THE PIEDMONT INC 4527 WEST WENDOVER AVE GREENSBORO, NC 27409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HUMANE SOCIETY OF UNION COUNTY INC PO BOX 101 MONROE, NC 281110101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HUNTER DALTON HDLIFE FOUNDATION PO BOX 2482 CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERSVILLE FIRE DEPARTMENT INC PO BOX 471 HUNTERSVILLE, NC 280700471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNTERSVILLE PRESBYTERIAN CHURCH PO BOX 313 HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
HYDRATING HUMANITY INC PO BOX 11341 WINSTON SALEM, NC 271161341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,489
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I AM 24 7305 SKYLAND AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
IMMACULATE HEART OF MARY CATHOLIC S 4145 JOHNSON ST HIGH POINT, NC 27265	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
IMMACULATE HEART OF MARY CATHOLIC S 4145 JOHNSON ST HIGH POINT, NC 27265	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN TRAIL ELEMENTARY 200 EDUCATION RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
INDIAN TRAIL ELEMENTARY 200 EDUCATION RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	130
INDIAN TRAIL ELEMENTARY PTO 200 EDUCATION RD INDIAN TRAIL, NC 280797629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIAN TRAIL ELEMENTARY PTO 200 EDUCATION RD INDIAN TRAIL, NC 280797629	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	460
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 28768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 28768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INHERITANCE OF HOPE INCPO BOX 90 PISGAH FOREST, NC 28768	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
INREACH4530 PARK RD STE 300 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERACTIVE RESOURCE CENTER INC 407 E WASHINGTON ST GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INTERACTIVE RESOURCE CENTER INC 407 E WASHINGTON ST GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
INTER-FAITH ALLIANCE CORPORATION PO BOX 1272 SHELBY, NC 281511272	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DR SUITE 120 RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	297
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	122
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
INTERNATIONAL HOUSE OF METROLINA IN 1817 CENTRAL AVE STE 215 CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
IREDELL CHRISTIAN MINISTRIES INC PO BOX 86 STATESVILLE, NC 286870086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IREDELL COUNTY CROSBY SCHOLARS COMM 124 FOURTH CRESCENT PLACE STATESVILLE, NC 28625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
IRENE WORTHAM CENTER INC 916 W CHAPEL RD ASHEVILLE, NC 288032844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
IRENE WORTHAM CENTER INC 916 W CHAPEL RD ASHEVILLE, NC 288032844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRENE WORTHAM CENTER INC 916 W CHAPEL RD ASHEVILLE, NC 288032844	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
IRENE WORTHAM CENTER INC 916 W CHAPEL RD ASHEVILLE, NC 288032844	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
IRENE WORTHAM CENTER INC 916 W CHAPEL RD ASHEVILLE, NC 288032844	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,895
ISABELLA SANTOS FOUNDATION 9935-D REA RD UNIT 275 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ISOTHERMAL COMMUNITY COLLEGE PO BOX 804 SPINDALE, NC 28160	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISOTHERMAL COMMUNITY COLLEGE PO BOX 804 SPINDALE, NC 28160	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	60
IVY HALL FOUNDATIONPO BOX 561916 CHARLOTTE, NC 282561916	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
J B PAGE PRIMARY SCHOOL 215 EWING DRIVE BELMONT, NC 28012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J B PAGE PRIMARY SCHOOL 215 EWING DRIVE BELMONT, NC 28012	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
J SMITH YOUNG YMCA INC 119 W 3RD AVE LEXINGTON, NC 272923023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
J SMITH YOUNG YMCA INC 119 W 3RD AVE LEXINGTON, NC 272923023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,275
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,354
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,090
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIE KIMBLE FOUNDATION FOR COURAGE 1850 E 3RD STREET SUITE 110 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	418
JAMMA JAMMA FOUNDATION 7310 BASIE PARK CT CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
JAMMA JAMMA FOUNDATION 7310 BASIE PARK CT CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAY M ROBINSON MIDDLE 5925 BALLANTYNE COMMONS PWY CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
JAZZ ARTS INITIATIVE 345 NORTH COLLEGE STREET SUITE 315 CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JAZZ ARTS INITIATIVE 345 NORTH COLLEGE STREET SUITE 315 CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	171
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAZZARTS CHARLOTTE 345 NORTH COLLEGE STREET SUITE 315 CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
JAZZARTS CHARLOTTE 345 NORTH COLLEGE STREET SUITE 315 CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JAZZARTS CHARLOTTE 345 NORTH COLLEGE STREET SUITE 315 CHARLOTTE, NC 282022113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,665
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,532
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,055
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	86
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	684
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,145
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,040
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
JDRF INTERNATIONAL 1015 ASHES DRIVE SUITE 101 WILMINGTON, NC 28405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 3739 NATIONAL DRIVE SUITE 202 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,880
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 205 REGENCY EXECUTIVE PARK DRIVE SUITE 102 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 216 WEST MARKET STREET SUITE B GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,085
JESUS OTHERS & YOU107 LOUIS ST GREENVILLE, NC 278588660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JETT S LEGACY GERMAN SHEPHERD RESCU PO BOX 1372 MOCKSVILLE, NC 27028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JETT S LEGACY GERMAN SHEPHERD RESCU PO BOX 1372 MOCKSVILLE, NC 27028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JETT S LEGACY GERMAN SHEPHERD RESCU PO BOX 1372 MOCKSVILLE, NC 27028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES OF GREATER C 5007 PROVIDENCE RD 105 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	955
JEWISH FAMILY SERVICES OF GREATER C 5007 PROVIDENCE RD 105 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
JEWISH FAMILY SERVICES OF GREATER C 5007 PROVIDENCE RD 105 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	697
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
JIMMY MURPHEY CHRISTMAS FOUNDATION 760 CABARRUS AVE W CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JOE MARTIN ALS FOUNDATION 100 N TRYON ST STE 3420 CHARLOTTE, NC 282024007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOEDANCE FILM FESTIVAL INCORPORATED 301 W 10TH STREET 407 CHARLOTTE, NC 282021712	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN VAN LINDLEY ELEMENTARY 2700 CAMDEN RD GREENSBORO, NC 274031439	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
JOHNSON & WALES UNIVERSITY 801 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500,000
JOHNSON C SMITH UNIVERSITY INCORPOR 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHNSON C SMITH UNIVERSITY INCORPOR 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
JOHNSON SERVICE CORPSPO BOX 71 CHAPEL HILL, NC 275140071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOURNEY CHURCH OF LAKE NORMAN INC JOURNEY CHURCH OF LAKE NORMAN INC 15711 BROOKWAY DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYNER ELEMENTARY 2300 LOWDEN STREET RALEIGH, NC 27608	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
JT WILLIAMS SECONDARY MONTESSORI PT 2400 CARMINE ST CHARLOTTE, NC 282061024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	162
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,140
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	864
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	795
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JUNIOR ACHIEVEMENT OF CENTRAL CAROL 1701 N GRAHAM ST SUITE 100 CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
JUNIOR ACHIEVEMENT OF EASTERN NORTH 4904 WATERS EDGE DRIVE SUITE 155 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF EASTERN NORTH 4904 WATERS EDGE DRIVE SUITE 155 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
JUNIOR ACHIEVEMENT OF EASTERN NORTH 4904 WATERS EDGE DRIVE SUITE 155 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF THE TRIAD INC 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE TRIAD INC 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
JUNIOR ACHIEVEMENT OF THE TRIAD INC 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	81
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF CHARLOTTE INC 1332 MARYLAND AVENUE CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	308
JUNIOR LEAGUE OF GREENSBORO INC 3101 W FRIENDLY AVE GREENSBORO, NC 274087801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF GREENSBORO INC 3101 W FRIENDLY AVE GREENSBORO, NC 274087801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR LEAGUE OF GREENSBORO INC 3101 W FRIENDLY AVE GREENSBORO, NC 274087801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	355
JUNIOR LEAGUE OF RALEIGH INC PO BOX 26821 RALEIGH, NC 276116821	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
JUNIOR WOMANS CLUB OF CHARLOTTE FOU PO BOX 471445 CHARLOTTE, NC 282471445	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JV WASHAM ELEMENTARY PTO 9611 WESTMORELAND RD CORNELIUS, NC 280319260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	491
KANUGA CONFERENCES INCORPORATED 130 KANUGA CHAPEL DRIVE HENDERSONVILLE, NC 28739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA FOUNDATION OF CHARLOTTE INC 5409 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
KATIES KIDZPO BOX 1411 HARRISBURG, NC 280751411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENAN-FLAGLER BUSINESS SCHOOL FOUND PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KENNEDYSTRONG FOUNDATION 9889 LEGOLAS LANE CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KEYSTONE MONTESSORI SCHOOL INC 2830 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEYSTONE MONTESSORI SCHOOL INC 2830 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KIDS FIRST OF THE CAROLINAS PO BOX 77936 CHARLOTTE, NC 282717021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
KIDS FIRST OF THE CAROLINAS PO BOX 77936 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS FIRST OF THE CAROLINAS PO BOX 77936 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
KIDS FIRST OF THE CAROLINAS PO BOX 77936 CHARLOTTE, NC 28271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
KIDS FIRST OF THE CAROLINAS PO BOX 77936 CHARLOTTE, NC 282717021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS MAKING IT INC617 CASTLE ST WILMINGTON, NC 284015223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
KIDS MAKING IT INC617 CASTLE ST WILMINGTON, NC 284015223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
KIDS MAKING IT INC617 CASTLE ST WILMINGTON, NC 284015223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,550
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,450
KIDS REIN9122 CROFTON SPRINGS DR CHARLOTTE, NC 282690385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,700
KIDZNOTESPO BOX 200 DURHAM, NC 27702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	415
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,280
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
KINDER-MOURN INC1320 HARDING PL CHARLOTTE, NC 282042922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS PARK INTERNATIONAL CHURCH INC PO BOX 13892 DURHAM, NC 277093892	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
KIWANIS CLUB FOUNDATION OF LAKE NOR PO BOX 2543 CORNELIUS, NC 280312543	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,157
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	382
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,110
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
KREITZERS CRITTER CORRAL PUPPYRESCU 2108 GLENWOOD ST KANNAPOLIS, NC 28083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KYLES KORNER INC 8410 HEADFORD RD CHARLOTTE, NC 282771658	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
L I F E OF NC INC POST OFFICE BOX 30733 GREENVILLE, NC 27833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
L I F E SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
L I F E SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LAKE FOREST CHURCH 8519 GILEAD ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
LAKE FOREST CHURCH 8519 GILEAD ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	4,625
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,836
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER 12435 S OLD STATESVILLE RD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	590
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,275
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN CHARTER SCHOOL INC 12435 OLD STATESVILLE ROAD HUNTERSVILLE, NC 280786213	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,934
LAKE NORMAN HIGH SCHOOL PARENT TEAC PO BOX 4865 MOORESVILLE, NC 281174865	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
LAKE NORMAN HUMANE INC PO BOX 3937 MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN HUMANE INC PO BOX 3937 MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	123
LAKE NORMAN HUMANE INC PO BOX 3937 MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
LAKE NORMAN LITTLE LEAGUE INC PO BOX 771 CORNELIUS, NC 280310771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAKE NORMAN LUCKY CAT 20117 W CATAWBA AVE CORNELIUS, NC 280314007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESHORE ELEMENTARY SCHOOL PTO 252 LAKESHORE SCHOOL DR MOORESVILLE, NC 281178483	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
LAKEWOOD NEIGHBORHOOD ALLIANCE INC 330 LAKEWOOD AVE CHARLOTTE, NC 282083146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LAKEWOOD PRESCHOOL CORPORATION 3115 KALYNNE STREET CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANIER LIBRARY ASSN INC 72 CHESTNUT ST TRYON, NC 287823483	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LANSDOWNE ELEMENTARY SCHOOL PTO 6400 PRETT CT CHARLOTTE, NC 282705966	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	119
LEADERSHIP NORTH CAROLINA INC 2700 WYCLIFF RD STE 402 RALEIGH, NC 276073062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAF COMMUNITY ARTS 377 LAKE EDEN RD BLACK MTN, NC 287118709	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
LEAGUE OF WOMEN VOTERS OF CHARLOTTE 1817 CENTRAL AVENUE CHARLOTTE, NC 282055165	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LEARNING HELP CENTERS OF CHARLOTTE P O BOX 471534 CHARLOTTE, NC 28247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING HELP CENTERS OF CHARLOTTE P O BOX 471534 CHARLOTTE, NC 28247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LEARNING OUTSIDE INCPO BOX 718 CARRBORO, NC 275100718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LEARNING OUTSIDE INCPO BOX 718 CARRBORO, NC 275100718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY SPORTS INC 5404 COTTON TOP CT WAXHAW, NC 281737098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEGACY SPORTS INC 5404 COTTON TOP CT WAXHAW, NC 281737098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEGACY SPORTS INC 5404 COTTON TOP CT WAXHAW, NC 281737098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEMONADE INTERNATIONAL INC 3201 EDWARDS MILL RD SUITE 141-464 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	628
LEMONADE INTERNATIONAL INC 3201 EDWARDS MILL RD SUITE 141-464 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LET HOPE RISE FOUNDATION 1929 W ARROWOOD RD CHARLOTTE, NC 282177931	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LET ME RUN INC 1515 MOCKINGBIRD LANE STE 7149 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LET ME RUN INC 1515 MOCKINGBIRD LANE STE 7149 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,764
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,325
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 4530 PARK RD SUITE 240 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 401 HARRISON OAKS BLVD SUITE 200 CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIFECARE INC 1306 HILLSBOROUGH STREET RALEIGH, NC 27605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LILY PAD HAVEN INC 5009 BEATTIES FORD RD STE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LILY PAD HAVEN INC 5009 BEATTIES FORD ROAD CHARLOTTE NC 28216 SUITE 107-356 CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CHARTER SCHOOL INC 133 EAGLE NEST RD LINCOLNTON, NC 28092	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
LINCOLN CHARTER SCHOOL INC 133 EAGLE NEST RD LINCOLNTON, NC 28092	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,300
LINCOLN CHARTER SCHOOL INC 133 EAGLE NEST RD LINCOLNTON, NC 28092	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CHARTER SCHOOL PARENT TEACH 133 EAGLE NEST RD LINCOLNTON, NC 280927383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
LITTLE LEAGUE BASEBALL INC PO BOX 12131 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LITTLE LEAGUE BASEBALL INC PO BOX 12131 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE PINK HOUSES OF HOPE 2442 TRIBEK COURT BURLINGTON, NC 27215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
LITTLE PINK HOUSES OF HOPE 2442 TRIBEK COURT BURLINGTON, NC 27215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE THEATRE OF CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
LIVE AGAIN MINISTRIES INC P O BOX 333 LOCUST, NC 28097	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,650
LOAVES & FISHES INC 648 B GRIFFITH ROAD SUITE B CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES AND FISHES OF UNION COUNTY I PO BOX 790 MONROE, NC 281110790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
LOAVES AND FISHES OF UNION COUNTY I PO BOX 790 MONROE, NC 281110790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
LOAVES AND FISHES OF UNION COUNTY I PO BOX 790 MONROE, NC 281110790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LOTUS OUTREACH1001 WASHBURN CT MONROE, NC 281108529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISE WELLS CAMERON ART MUSEUM 3201 S 17TH ST WILMINGTON, NC 284126554	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LOVE INC OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 282180517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOVE INC OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 282180517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE INC OF MECKLENBURG COUNTY PO BOX 18517 CHARLOTTE, NC 282180517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOVE OUT LOUD1650 IVY AVE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOVE OUT LOUD1650 IVY AVE WINSTON SALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVE146 INC 1800 CAMDEN RD STE 107-273 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
LOVE146 INC 1800 CAMDEN RD STE 107-273 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	82
LOVE146 INC 1800 CAMDEN RD STE 107-273 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LUCKY LABS RESCUE CORP 4822 TITLEIST DR CHARLOTTE, NC 282775545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LUNG CANCER INITIATIVE 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER INITIATIVE 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LUPUS FOUNDATION OF AMERICA NORTH C 4530 PARK ROAD SUITE 302 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LVH ALS FOUNDATION 121 GRASSLAND COURT ADVANCE, NC 27006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LYDIAS LEGACY INCORPORATED 506 SEDGEWOOD LAKE DRIVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
M C S NOBLE MIDDLE6520 MARKET ST WILMINGTON, NC 28405	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADELYNS FUND 7804 FAIRVIEW ROAD PMB 259 CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAIN STREET MISSION OF CHINA GROVE 306 S MAIN ST CHINA GROVE, NC 280232424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MAIN STREET MISSION OF CHINA GROVE 306 S MAIN ST CHINA GROVE, NC 280232424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DR STE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,425
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DR STE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DR STE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF EASTERN N 3809 COMPUTER DRIVE SUITE 201 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
MAKE-A-WISH FOUNDATION OF CENTRAL A 217 E TREMONT AVENUE CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MALES PLACE INCPO BOX 16184 CHARLOTTE, NC 28297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALES PLACE INCPO BOX 16184 CHARLOTTE, NC 28297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MALLARD CREEK HIGH SCHOOL ATHLETIC 3825 JOHNSTON OEHLER RD CHARLOTTE, NC 282691017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MALLARD CREEK HIGH SCHOOL JROTC BOO 3825 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALLARD CREEK HIGH SCHOOL JROTC BOO 3825 JOHNSTON OEHLER ROAD CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MANA NUTRITIVE AID PRODUCTS INC 130 LIBRARY LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	87
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
MANNA FOOD BANK INC 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 288052445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARBLES KIDS MUSEUM 201 E HARGETT STREET RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARBLES KIDS MUSEUM 201 E HARGETT STREET RALEIGH, NC 27601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	383
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 276155291	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	939
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
MARCH OF DIMES INC 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 276155291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 6504 FALLS OF NEUSE RD STE 100 RALEIGH, NC 27615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4833-E BEREWICK TOWN CENTER DRIVE E177 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MARINE TOYS FOR TOTS FOUNDATION 6115 N HILLS CIRCLE CHARLOTTE, NC 28213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MARTIN TRUEX JR FOUNDATION INC 156 CAYUGA DR MOORESVILLE, NC 281178239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	259
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN TRUEX JR FOUNDATION INC 156 CAYUGA DR MOORESVILLE, NC 281178239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARVIN ELEMENTARY 9700 MARVIN SCHOOL ROAD MARVIN, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
MARVIN ELEMENTARY SCHOOL PTO 9700 MARVIN SCHOOL RD MARVIN, NC 281738597	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE HIGH SCHOOL PARENTTEAC 2825 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MARVIN RIDGE HIGH SCHOOL PARENTTEAC 2825 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	855
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MARVIN RIDGE MIDDLE SCHOOL BAND BOO 2825 CRANE RD WAXHAW, NC 281732500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARVIN RIDGE MIDDLE SCHOOL PARENT T 2831 CRANE RD WAXHAW, NC 281732500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
MARYS HOPE INC4132 WEDGE DRIVE PFAFFTOWN, NC 27040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARYS HOUSE INC520 GUILFORD AVE GREENSBORO, NC 274011945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASONIC HOME FOR CHILDREN AT OXFORD 600 COLLEGE STREET OXFORD, NC 27565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MATTHEWS ATHLETIC RECREATION ASSOCI PO BOX 1023 MATTHEWS, NC 281061023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
MATTHEWS ATHLETIC RECREATION ASSOCI PO BOX 1023 MATTHEWS, NC 281061023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS ELEMENTARY 200 MCDOWELL ST MATTHEWS, NC 281055773	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	544
MATTHEWS FIRE & EMERGENCY MEDICAL S 232 MATTHEWS STATION STREET MATTHEWS, NC 28105	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	212
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	159
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
MATTHEWS HELP CENTERPO BOX 91 MATTHEWS, NC 28106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEWS HELPING HANDS INC 608 SMOKEY HOLLOW DR WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MATTHEWS PLAYHOUSE OF PERFORMING AR 100 MCDOWELL STREET MATTHEWS, NC 281050000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MATTHEWS PLAYHOUSE OF PERFORMING AR 100 E MCDOWELL ST MATTHEWS, NC 281059746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCALPINE ELEMENTARY 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	80
MCALPINE ELEMENTARY 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MCALPINE ELEMENTARY SCHOOL PTO 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCALPINE ELEMENTARY SCHOOL PTO 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	304
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	542
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOLL CENTER FOR ART & INNOVATION 721 N TRYON ST CHARLOTTE, NC 282022221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
MCKEE ROAD ELEMENTARY 4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
MEALS ON WHEELS OF WAKE COUNTY INC 1001 BLAIR DR SUITE 100 RALEIGH, NC 276032030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKED5104 REAGAN DRIVE CHARLOTTE, NC 28206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,580
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBERG AREA CATHOLIC SCHOOLS 1125 BUCHANAN STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,108
MECKLENBERG AREA CATHOLIC SCHOOLS 1125 BUCHANAN STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
MECKLENBERG AREA CATHOLIC SCHOOLS 1123 S CHURCH ST CHARLOTTE, NC 282034003	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	904
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG AQUATIC CLUB INC 9850 PROVIDENCE ROAD CHARLOTTE, NC 282770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MECKLENBURG AUDUBON SOCIETY PO BOX 221093 CHARLOTTE, NC 282221093	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MECKLENBURG BAR FOUNDATION 2850 ZEBULON AVENUE CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,900
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,400
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,300
MECKLENBURG COMMUNITY CHURCH 8335 BROWNE ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
MECKLENBURG GUARDIAN AND LITEM ADVO PO BOX 35245 CHARLOTTE, NC 282355245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MECKLENBURG PARTNERSHIP FOR CHILDRE 601 E 5TH ST SUITE 500 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
MECKLENBURG PARTNERSHIP FOR CHILDRE 601 E 5TH ST SUITE 500 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
MECKLENBURG PARTNERSHIP FOR CHILDRE 601 E 5TH ST SUITE 500 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDASSIST OF MECKLENBURG 4428 TAGGART CREEK RD STE 101 CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
MEDICAL FOUNDATION OF NORTH CAROLIN PO BOX 309 CHAPEL HILL, NC 275142600	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
MEDICAL FOUNDATION OF NORTH CAROLIN 123 W FRANKLIN ST STE 510 CB7565 CHAPEL HILL, NC 27516	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL FOUNDATION OF NORTH CAROLIN 101 MANNING DRIVE CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
MEDICAL FOUNDATION OF NORTH CAROLIN 101 MANNING DRIVE CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	72
MEDICAL FOUNDATION OF NORTH CAROLIN 101 MANNING DRIVE CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEETING PLACE ONE INCPO BOX 2861 MORGANTON, NC 28680	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MEN OF COURAGE FOUNDATION 7016 SWEETFIELD DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
MEN OF COURAGE FOUNDATION 7016 SWEETFIELD DRIVE HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENDED HEARTS INC 3000 NEW BERN AVE RALEIGH, NC 27610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
MENDED HEARTS INC 3000 NEW BERN AVE RALEIGH, NC 27610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
MENDED HEARTS INC 3000 NEW BERN AVE RALEIGH, NC 27610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,025
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,995
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	362
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENS SHELTER OF CHARLOTTE INC PO BOX 36471 CHARLOTTE, NC 282366471	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MENTAL HEALTH AMERICA OF CENTRAL CA 3701 LATROBE DRIVE SUITE 140 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,167
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	126
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MEREDITH COLLEGE 3800 HILLSBOROUGH ST RALEIGH, NC 276075237	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERKOS LINYONEI CHINUCH LUBAVITCH O 6619 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	432
MERKOS LINYONEI CHINUCH LUBAVITCH O 6619 SARDIS ROAD CHARLOTTE, NC 28270	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	360
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METHODIST COUNSELING & CONSULTATION 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METHODIST HOME FOR CHILDREN FOUNDAT 1041 WASHINGTON ST RALEIGH, NC 276050000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METHODIST HOME FOR CHILDREN FOUNDAT 1041 WASHINGTON ST RALEIGH, NC 276050000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
METHODIST UNIVERSITY INC 5400 RAMSEY STREET FAYETTEVILLE, NC 28311	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROLINA ASSOCIATION FOR THE BLIND 704 LOUISE AVE CHARLOTTE, NC 282042128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA ASSOCIATION FOR THE BLIND 704 LOUISE AVE CHARLOTTE, NC 282042128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	286
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	792
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,564
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,302
METROLINA CHRISTIAN ACADEMY PO BOX 1460 INDIAN TRAIL, NC 28079	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,575
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,252
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,100
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	618
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	412
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,510
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	206
METROLINA REGIONAL SCHOLARS ACADEMY 5225 - 77 CENTER DRIVE CHARLOTTE, NC 28217	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROLINA REGIONAL SCHOLARS ACADEMY 5225 SEVENTY-SEVEN CENTER DRIVE CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
METROPOLITAN MUSIC MINISTRIES INC PO BOX 12736 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MICHAELS ANGELS GIRLS CLUB PO BOX 1475 TARBORO, NC 27886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILE OF HOPE FOUNDATION INC PO BOX 19873 RALEIGH, NC 27619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MILES AGAINST MELANOMA NC 3008 SCOTTCREST WAY WAXHAW, NC 281737461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MILITARY MISSIONS IN ACTION 411-B N JUDD PARKWAY NE FUQUAY VARINA, NC 275260000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILITARY MISSIONS IN ACTION 411-B N JUDD PARKWAY NE FUQUAY VARINA, NC 275260000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
MILITARY MISSIONS IN ACTION 411-B N JUDD PARKWAY NE FUQUAY VARINA, NC 275260000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,193
MILL CREEK MIDDLE SCHOOL PTO 1041 SHILOH RD CLAREMONT, NC 286109202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLS PARK ELEMENTARY 509 MILLS PARK DRIVE CARY, NC 27519	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINT MUSEUM OF ART INC 2730 RANDOLPH ROAD CHARLOTTE, NC 282072031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MIRAVIA INCPOBOX 11499 CHARLOTTE, NC 28220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	472
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
MIRAVIA INCPOBOX 11499 CHARLOTTE, NC 28220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	596
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MIRAVIA INCPOBOX 11499 CHARLOTTE, NC 28220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
MIRAVIA INC3737 WEONA AVE CHARLOTTE, NC 282092355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION EMANUELPO BOX 25246 WINSTON SALEM, NC 271145246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,264
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,264
MISTY MEADOWS MITEY RIDERS INC 455 PROVIDENCE RD S WAXHAW, NC 281738311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	632
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOISHE HOUSE 5007 PROVIDENCE ROAD SUITE E216 CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MOJI COFFEE AND MORE 690 N TRADE STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MOJI COFFEE AND MORE 690 N TRADE STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTREAT COLLEGEPO BOX 1267 MONTREAT, NC 28757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MOORESVILLE AREA CHRISTIAN MISSION PO BOX 62 MOORESVILLE, NC 281150062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MOORESVILLE SOUP KITCHEN INC 275 SOUTH BROAD STREET MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MOORESVILLE THE BRIDGE 2940 CHARLOTTE HWY MOORESVILLE, NC 281178052	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOORESVILLE THE BRIDGE 2940 CHARLOTTE HWY MOORESVILLE, NC 281178052	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
MOORESVILLE YOUTH ATHLETICS INC PO BOX 461 MOORESVILLE, NC 28115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MOORESVILLE YOUTH ATHLETICS INC PO BOX 461 MOORESVILLE, NC 28115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS KAPLAN KIWANIS SCHOLARSHIP F PO BOX 503 HENDERSONVLLE, NC 28793	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
MOSAIC DEVELOPMENT GROUP INC 4600 PARK ROAD SUITE 390 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
MOTHERING ACROSS CONTINENTS INC 310 ARLINGTON AVENUE 303 CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN HOUSING OPPORTUNITIES INC 64 CLINGMAN AVENUE SUITE 101 ASHEVILLE, NC 28801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	390
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	260
MOUNTAIN ISLAND CHARTER SCHOOL INC 13440 LUCIA RIVERBEND HWY MOUNT HOLLY, NC 28120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	765
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
MOUNTAIN ISLAND CHARTER SCHOOL SOAR 13440 LUCIA RIVERBEND HIGHWAY MOUNT HOLLY, NC 281209766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
MOUNTAIN ISLAND DAY SCHOOL PARENT T 1209 LITTLE ROCK ROAD CHARLOTTE, NC 28214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAINTRUE 29 N MARKET ST STE 610 ASHEVILLE, NC 288010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MT MOURNE IB PTSO 1431 MECKLENBURG HWY MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MT MOURNE IB PTSO 1431 MECKLENBURG HWY MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT MOURNE IB PTSO 1431 MECKLENBURG HWY MOORESVILLE, NC 28115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MT ZION UNITED METHODIST CHURCH 19600 ZION ST CORNELIUS, NC 280318400	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXECUTIVE PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	930
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXECUTIVE PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXECUTIVE PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXECUTIVE PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 207 REGENCY EXECUTIVE PARK DR SUITE 170 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	940
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE NEW SOUTH INC 200 E SEVENTH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
MUSIC MAKER RELIEF FOUNDATION INC PO BOX 1358 HILLSBOROUGH, NC 27278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
MUSIC MAKER RELIEF FOUNDATION INC PO BOX 1358 HILLSBOROUGH, NC 27278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY REFUGE CITY 1708 30TH AVENUE CT NE HICKORY, NC 286019618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MYERS PARK HIGH SCHOOL BAND BOOSTER PO BOX 11891 CHARLOTTE, NC 28209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MYERS PARK HIGH SCHOOL FOUNDATION I 2400 COLONY ROAD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,877
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK HIGH SCHOOL PARENT TEACH 2400 COLONY RD CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,625
MYERS PARK TRADITIONAL 2132 RADCLIFF AVENUE CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
MYERS PARK TRADITIONAL 2132 RADCLIFFE AVE CHARLOTTE, NC 282072406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	6,967
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK TRADITIONAL 2132 RADCLIFF AVENUE CHARLOTTE, NC 28207	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MYERS PARK UNITED METHODIST CHURCH 1501 QUEENS RD CHARLOTTE, NC 28207	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,161
MYERS PARK UNITED METHODIST CHURCH 1501 QUEENS RD CHARLOTTE, NC 28207	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYERS PARK UNITED METHODIST CHURCH 1501 QUEENS RD CHARLOTTE, NC 28207	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
NARAL PRO CHOICE NORTH CAROLINA FOU 4711 HOPE VALLEY ROAD STE 4F-509 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	158
NARAL PRO CHOICE NORTH CAROLINA FOU 4711 HOPE VALLEY ROAD STE 4F-509 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF CORPORATE D 4242 SIX FORKS ROAD SUITE 1800 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL CONFERENCE FOR COMMUNITY A 713 N GREENE ST GREENSBORO, NC 274012025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,017
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MPS SOCIETY INC PO BOX 14686 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL SOCIETY OF THE DAUGHTERS O 4800 CROOKED OAK LANE CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NATIONAL SOCIETY OF THE DAUGHTERS O 4800 CROOKED OAK LANE CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL SOCIETY TO PREVENT BLIND- 4011 WESTCHASE BLVD STE 225 RALEIGH, NC 276073978	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATURAL SCIENCE CENTER OF GREENSBOR 4301 LAWNDALE DR GREENSBORO, NC 274551816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	492
NATURE CONSERVANCY 334 BLACKWELL STREET SUITE 300 DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NC STATE ENGINEERING FOUNDATION INC CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
NC STATE ENGINEERING FOUNDATION INC CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
NC STATE NATURAL RESOURCES FOUNDATI NCSU BOX 7207 RALEIGH, NC 276957207	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBOR TO NEIGHBOR MINISTRIES PO BOX 25628 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEIGHBOR TO NEIGHBOR MINISTRIES PO BOX 25628 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEIGHBORHOOD CARE CENTER INC 19711 SMITH CIR CORNELIUS, NC 280319725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD CARE CENTER INC 19711 SMITH CIR CORNELIUS, NC 280319725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEPAL CENTER OF NORTH CAROLINA INC 1328 LEGENDARY LN MORRISVILLE, NC 275607104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEPAL ORPHANS HOME INC PO BOX 1254 DAVIDSON, NC 280361254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEUSE RIVER GOLDEN RETRIEVER RESCUE PO BOX 37156 RALEIGH, NC 276277156	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NEW ARRIVALS INSTITUTE INC 2714 W MARKET ST GREENSBORO, NC 274031559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW ARRIVALS INSTITUTE INC 2714 W MARKET ST GREENSBORO, NC 274031559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ARRIVALS INSTITUTE INC PO BOX 5315 GREENSBORO, NC 274350315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW HANOVER HIGH SCHOOL ATHLETIC BO 609-A PINER ROAD SUITE 162 WILMINGTON, NC 284094201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW HANOVER REGIONAL MEDICAL CENTER 2001 S 17TH ST WILMINGTON, NC 28401	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW TOWN ELEMENTARY 1100 WAXHAW-INDIAN TRAIL ROAD WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
NEXTSTEP RALEIGH 6601 HILLSBOROUGH STREET SUITE 113 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NEXTSTEP RALEIGH 6601 HILLSBOROUGH STREET SUITE 113 RALEIGH, NC 27606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE ACADEMY 3310 HORSE PEN CREEK RD GREENSBORO, NC 274109406	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NOBLE ACADEMY 3310 HORSE PEN CREEK RD GREENSBORO, NC 274109406	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
NORTH CAROLINA BAPTIST MEN PO BOX 1107 CARY, NC 275121107	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA BAR FOUNDATION 8000 WESTON PKWY CARY, NC 275132123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
NORTH CAROLINA BOTANICAL GARDEN FOU PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NORTH CAROLINA CENTER FOR THE CARE 2409 CRABTREE BLVD STE 107 RALEIGH, NC 27604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTER ON ACTUAL INN PO BOX 52446 DURHAM, NC 277172446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
NORTH CAROLINA CENTER ON ACTUAL INN PO BOX 52446 DURHAM, NC 277172446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA CENTRAL UNIVERSITY F PO BOX 19363 DURHAM, NC 27707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
NORTH CAROLINA CHARTER EDUCATIONAL 154 FOUNDATION CT MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA COASTAL FEDERATION I 3609 HIGHWAY 24 OCEAN NEWPORT, NC 28570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
NORTH CAROLINA COMMUNITY FOUNDATION PO BOX 1565 NORTH WILKESBORO, NC 28659	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NORTH CAROLINA COMMUNITY FOUNDATION 3737 GLENWOOD AVENUE SUITE 460 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA CONSERVATION NETWORK 234 FAYETTEVILLE STREET 5TH FLOOR RALEIGH, NC 27601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NORTH CAROLINA OUTWARD BOUND SCHOOL 2582 RICEVILLE ROAD ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,225
NORTH CAROLINA OUTWARD BOUND SCHOOL 2582 RICEVILLE ROAD ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA OUTWARD BOUND SCHOOL 1351 E MOREHEAD STREET SUITE 105 CHARLOTTE, NC 28204	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NORTH CAROLINA OUTWARD BOUND SCHOOL 2582 RICEVILLE ROAD ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	915
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	371
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
NORTH CAROLINA PERFORMING ARTS CENT 130 N TRYON ST CHARLOTTE, NC 282022100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	680
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	615
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 DURHAM, NC 27715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA SCHOOL OF SCIENCE & PO BOX 2733 1219 BROAD STREET DURHAM, NC 277152733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA SHERIFFS ASSOCIATION PO BOX 20049 RALEIGH, NC 276190049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA STATE UNIVERSITY ALU CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
NORTH CAROLINA STATE UNIVERSITY ALU CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY ALU CAMPUS BOX 7207 RALEIGH, NC 276957501	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	30
NORTH CAROLINA STATE UNIVERSITY COL NCSU BOX 7207 RALEIGH, NC 276957207	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	225
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,880
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU POBOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,300
NORTH CAROLINA STATE UNIVERSITY FOU POBOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	225
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	30
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA STATE UNIVERSITY FOU POBOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
NORTH CAROLINA STATE UNIVERSITY FOU C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
NORTH CAROLINA SYMPHONY SOCIETY INC 3700 GLENWOOD AVENUE SUITE 130 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA THEATRE CONFERENCE 232 SOUTH ELM STREET GREENSBORO, NC 27401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,000
NORTH CAROLINA VETERINARY MEDICAL F C/O MATCHING GIFTS - CAMPUS BOX 7474 RALEIGH, NC 276957474	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA WILDLIFE FEDERATION 1024 WASHINGTON ST RALEIGH, NC 27605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTH CAROLINA WILDLIFE FEDERATION PO BOX 10626 RALEIGH, NC 276050626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
NORTH CAROLINA WILDLIFE FEDERATION PO BOX 10626 RALEIGH, NC 27605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA WILDLIFE FEDERATION PO BOX 10626 RALEIGH, NC 27605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORTH CAROLINA WILDLIFE FEDERATION PO BOX 220441 CHARLOTTE, NC 282220441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTH CAROLINA WILDLIFE FEDERATION 1024 WASHINGTON ST RALEIGH, NC 27605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA ZOOLOGICAL SOCIETY I 4403 ZOO PKWY ASHEBORO, NC 272051425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH CAROLINA ZOOLOGICAL SOCIETY I 4403 ZOO PKWY ASHEBORO, NC 272051425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	228
NORTH CAROLINA ZOOLOGICAL SOCIETY I 4403 ZOO PKWY ASHEBORO, NC 272051425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA ZOOLOGICAL SOCIETY I 4403 ZOO PKWY ASHEBORO, NC 272051425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NORTH CAROLINIANS FOR PEACE FOUNDAT PO BOX 80481 RALEIGH, NC 27676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH CAROLINIANS FOR PEACE FOUNDAT PO BOX 80481 RALEIGH, NC 27676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINIANS FOR PEACE FOUNDAT PO BOX 80481 RALEIGH, NC 27676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
NORTH LINCOLN PARENT TEACHER ORGINI 1503 AMITY CHURCH RD DENVER, NC 280378103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,010
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,200
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NORTH MECKLENBURG ANIMAL RESCUE INC PO BOX 9102 CHARLOTTE, NC 282999102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NORTH MECKLENBURG CHILD DEVELOPMENT 242 GAMBLE STREET PO BOX 848 DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH MECKLENBURG HIGH SCHOOLDEBATE PO BOX 883 HUNTERSVILLE, NC 28070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NOT BAD MISUNDERSTOOD INC 118 WALNUT CREEK RD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
NOT BAD MISUNDERSTOOD INC 118 WALNUT CREEK RD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOT BAD MISUNDERSTOOD INC 118 WALNUT CREEK RD BELMONT, NC 28012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
NOTE IN THE POCKET INC 9650 STRICKLAND RD SUITE 103-168 RALEIGH, NC 27615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NOURISHNC INCPO BOX 3235 WILMINGTON, NC 284060235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK CITY CARES INC 1430 S WILMINGTON ST RALEIGH, NC 27603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
OAK RIDGE ELEMENTARY SCHOOL PARENT 2050 OAK RIDGE RD OAK RIDGE, NC 27310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OAKWOOD SCHOOL 4000 MACGREGOR DOWNS RD GREENVILLE, NC 278347413	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OBSERVER CHARITIES INC 550 S CALDWELL STREET CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OCRACOKE PRESERVATION SOCIETY INC PO BOX 1240 OCRACOKE, NC 279601240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OCRACOKE PRESERVATION SOCIETY INC PO BOX 1240 OCRACOKE, NC 279601240	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE HILL COMMUNITY ECONOMIC DEVEL PO BOX 4008 MORGANTON, NC 28680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
OMNI MONTESSORI SCHOOL 9536 BLAKENEY HEATH RD CHARLOTTE, NC 282775670	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
OMNI MONTESSORI SCHOOL 9536 BLAKENEY HEATH RD CHARLOTTE, NC 282775670	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,160
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,310
ONE 7 MINISTRIESPO BOX 220346 CHARLOTTE, NC 282220346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE ELEUTHERA FOUNDATION 800 GREEN VALLEY ROAD STE 304 GREENSBORO, NC 274087027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ONE ELEUTHERA FOUNDATION 800 GREEN VALLEY ROAD STE 304 GREENSBORO, NC 274087027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ONE VOICE INCPO BOX 9241 CHARLOTTE, NC 28299	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE VOICE INCPO BOX 9241 CHARLOTTE, NC 28299	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ONSLOW COMMUNITY OUTREACH INC 600 COURT ST JACKSONVILLE, NC 285404752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ONSLOW WOMENS CENTER 226 NEW BRIDGE ST JACKSONVILLE, NC 28540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR MINISTRIES OF HIGH POINT PO BOX 1528 HIGH POINT, NC 272611528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OPEN DOOR STUDIOS FOUNDATION 614 CLEMENT AVE CHARLOTTE, NC 282042332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
OPEN DOOR STUDIOS FOUNDATION 614 CLEMENT AVE CHARLOTTE, NC 282042332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR STUDIOS FOUNDATION 614 CLEMENT AVE CHARLOTTE, NC 282042332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERA CAROLINA 1600 ELIZABETH AVENUE CHARLOTTE, NC 28204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
OPERATION CATNIP INCPO BOX 90744 RALEIGH, NC 276750744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC PO BOX 51145 DURHAM, NC 27717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
OPERATION HOMEFRONT INC PO BOX 51145 DURHAM, NC 27717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OPERATION HOMEFRONT INC PO BOX 51145 DURHAM, NC 27717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SWEET TOOTH 15013 ROSEMARY WAY DR HUNTERSVILLE, NC 280784668	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO, NC 27404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUTER BANKS COMMUNITY FOUNDATION IN 13 SKYLINE ROAD SOUTHERN SHORES, NC 27949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OUTER BANKS COMMUNITY FOUNDATION IN 13 SKYLINE ROAD SOUTHERN SHORES, NC 27949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTER BANKS SPCAPO BOX 2477 MANTEO, NC 27954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
OUTER BANKS SPCAPO BOX 2477 MANTEO, NC 27954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
OUTER BANKS SPCAPO BOX 2477 MANTEO, NC 27954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC ARTS TROUPE 313 SILENT MEADOW COURT WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PACIFIC ARTS TROUPE 313 SILENT MEADOW COURT WAXHAW, NC 28173	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PAGE ALUMNI AND FRIENDS ASSOCIATION 801 BLANTON PL GREENSBORO, NC 274083186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	630
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	605
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALISADES EPISCOPAL SCHOOL 13120 GRAND PALISADES PARKWAY CHARLOTTE, NC 28278	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
PANTHER PTO OF PLEASANT RIDGE ELEME 124 E ALABAMA AVE UNIT 1239 BESSEMER CITY, NC 280162951	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARA GUIDE FOUNDATION 4016 PINEBROOK LN WAXHAW, NC 281737079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK COMMUNITY DEVELOPMENT CORPORAT 800 BRIAR CREEK RD STE AA520 CHARLOTTE, NC 282056903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
PARK COMMUNITY DEVELOPMENT CORPORAT 800 BRIAR CREEK RD STE AA520 CHARLOTTE, NC 282056903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PARK COMMUNITY DEVELOPMENT CORPORAT 800 BRIAR CREEK RD STE AA520 CHARLOTTE, NC 282056903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK COMMUNITY DEVELOPMENT CORPORAT 800 BRIAR CREEK RD STE AA520 CHARLOTTE, NC 282056903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	845
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,350
PARK ROAD MONTESSORI 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	855
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK ROAD MONTESSORI PTO 3701 HAVEN DR CHARLOTTE, NC 282092120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARKINSON ASSOCIATION OF THE CAROLI 2101 SARDIS ROAD N BOX 15 CHARLOTTE, NC 28227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	127
PARKVIEW ELEMENTARY SCHOOL PTO 217 W MCNEELY AVE MOORESVILLE, NC 281152290	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKWOOD HIGH 3220 PARKWOOD SCHOOL RD MONROE, NC 281127540	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,100
PARTNERS FOR YOUTHPO BOX 51235 DURHAM, NC 27717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PARTNERSHIP FOR A SUSTAINABLE COMMU PO BOX 2897 CHAPEL HILL, NC 275152897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASSAGE HOME INCPO BOX 28165 RALEIGH, NC 27611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PATRIOT FOUNDATIONPO BOX 5069 PINEHURST, NC 28374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
PATRIOTS ELEMENTARY PTO 1510 HOLDEN AVE CONCORD, NC 280258540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,420
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATS PLACE CHILD ADVOCACY CENTER IN 901 EAST BLVD CHARLOTTE, NC 282035203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PAULA TAKACS FOUNDATION FOR SARCOMA 2641 COTTON PLANTER LANE CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PAULA TAKACS FOUNDATION FOR SARCOMA 2641 COTTON PLANTER LANE CHARLOTTE, NC 28270	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEHAVEN FARM INC 1458 NC HIGHWAY 61 WHITSETT, NC 273770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEACEHAVEN FARM INC 1458 NC HIGHWAY 61 WHITSETT, NC 273770000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,622
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PEDIATRIC BRAIN TUMOR FOUNDATION OF 302 RIDGEFIELD CT ASHEVILLE, NC 28806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	702
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENLAND SCHOOL OF CRAFTS INC PO BOX 37 PENLAND, NC 28765	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
PEOPLE ADVOCATING VACCINE EDUCATION 4335 BIRDIE CT MINT HILL, NC 282279316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PEOPLE ADVOCATING VACCINE EDUCATION 4335 BIRDIE CT MINT HILL, NC 282279316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PERFECT PROVISIONS INCPO BOX 1228 INDIAN TRAIL, NC 28079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS ARE WORTH SAVING PAWS OF RUTHE PO BOX 399 LAKE LURE, NC 287460399	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PETS FOR VETS INCPO BOX 10860 WILMINGTON, NC 28404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PETS FOR VETS INCPO BOX 10860 WILMINGTON, NC 28404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS FOR VETS INCPO BOX 10860 WILMINGTON, NC 28404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,250
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PFEIFFER UNIVERSITYPO BOX 960 MISENHEIMER, NC 281090960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PHILIPS ACADEMY OF NORTH CAROLINA I 3115 PROVIDENCE RD CHARLOTTE, NC 282112742	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHOENIX ACADEMY INC 7847 CLINARD FARMS ROAD HIGH POINT, NC 27265	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
PI KAPPA PHI FOUNDATION 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28773	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PI KAPPA PHI FOUNDATION 2015 AYRSLEY TOWN BLVD SUITE 200 CHARLOTTE, NC 28773	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT ANIMAL RESCUEPO BOX 11 MT MOURNE, NC 28123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
PIEDMONT FARM ANIMAL REFUGE 7236 US HWY 87N PITTSBORO, NC 273120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
PIEDMONT IB MIDDLE 1241 E 10TH STREET CHARLOTTE, NC 28204	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT PANTHERS FOOTBALL AND CHEE PO BOX 1795 HIGH POINT, NC 27261	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PIEDMONT SCIENCE OLYMPIAD 1241 E 10TH ST CHARLOTTE, NC 282042048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
PINE LAKE PREPARATORY 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
PINE LAKE PREPARATORY 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
PINE LAKE PREPARATORY 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,820
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,215
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINE LAKE PREPARATORY INC 104 YELLOW WOOD CIRCLE MOORESVILLE, NC 28115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	95
PINEVILLE COMMUNITY ATHLETIC ASSOCI PO BOX 626 PINEVILLE, NC 28134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PINEVILLE COMMUNITY ATHLETIC ASSOCI PO BOX 626 PINEVILLE, NC 28134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEVILLE COMMUNITY ATHLETIC ASSOCI PO BOX 626 PINEVILLE, NC 28134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PINEVILLE COMMUNITY ATHLETIC ASSOCI PO BOX 626 PINEVILLE, NC 28134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEVILLE NEIGHBORS PLACE PO BOX 986 PINEVILLE, NC 281340986	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
PINEWOOD ELEMENTARY 1925 N MAIN STREET MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
PINEWOOD ELEMENTARY 1925 N MAIN STREET MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINEWOOD ELEMENTARY 1925 N MAIN STREET MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
PINEWOOD ELEMENTARY 1925 N MAIN STREET MOUNT HOLLY, NC 28120	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
PIONEER SPRINGS COMMUNITY SCHOOL IN 9300 BOB BEATTY ROAD CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
PISGAH ASTRONOMICAL RESEARCH INSTIT 1 PARI DRIVE ROSMAN, NC 28772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PISGAH ASTRONOMICAL RESEARCH INSTIT 1 PARI DRIVE ROSMAN, NC 28772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
PISGAH ASTRONOMICAL RESEARCH INSTIT 1 PARI DRIVE ROSMAN, NC 28772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PISGAH LEGAL SERVICES 62A CHARLOTTE STREET ASHEVILLE, NC 28801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTS SCHOOL ROAD ELEMENTARY 720 PITTS SCHOOL RD SW CONCORD, NC 28027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
PITTS SCHOOL ROAD ELEMENTARY SCHOOL 720 PITTS SCHOOL RD SW CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	62
PITTS SCHOOL ROAD ELEMENTARY SCHOOL 720 PITTS SCHOOL RD SW CONCORD, NC 28027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	857
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	545
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	181
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD SOUTH ATLANTIC 100 S BOYLAN AVE RALEIGH, NC 27603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLAYERS GOLF ASSOCIATION INC 10906 GOLD PAN RD CHARLOTTE, NC 282158603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
PLAYING FOR OTHERS INC 720 S SUMMIT AVE STE B CHARLOTTE, NC 28208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAZA MIDWOOD NEIGHBORHOOD ASSOCIAT PO BOX 9394 CHARLOTTE, NC 282999394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLM FAMILIES TOGETHER INC PO BOX 14395 RALEIGH, NC 276204395	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
POP WARNER LITTLE SCHOLARS INC 5713 RILEYS RIDGE ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
POSITIVE DIRECTION FOR YOUTH AND FA 2207 E CONE BLVD GREENSBORO, NC 274054858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER HOUSE OF DELIVERANCE GARDEN C 1800 BOTHWELL ST GREENSBORO, NC 274013903	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	300
PRESBYTERIAN HOSPICE AND PALLIATIVE PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PRESBYTERIAN HOSPITAL FOUNDATION PO BOX 33549 CHARLOTTE, NC 282333549	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG NC 28075 HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG NC 28075 HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG NC 28075 HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG NC 28075 HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRESENT AGE MINISTRIES INC PO BOX 700 HARRISBURG NC 28075 HARRISBURG, NC 28075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRESTONS LEAGUE 3013 TAVISTOCK DRIVE DURHAM, NC 27712	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRETTY IN PINK FOUNDATION INC 5171 GLENWOOD AVENUE SUITE 360 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
PROBASI OF CHARLOTTEPO BOX 77916 CHARLOTTE, NC 282717021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
PROFOUND GENTLEMEN INC 2701-C FREEDOM DRIVE CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROGRESS IN EDUCATION INC 12719 LINDRICK LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PROGRESS IN EDUCATION INC 12719 LINDRICK LANE CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 281739429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 281739429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 281739429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
PROJECT 2 HEAL 7008 PROVIDENCE RD S WAXHAW, NC 281739429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ONE SCHOLARSHIP FUND INC 2438 HASSELL PL CHARLOTTE, NC 282091719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROJECT ONE SCHOLARSHIP FUND INC 2438 HASSELL PL CHARLOTTE, NC 282091719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
PROJECT ONE SCHOLARSHIP FUND INC 2438 HASSELL PL CHARLOTTE, NC 282091719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT OUTPOUR 1800 CAMDEN ROAD SUITE 107-143 CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROJECT SCIENTIST 4117 PARK RD UNIT 11291 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
PROJECT SCIENTIST 4117 PARK RD UNIT 11291 CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SCIENTIST 4117 PARK RD UNIT 11291 CHARLOTTE, NC 28209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROMISE FOR HAITI INCPO BOX 664 BELMONT, NC 28012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PROMISING PAGES4020 YANCEY ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISING PAGES4020 YANCEY ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
PROMISING PAGES4020 YANCEY ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PROMISING PAGES4020 YANCEY ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISING PAGES4020 YANCEY ROAD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PROMOTING ANIMAL WELFARE IN NORTH C 2455 HURT DR ROCKY MOUNT, NC 278047976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	951
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVERBS 226 3122 FINCHER FARM RD STE 100-531 MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,032
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14,551
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,937
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	509
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,100
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	439
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,125
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,900
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PROVIDENCE DAY SCHOOL 5800 SARDIS RD CHARLOTTE, NC 282705366	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PROVIDENCE HIGH SCHOOL PTSO INC 1800 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282700330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE HIGH SCHOOL PTSO INC 1800 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282700330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE HIGH SCHOOL PTSO INC 1800 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282700330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
PROVIDENCE HIGH SCHOOL PTSO INC 1800 PINEVILLE MATTHEWS RD CHARLOTTE, NC 282700330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE SENIOR HIGH SCHOOL BAND 1800 PINEVILLE MATHEWS RD CHARLOTTE, NC 28270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PROVIDENCE SENIOR HIGH SCHOOL BAND 1800 PINEVILLE MATHEWS RD CHARLOTTE, NC 28270	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	450
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	78
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	60
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE UNITED METHODIST CHURCH 2810 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA4101 MCKEE RD CHARLOTTE, NC 282701258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA 6001 QUAIL HOLLOW RD CHARLOTTE, NC 282105032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PTA NORTH CAROLINA CONGRESS PO BOX 1033 PINEHURST, NC 283701033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 3200 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 500 CHEROKEE RD CHARLOTTE, NC 282072234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 375 PITTSBORO ELEMENTARY SCHOOL RD PITTSBORO, NC 273125681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 15425 SCHOLASTIC LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 375 PITTSBORO ELEMENTARY SCHOOL RD PITTSBORO, NC 273125681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,259
PTA NORTH CAROLINA CONGRESS 15321 YORK ROAD CHARLOTTE, NC 28278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2901 SMITHFIELD CHURCH RD CHARLOTTE, NC 282105903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 400 N DUKE STREET DURHAM, NC 27701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA NORTH CAROLINA CONGRESS 15321 YORK ROAD CHARLOTTE, NC 28278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 329 N IRWIN AVE - ATTN IAC PTA TREASURER CHARLOTTE, NC 28202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	795
PTA NORTH CAROLINA CONGRESS 1601 PARK DRIVE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	894
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 8900 PARK RD CHARLOTTE, NC 282107609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,475
PTA NORTH CAROLINA CONGRESS 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	70
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PTA NORTH CAROLINA CONGRESS 3301 COUNTRY CLUB DR CHARLOTTE, NC 282053203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PTA NORTH CAROLINA CONGRESS 300 GREENWICH RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 11530 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	154
PTA NORTH CAROLINA CONGRESS 1601 PARK DRIVE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	558
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
PTA NORTH CAROLINA CONGRESS 3301 COUNTRY CLUB DR CHARLOTTE, NC 282053203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 11530 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
PTA NORTH CAROLINA CONGRESS 3301 COUNTRY CLUB DR CHARLOTTE, NC 282053203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 1601 PARK DRIVE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
PTA NORTH CAROLINA CONGRESS 500 CHEROKEE ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 11530 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
PTA NORTH CAROLINA CONGRESS 1215 WESTOVER TER GREENSBORO, NC 274088215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 8402 PRIDE WAY RALEIGH, NC 276134161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 2901 SMITHFIELD CHURCH ROAD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 1512 WHITE OAK CHURCH RD APEX, NC 27523	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA CONGRESS 8317 BRYAN RD GARNER, NC 275299154	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 405 E PARK AVE CHARLOTTE, NC 282035190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,950
PTA NORTH CAROLINA CONGRESS 2840 COLONY ROAD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,679
PTA NORTH CAROLINA CONGRESS 3200 SMITHFIELD CHURCH RD CHARLOTTE, NC 28210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,672
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 8900 PARK RD CHARLOTTE, NC 282107609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
PTA NORTH CAROLINA CONGRESS 8402 PRIDE WAY RALEIGH, NC 276134161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NORTH CAROLINA CONGRESS 3301 COUNTRY CLUB DR CHARLOTTE, NC 282053203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 8900 PARK RD CHARLOTTE, NC 282107609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS 14550 RANSON RD HUNTERSVILLE, NC 280787002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	803
PTA NORTH CAROLINA CONGRESS 6815 ENDHAVEN LANE CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 9100 CARSWELL LN CHARLOTTE, NC 282773561	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
PTA NORTH CAROLINA CONGRESS 3800 REA ROAD CHARLOTTE, NC 28226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,295
PTA NORTH CAROLINA CONGRESS 10045 PROVIDENCE CHURCH LANE CHARLOTTE, NC 282779723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 1601 PARK DRIVE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	185
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,127
PTA NORTH CAROLINA CONGRESS 11530 BEATTIES FORD RD HUNTERSVILLE, NC 28078	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 5925 BALLANTYNE COMMONS PARKWAY CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA NORTH CAROLINA CONGRESS 1601 PARK DRIVE CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PTA NORTH CAROLINA CONGRESS 121 ELIZABETH LANE MATTHEWS, NC 281056858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
PTA NORTH CAROLINA CONGRESS 8900 PARK RD CHARLOTTE, NC 282107609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
PTA NORTH CAROLINA CONGRESS OF PARE 9700 MARVIN SCHOOL RD MARVIN, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NORTH CAROLINA CONGRESS OF PARE 9700 MARVIN SCHOOL RD MARVIN, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA NORTH CAROLINA CONGRESS OF PARE 320 REID DAIRY ROAD WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
PUG RESCUE OF NORTH CAROLINA INC PO BOX 94 SUMMERFIELD, NC 27358	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,095
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	195
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,640
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
PURPLE HEART HOMES INC PO BOX 5535 STATESVILLE, NC 28677	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE PROMISE FOUNDATION TO END ME PO BOX 790033 CHARLOTTE, NC 282067900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	870
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PUT ON THE BRAKES INC 7148 WEDDINGTON RD NW SUITE 150 CONCORD, NC 28027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	297
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY COMMUNITY ORCHESTRA 12510 OVERLOOK MOUNTAIN DR CHARLOTTE, NC 28216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
QUEEN CITY HONOR FLIGHT INC 13663 PROVIDENCE ROAD 389 WEDDINGTON, NC 28104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
QUEEN CITY ROBOTICS ALLIANCE INC PO BOX 31483 CHARLOTTE, NC 28231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
QUEEN CITY UNITY INC 12330 STRATFIELD PLACE CIRCLE PINEVILLE, NC 28134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS GRANT COMMUNITY SCHOOL INC 6400 MATTHEWS MINT HILL RD MINT HILL, NC 282279323	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	326
QUEENS GRANT COMMUNITY SCHOOL INC 10323 IDLEWILD RD MATTHEWS, NC 28105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
QUEENS GRANT COMMUNITY SCHOOL INC 6400 MATTHEWS MINT HILL RD MINT HILL, NC 282279323	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS GRANT HIGH SCHOOL VIP 10323 IDLEWILD RD MATTHEWS, NC 281051910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
QUEENS GRANT HIGH SCHOOL VIP 10323 IDLEWILD RD MATTHEWS, NC 281051910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
QUEENS GRANT HIGH SCHOOL VIP 10323 IDLEWILD RD MATTHEWS, NC 281051910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	751
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVE CHARLOTTE, NC 282740001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
QUEENS UNIVERSITY OF CHARLOTTE ENDO 1900 SELWYN AVENUE CHARLOTTE, NC 28274	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	750
R BRUCE IRONS CAMP FUND 725 PROVIDENCE ROAD SUITE 212 CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
R J REYNOLDS HIGH 301 N HAWTHORNE ROAD WINSTONSALEM, NC 27104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
R J REYNOLDS HIGH 301 N HAWTHORNE ROAD WINSTONSALEM, NC 27104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
RAGING STORM BAND BOOSTER FRONT INC 101 LAKEWOOD ROAD BELMONT, NC 28012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAGING STORM BAND BOOSTER FRONT INC 101 LAKEWOOD ROAD BELMONT, NC 28012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RAGING STORM BAND BOOSTER FRONT INC 101 LAKEWOOD ROAD BELMONT, NC 28012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	515
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,185
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	882
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	588
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	294
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
RAIN INC601 E 5TH STREET SUITE 470 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RALEIGH CHARTER HIGH SCHOOL 1307 GLENWOOD AVE RALEIGH, NC 276051216	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	132
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	132
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	88
RALEIGH OAK CHARTER SCHOOL 9400 FORUM DRIVE RALEIGH, NC 27615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	44
RANDOLPH COUNTY FAMILY CRISIS CENTE 624-A FAYETTEVILLE ST ASHEBORO, NC 27203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH COUNTY FAMILY CRISIS CENTE 624-A FAYETTEVILLE ST ASHEBORO, NC 27203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RANDOLPH COUNTY FAMILY CRISIS CENTE 624-A FAYETTEVILLE ST ASHEBORO, NC 27203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,890
RANDOLPH MIDDLE SCHOOL PTO 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RANDOLPH RAIDERS BOOSTER CLUB 4400 WATER OAK RD CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVENS UGANDA411 WAKE ST CHARLOTTE, NC 282165553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
RAVENS UGANDA411 WAKE ST CHARLOTTE, NC 282165553	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REA VIEW ELEMENTARY 320 REID DAIRY ROAD WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READ AND FEEDPO BOX 5865 CARY, NC 27512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
READING PARTNERS HYGGE COWORKING 809 WEST HILL STREET SUITE C CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REBUILDING PARADISE 847 SHADY BLUFF DR CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER OF THE TRIANGLE 200 TRANS AIR DR SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
REDDYS ASSOCIATION AND CHARITABLE F 303 POWERS FERRY RD CARY, NC 275191506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
REED EXPANSION COMMITTEE INC 9621 REED MINE RD MIDLAND, NC 281079673	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REELIN FOR RESEARCH INC 1852 BANKING STREET 9333 GREENSBORO, NC 274087222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REELIN FOR RESEARCH INC 1852 BANKING STREET 9333 GREENSBORO, NC 274087222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
REFUGEE SUPPORT SERVICES OF THECARO PO BOX 220224 CHARLOTTE, NC 28222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RENAISSANCE WEST COMMUNITY INITIATI 3610 NOBLES AVE 199 CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
RESCUE MISSIONS MINISTRIES INC PO BOX 11858 DURHAM, NC 27703	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE RANCH INCPO BOX 5998 STATESVILLE, NC 286875998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RESCUE UR FOREVER FRIEND PO BOX 463 GARNER, NC 27529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESTORATION PLACE MINISTRIES INC PO BOX 38787 GREENSBORO, NC 274388787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION PLACE MINISTRIES INC 1301 CAROLINA ST SUITE 114 GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESTORATION WORD MINISTRIES INC PO BOX 30877 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
RESTORATION WORD MINISTRIES INC PO BOX 30877 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION WORD MINISTRIES INC PO BOX 30877 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RESTORATION WORD MINISTRIES INC PO BOX 30877 CHARLOTTE, NC 28230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISE AGAINST HUNGER 3733 NATIONAL DRIVE SUITE 200 RALEIGH, NC 27612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RIVER DELL ELEMENTARY 12100 BUFFALO ROAD CLAYTON, NC 27527	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
ROCK SPRINGS ELEMENTARY 3633 HWY 16 NORTH DENVER, NC 28037	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK SPRINGS ELEMENTARY 3633 HIGHWAY 16 NORTH DENVER, NC 280370279	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
ROCK SPRINGS ELEMENTARY 3633 HIGHWAY 16 NORTH DENVER, NC 280370279	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	90
ROCK SPRINGS ELEMENTARY SCHOOL PTO 3633 NORTH HIGHWAY 16 DENVER, NC 28037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKWELL ELEMENTARY114 LINK ST ROCKWELL, NC 28138	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
ROCKWELL ELEMENTARY114 LINK ST ROCKWELL, NC 28138	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
ROCKWELL ELEMENTARY114 LINK ST ROCKWELL, NC 28138	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY RIVER ELEMENTARY SCHOOL PTO 5454 ROCKY RIVER RD CONCORD, NC 280258844	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES INC 8480 HONEYCUTT RD ST 200 RALEIGH, NC 27615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
RONALD MCDONALD HOUSE CHARITIES INC 8480 HONEYCUTT RD ST 200 RALEIGH, NC 27615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	960
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CHARLOTTE 1613 E MOREHEAD ST CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
RONALD MCDONALD HOUSE OF DURHAM INC 506 ALEXANDER AVE DURHAM, NC 27705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROOM AT THE INN INCPO BOX 13936 GREENSBORO, NC 27415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM AT THE INN INCPO BOX 13936 GREENSBORO, NC 27415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROTARY CLUB OF GREENSBORO FOUNDATIO 330 SOUTH GREENS STREET SUITE 304 GREENSBORO, NC 27401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROTARY CLUB OF WEST RALEIGH CHARITA PO BOX 12111 RALEIGH, NC 276052111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROWAN COUNTY UNITED WAY INC 131 W INNES STREET SUITE 201 SALISBURY, NC 28144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	573
ROWAN COUNTY UNITED WAY INC 131 W INNES STREET SUITE 201 SALISBURY, NC 28144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
ROWAN COUNTY UNITED WAY INC 131 W INNES STREET SUITE 201 SALISBURY, NC 28144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROWAN HELPING MINISTRIES 226 N LONG ST SALISBURY, NC 281445049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RPO INCPO BOX 34692 CHARLOTTE, NC 28234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUSTYS LEGACY 139 LYTLE MOUNTAIN RD MARION, NC 287528479	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	990
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,042
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,237
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	776
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	495
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,596
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	291
SAFE ALLIANCE INC 601 E 5TH ST STE 400 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SAFE HAVEN FOR CATS 8431 GARVEY DR STE 137 RALEIGH, NC 276163267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HAVEN FOR CATS 8431 GARVEY DR STE 137 RALEIGH, NC 276163267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SAFECHILD864 W MORGAN ST RALEIGH, NC 276031614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAFECHILD864 W MORGAN ST RALEIGH, NC 276031614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MATTHEW CATHOLIC SCHOOL 11525 ELM LANE CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
SALEM ACADEMY & COLLEGE 601 S CHURCH ST WINSTON SALEM, NC 271015376	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SALEM ACADEMY & COLLEGE 601 S CHURCH ST WINSTON SALEM, NC 271015376	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALEM ACADEMY & COLLEGE 601 S CHURCH ST WINSTON SALEM, NC 271015376	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
SAMARITANS FEET INTERNATIONAL 1836 CENTER PARK DR CHARLOTTE, NC 282717045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,085
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,713
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,620
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,258
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,154
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,427
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,275
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,438
SAMARITANS PURSEPO BOX 3000 BOONE, NC 286073000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
SAMPSON ARTS COUNCIL INC 709 COLLEGE STREET CLINTON, NC 28328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMPSON ARTS COUNCIL INC 709 COLLEGE STREET CLINTON, NC 28328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SAMPSON COMMUNITY COLLEGE FOUNDATIO PO BOX 318 CLINTON, NC 28329	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
SAMPSON COMMUNITY COLLEGE FOUNDATIO PO BOX 318 CLINTON, NC 28329	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANCTUARY COUNSELING GROUP 1801 E 5TH ST CHARLOTTE, NC 282042472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SANDBOX GROUP INC 9935 D REA RD 107 CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDRA AND LEON LEVINE JEWISH COMMU 5007 PROVIDENCE RD CHARLOTTE, NC 282265849	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
SANDY RIDGE ELEMENTARY 10101 WAXHAW MANOR DRIVE WAXHAW, NC 28173	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	371
SANGAMITHRA FOUNDATION PO BOX 78871 CHARLOTTE, NC 282717043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING GRACE ANIMALS FOR ADOPTION I 13400 OLD CREEDMOOR RD WAKE FOREST, NC 275878543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SAVING GRACE ANIMALS FOR ADOPTION I 13400 OLD CREEDMOOR RD WAKE FOREST, NC 275878543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAVING GRACE ANIMALS FOR ADOPTION I 13400 OLD CREEDMOOR RD WAKE FOREST, NC 275878543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING GRACE ANIMALS FOR ADOPTION I 13400 OLD CREEDMOOR RD WAKE FOREST, NC 275878543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	528
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	132
SCHIELE MUSEUM OF NATURAL HISTORY A 1500 E GARRISON BLVD GASTONIA, NC 28056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCIENCE MUSEUMS OF WILSON INC PO BOX 2127 WILSON, NC 27894	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,375
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	735
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	890
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,405
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	197
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,321
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,751
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	755
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,389
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,295
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,907
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	602
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,178
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,240
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,295
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,662
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF METROLI 500 B SPRATT STREET CHARLOTTE, NC 282063235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,506
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,100
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	93
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTONSALEM, NC 27107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	31
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTON SALEM, NC 271075428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 3655 REED ST WINSTONSALEM, NC 27107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SECU FAMILY HOUSE AT UNC HOSPITALS 123 OLD MASON FARM RD CHAPEL HILL, NC 275174431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEDGEFIELD MIDDLE 2700 DORCHESTER PL CHARLOTTE, NC 282091213	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SEDGEFIELD MIDDLE SCHOOL PTO 2700 DORCHESTER PLACE CHARLOTTE, NC 28209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEEDERS WITH AN ANOINTED TESTIMONY 3020-I PROSPERITY CHURCH ROAD SUITE 909 CHARLOTTE, NC 28269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SELWYN ELEMENTARY 2840 COLONY ROAD CHARLOTTE, NC 282112699	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,030
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
SENIOR SERVICES INC 2895 SHOREFAIR DRIVE WINSTONSALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVANTS HEART OF MINT HILL INC 9229 LAWYERS ROAD SUITE N MINT HILL, NC 28227	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	749
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SERVE TO LEADPO BOX 1964 ASHEVILLE, NC 288021964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	865
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,315
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
SHARON ELEMENTARY 4330 FOXCROFT RD CHARLOTTE, NC 28211	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAW UNIVERSITY 118 E SOUTH ST ADVANCEMENT RALEIGH, NC 276012341	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SHAW UNIVERSITY 118 E SOUTH ST ADVANCEMENT RALEIGH, NC 276012341	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
SHAW UNIVERSITY 118 E SOUTH ST ADVANCEMENT RALEIGH, NC 276012341	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAW UNIVERSITY 118 E SOUTH ST ADVANCEMENT RALEIGH, NC 276012341	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHERRILLS FORD ELEMENTARY SCHOOL PA 8103 SHERRILLS FORD RD SHERRILLS FRD, NC 286737313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SHINING HOPE FARMS 328 WHIPPOORWILL LN MT HOLLY, NC 281209765	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRED INC 5624 EXECUTIVE CENTER DR STE 130 CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
SHREE SAI GURDEV DATTA MANDIR 10435 KERNS RD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SHRINERS HOSPITALS FOR CHILDREN PO BOX 12829 NEW BERN, NC 28561	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN PO BOX 12829 NEW BERN, NC 28561	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
SHRINERS HOSPITALS FOR CHILDREN PO BOX 12829 NEW BERN, NC 28561	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
SICKLE CELL PARTNERS OF THE CAROLIN POST OFFICE BOX 480714 CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SILENT IMAGES INCPO BOX 667 MATTHEWS, NC 28106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SIM USA INCORPORATEDPO BOX 7900 CHARLOTTE, NC 282417900	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
SIMBAS SENIORS DOG SANCTUARY 5120 AUDREYSTONE DR CARY, NC 275185325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINDHI ASSOCIATION OF CAROLINAS SAC PO BOX 79056 CHARLOTTE, NC 28271	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SINGING DOG FARM INCPO BOX 769 SNOW CAMP, NC 27349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SINGING DOG FARM INCPO BOX 769 SNOW CAMP, NC 27349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINGING DOG FARM INCPO BOX 769 SNOW CAMP, NC 27349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
SLEEP TIGHT KIDS INC 110 DOVERIDGE DRIVE COLUMBUS, NC 28722	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SMARTKETI11021 THORNHILL CLUB DR CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SNOWFLAKE ANIMAL RESCUE FOUNDATION PO BOX 97594 RALEIGH, NC 27624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SNOWFLAKE ANIMAL RESCUE FOUNDATION PO BOX 97594 RALEIGH, NC 27624	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,723
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SOCIAL VENTURE PARTNERS CHARLOTTE I 1919 SOUTH BLVD SUITE 201 CHARLOTTE, NC 282030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,132
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,725
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SOCIETY FOR THE PREVENTION OF CRUEL PO BOX 4461 GREENSBORO, NC 274044461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,350
SOCIETY FOR THE PREVENTION OF CRUEL 200 PETFINDER LN RALEIGH, NC 276036075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCRATES ACADEMY 3909 WEDDINGTON RD MATTHEWS, NC 28105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
SOCRATES ACADEMY 3909 WEDDINGTON RD MATTHEWS, NC 28105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SOCRATES ACADEMY 3909 WEDDINGTON RD MATTHEWS, NC 28105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCRATES ACADEMY INC 3909 WEDDINGTON RD MATTHEWS, NC 281056673	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	479
SOLACE FOR THE CHILDREN INC PO BOX 5129 MOORESVILLE, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOROPTIMIST INTERNATIONAL OF THE AM PO BOX 32188 RALEIGH, NC 276222188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND RIVERS INCPO BOX 1854 WASHINGTON, NC 278891854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SOUND RIVERS INCPO BOX 1854 WASHINGTON, NC 278891854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SOUND RIVERS INCPO BOX 1854 WASHINGTON, NC 278891854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	474
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SOUTH CAROLINA STATE UNIVERSITY NAT PO BOX 35354 CHARLOTTE, NC 282355354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
SOUTH CHARLOTTE MIDDLE 8040 STRAWBERRY LANE CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CHARLOTTE MIDDLE 8040 STRAWBERRY LANE CHARLOTTE, NC 28277	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SOUTH CHARLOTTE MIDDLE SCHOOL PTO 8040 STRAWBERRY LN CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
SOUTH CHARLOTTE MIDDLE SCHOOL PTO 8040 STRAWBERRY LN CHARLOTTE, NC 28277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH IREDELL ATHLETIC BOOSTERS P O BOX 539 TROUTMAN, NC 28166	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SOUTH MECK FOUNDATION 7632 QUAIL HILL ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SOUTH MECK FOUNDATION 7632 QUAIL HILL ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH MECK FOUNDATION 7632 QUAIL HILL ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTH MECK FOUNDATION 7632 QUAIL HILL ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SOUTH MECKLENBURG HIGH 8900 PARK RD CHARLOTTE, NC 28210	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST GERMAN SHEPHERD RESCUE IN PO BOX 208 MOORESVILLE, NC 28115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTHEASTERN BAPTIST THEOLOGICAL SE PO BOX 1889 WAKE FOREST, NC 275881889	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
SOUTHEASTERN BAPTIST THEOLOGICAL SE PO BOX 1889 WAKE FOREST, NC 275881889	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEASTERN TRANSGENDER AND ALLY I 1109 NEW HAMPSHIRE DR JAMESTOWN, NC 272829044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
SOUTHEASTERN TRANSGENDER AND ALLY I 1109 NEW HAMPSHIRE DR JAMESTOWN, NC 272829044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SOUTHEASTERN TRANSGENDER AND ALLY I 1109 NEW HAMPSHIRE DR JAMESTOWN, NC 272829044	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN APPALACHIAN HIGHLANDS CONS 372 MERRIMON AVE ASHEVILLE, NC 288011222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOUTHERN GUILFORD HIGH 5700 DRAKE ROAD GREENSBORO, NC 27406	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SOUTHERN OFF-ROAD BICYCLE ASSOCIATI 2913 ARCHDALE DR CHARLOTTE, NC 28210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
SOUTHLAKE PRESBYTERIAN CHURCH 13820 HAGERS FERRY ROAD HUNTERSVILLE, NC 28078	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
SOUTHWEST MIDDLE 1 ROADRUNNER DRIVE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST MIDDLE 1 ROADRUNNER DRIVE GASTONIA, NC 28052	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SPARROWS NEST INC 908-A N JOSEPHINE BOYD ST GREENSBORO, NC 27408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SPARROWS NEST INC 908-A N JOSEPHINE BOYD ST GREENSBORO, NC 27408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPAY TODAY INC 4550B COUNTY HOME RD GREENVILLE, NC 27858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
SPAY TODAY INC 4550B COUNTY HOME RD GREENVILLE, NC 27858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SPAY TODAY INC 4550B COUNTY HOME RD GREENVILLE, NC 27858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 309 E MOREHEAD STREET SUITE 250 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	233
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	995
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SPECIAL OLYMPICS NORTH CAROLINA INC 2200 GATEWAY CENTRE BLVD SUITE 201 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPEEDWAY CHILDRENS CHARITIES PO BOX 18747 CHARLOTTE, NC 282180747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	95
SPEEDWAY CHILDRENS CHARITIES PO BOX 18747 CHARLOTTE, NC 282180747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPEEDWAY CHILDRENS CHARITIES PO BOX 18747 CHARLOTTE, NC 282180747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPREADING JOY CORPORATION 7795 CLOVER LN DENVER, NC 280378543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SPREADING JOY CORPORATION 7795 CLOVER LN DENVER, NC 280378543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SRISHTI OF CHARLOTTE 5624 RYDER AVE CHARLOTTE, NC 282268302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRISHTI OF CHARLOTTE 5624 RYDER AVE CHARLOTTE, NC 282268302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
ST ALBANS EPISCOPAL CHURCH 301 CALDWELL LANE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
ST ANDREWS PRESBYTERIAN COLLEGE 1700 DOGWOOD MILE LAURINBURG, NC 283525521	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREWS PRESBYTERIAN COLLEGE 1700 DOGWOOD MILE LAURINBURG, NC 283525521	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	30
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST GABRIEL CATHOLIC SCHOOL 3028 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
ST MARYS SCHOOL 900 HILLSBOROUGH ST RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL 900 HILLSBOROUGH ST RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ST MARYS SCHOOL 900 HILLSBOROUGH ST RALEIGH, NC 27603	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST PAULS EPISCOPAL CHURCH 520 SUMMIT ST WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	555
ST PIUS X CATHOLIC SCHOOL 2200 N ELM STREET GREENSBORO, NC 274085118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
ST GABRIEL CATHOLIC CHURCH'S THE C 3016 PROVIDENCE ROAD CHARLOTTE, NC 28211	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LUKE CATHOLIC CHURCH 13700 LAWYERS RD MINT HILL, NC 28227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST MATTHEW CATHOLIC CHURCH PO BOX 49349 CHARLOTTE, NC 28277	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
ST PATRICK CATHOLIC SCHOOL 1125 BUCHANAN ST CHARLOTTE, NC 28203	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STALLINGS ELEMENTARY 3501 STALLINGS RD STALLINGS, NC 28104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	420
STALLINGS ELEMENTARY PARENT-TEACHER 3501 STALLINGS RD MATTHEWS, NC 281040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
STALLINGS ELEMENTARY PARENT-TEACHER 3501 STALLINGS RD MATTHEWS, NC 281040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANLEY MIDDLE317 HOVIS ROAD STANLEY, NC 28164	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
STANLEY MIDDLE317 HOVIS ROAD STANLEY, NC 28164	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
STANLEY MIDDLE317 HOVIS ROAD STANLEY, NC 28164	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANLEY MIDDLE317 HOVIS ROAD STANLEY, NC 28164	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	20
STARS MATH & ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 282160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	182
STARS MATH & ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 282160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STARS MATH & ENGLISH ACADEMY PO BOX 680044 CHARLOTTE, NC 282160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
STEELE CREEK VOLUNTEER FIRE DEPARTM 13000 S TRYON ST SUITE F 318 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
STEELE CREEK VOLUNTEER FIRE DEPARTM 13000 S TRYON ST SUITE F 318 CHARLOTTE, NC 28278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 276082042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 276082042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
STEP UP MINISTRY1701 OBERLIN RD RALEIGH, NC 276082042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEP UP TO FAMILY SAFETY 6035 FLORENCE AVE STE 100 CHARLOTTE, NC 282126499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STOKESDALE ELEMENTARY8025 US 158 STOKESDALE, NC 273579399	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
STOP SOLDIER SUICIDEPO BOX 110605 DURHAM, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SCIENCE PROGRAM INC 11010 LAKE GROVE BLVD STE 100418 MORRISVILLE, NC 27560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SUMMER SCIENCE PROGRAM INC 11010 LAKE GROVE BLVD STE 100418 MORRISVILLE, NC 27560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,590
SUMMER SCIENCE PROGRAM INC 11010 LAKE GROVE BLVD STE 100418 MORRISVILLE, NC 27560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT SCHOOL INC 2100 REYNOLDA ROAD WINSTON SALEM, NC 271065115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
SUMMIT SCHOOL INC 2100 REYNOLDA ROAD WINSTON SALEM, NC 271065115	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
SUN VALLEY MIDDLE 1409 WESLEY CHAPEL RD INDIAN TRAIL, NC 28079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNNINGHILL JILL KIDS 16618 FLYING JILL ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	729
SUNNINGHILL JILL KIDS 16618 FLYING JILL ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,662
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUPPORTIVE HOUSING COMMUNITIES INC 601 E FIFTH STREET SUITE 255 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,675
SUSAN G KOMEN BREAST CANCER FOUNDAT 600 AIRPORT BOULEVARD SUITE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 600 AIRPORT BLVD SUITE 100 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,409
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	464
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,630
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,342
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,920
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH RD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,885
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH RD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	233
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2316 RANDOLPH RD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SUSIES HOPE116 HAVERLY DR HIGH POINT, NC 272651415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	29
SUSIES HOPE116 HAVERLY DR HIGH POINT, NC 272651415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
SUSTAIN CHARLOTTE INC PO BOX 18201 CHARLOTTE, NC 28218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,080
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,351
SWIM ACROSS AMERICA INC 11600 N COMMUNITY HOUSE RD STE 100 CHARLOTTE, NC 282771883	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,265
TAKE THE LEAD NORTH CAROLINA 711 COLISEUM PLAZA CT WINSTON SALEM, NC 27104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMASSEE GROUP 1127 RIVER FOREST RD PITTSBORO, NC 273126115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TAPS TEACHING ATHLETES PLANS FOR SU 3530 AMARANTHUS CT CHARLOTTE, NC 282691318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TCK PROVIDENCE INC 5790 UNIVERSITY PKWY WINSTONSALEM, NC 27105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TCK PROVIDENCE INC 5790 UNIVERSITY PKWY WINSTONSALEM, NC 27105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TEACH FOR AMERICA INC 5855 EXECUTIVE CENTER DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TEACH FOR AMERICA INC 5855 EXECUTIVE CENTER DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 5855 EXECUTIVE CENTER DRIVE CHARLOTTE, NC 28212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
TEACHING FELLOWS INSTITUTE INC 4100 CARMEL ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TEEN CITY STAGE4217 CANTEY PLACE CHARLOTTE, NC 28211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEEN HEALTH CONNECTION 3541 RANDOLPH RD STE 206 CHARLOTTE, NC 282111253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE ARC OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 280524106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
THE ARC OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 280524106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF GASTON COUNTY INC 200 E FRANKLIN BLVD GASTONIA, NC 280524106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE ARC OF UNION CABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE ARC OF UNION CABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF UNION CABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE ARC OF UNION CABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
THE ARC OF UNION CABARRUS INC 1653-C CAMPUS PARK DRIVE MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARTS COUNCIL OF MOORE COUNTY IN PO BOX 405 SOUTHERN PINES, NC 28388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE ASHEVILLE CITY SCHOOLS FOUNDATI PO BOX 3196 ASHEVILLE, NC 288023196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE CENTERS FOR EXCEPTIONAL CHILDRE 2315 COLISEUM DR WINSTON SALEM, NC 271065801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTERS FOR EXCEPTIONAL CHILDRE 2315 COLISEUM DRIVE WINSTON SALME, NC 27106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
THE CENTERS FOR EXCEPTIONAL CHILDRE 2315 COLISEUM DR WINSTON SALEM, NC 271065801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
THE CHARLOTTE FIREFIGHTERS FUND LTD 2601 E 7TH ST CHARLOTTE, NC 282044376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHARLOTTE FIREFIGHTERS FUND LTD 4419 MONROE RD STE A CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE CHARLOTTE FOLK SOCIETY PO BOX 36864 CHARLOTTE, NC 282366864	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
THE COUNCIL ON AGING OF BUNCOMBE CO 46 SHEFFIELD CIRCLE ASHEVILLE, NC 28803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CROSSNORE SCHOOL & CHILDRENS HO PO BOX 249 CROSSNORE, NC 286160249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE CROSSNORE SCHOOL & CHILDRENS HO PO BOX 249 CROSSNORE, NC 286160249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE CROSSNORE SCHOOL & CHILDRENS HO PO BOX 249 CROSSNORE, NC 286160249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FAMILY VIOLENCE PREVENTION CENT 1012 OBERLIN ROAD SUITE 100 RALEIGH, NC 276051242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE FAMILY VIOLENCE PREVENTION CENT 1012 OBERLIN ROAD SUITE 100 RALEIGH, NC 276051242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
THE FIREFIGHTERS BURN CHILDREN FUND 401 LAUREATE WAY KANNAPOLIS, NC 28081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	584
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	80
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
THE FLETCHER SCHOOL 8500 SARDIS ROAD CHARLOTTE, NC 28270	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,374
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,875
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,725
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF THE UNIVERSITY OF 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
THE GREATER CHARLOTTE CULTURAL TRUS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	39
THE GREATER CHARLOTTE CULTURAL TRUS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER CHARLOTTE CULTURAL TRUS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
THE GREATER CHARLOTTE CULTURAL TRUS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
THE GREATER CHARLOTTE CULTURAL TRUS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREEN CHAIR PROJECT INC 1853 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE HISTORIC PRESERVATION SOCIETY O PO BOX 25411 DURHAM, NC 277025411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE HOPE PROJECT LIVE LOVE SERVE IN 112 BROADWAY STREET SUITE B DURHAM, NC 27701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOSPICE & HOME CARE FOUNDATION 3101 INDUSTRIAL DR STE 204 RALEIGH, NC 276097577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	540
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE JOHN CROSLAND SCHOOL 5146 PARKWAY PLAZA BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LUNCH PROJECTPO BOX 31264 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,367
THE LUNCH PROJECTPO BOX 31264 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE LYNNWOOD FOUNDATION 400 HERMITAGE ROAD CHARLOTTE, NC 28207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MIRACLE LEAGUE OF THE TRIANGLE PO BOX 4193 CARY, NC 27519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MOUNTAIN RETREAT & LEARNING CEN PO BOX 1299 HIGHLANDS, NC 287411299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	341
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE NORTH CAROLINA A&T REAL ESTATE 200 N BENBOW GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA A&T REAL ESTATE 1601 EAST MARKET ST 400 DOWDY BLDG GREENSBORO, NC 27411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE NORTH CAROLINA CPA FOUNDATION I PO BOX 80188 RALEIGH, NC 276230188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE NORTH CAROLINA CPA FOUNDATION I PO BOX 80188 RALEIGH, NC 276230188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,355
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
THE NORTH CAROLINA PUBLIC TELEVISIO 10 UNC-TV DRIVE - PO BOX 14900 RESEARCH TRIANGLE PARK, NC 277094900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE PARK MINISTRIES INC PO BOX 16128 CHARLOTTE, NC 282976128	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARK MINISTRIES INC 6029 BEATTIES FORD RD CHARLOTTE, NC 28216	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE PTO OF HAWKS NEST STEAM ACADEMY 3430 ROBINWOOD RD GASTONIA, NC 280546691	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
THE PUMPKIN PATCH ANIMAL SANCTUARY 135 W MOREHEAD ST UNIT 322 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE QC FAMILY TREE INC 2910 PARKWAY AVE CHARLOTTE, NC 282083355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	817
THE RELATIVES INC 6220 THERMAL ROAD CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RELATIVES INC119 E 8TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	370
THE SALVATION ARMY 820 NORTH 2ND ST WILMINGTON, NC 28402	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYBOX 90 WILMINGTON, NC 28402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	151
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40,000
THE SALVATION ARMY 220 E RUSSELL ST FAYETTEVILLE, NC 28301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMYBOX 90 WILMINGTON, NC 28402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 620 BRINGLE FERRY RD SALISBURY, NC 28144	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1863 CAPITAL BLVD RALEIGH, NC 27604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 501 ARCHDALE DR CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMYP O BOX 91 STATESVILLE, NC 286870091	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMYBOX 90 WILMINGTON, NC 28402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 282171536	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	52
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 216 PATTERSON AVENUE CONCORD, NC 28026	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 282171536	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	36
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	510
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	26
THE SALVATION ARMYBOX 90 WILMINGTON, NC 28402	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,499
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1311 S EUGENE STREET GREENSBORO, NC 274061311	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
THE SALVATION ARMY 501 ARCHDALE DR CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	330
THE SALVATION ARMY 620 BRINGLE FERRY RD SALISBURY, NC 28144	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 282171536	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4015 STUART ANDREW BLVD CHARLOTTE, NC 282171536	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	800
THE SALVATION ARMYPO BOX 31128 CHARLOTTE, NC 28231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SERVANT CENTER INC 1417 GLENWOOD AVE GREENSBORO, NC 27403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
THE SERVANT CENTER INC 1417 GLENWOOD AVE GREENSBORO, NC 27403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE SPECIAL CHILDREN'S SCHOOL 4505 SHATTALON DR WINSTONSALEM, NC 27106	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SPOKES GROUP INC PO BOX 220395 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE SYMPHONY GUILD OF CHARLOTTE INC 338 SOUTH SHARON AMITY ROAD PMB 308 CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,105
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	856
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,244
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,970
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	887
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	243
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VILLAGE GREEN OF CASHIERS INC PO BOX 2201 CASHIERS, NC 28717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,300
THE VILLAGE GREEN OF CASHIERS INC PO BOX 2201 CASHIERS, NC 28717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE WESTERN YOUTH NETWORK INC P O BOX 52 DTS BOONE, NC 28607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DRIVE SUITE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 276075486	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DRIVE SUITE 200 RALEIGH, NC 27607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR SUITE 200 RALEIGH, NC 276075486	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
THE YOUNG MENS CHRISTIAN ASSOCIATIO 801 CORPORATE CENTER DR STE 200 RALEIGH, NC 276075243	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,200
THEATRE CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THEATRE CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THEATRE CHARLOTTE INC 501 QUEENS ROAD CHARLOTTE, NC 28207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE IN THE PARK INC 107 PULLEN ROAD RALEIGH, NC 276077367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	122
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,150
THOMPSON CHILD & FAMILY FOCUS 6800 SAINT PETERS LANE MATTHEWS, NC 28105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER WORLD INC4405 COOK RD ROCKWELL, NC 281387583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TIGER WORLD INC4405 COOK RD ROCKWELL, NC 281387583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
TIGER WORLD INC4405 COOK RD ROCKWELL, NC 281387583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TILLER SCHOOL1950 LIVE OAK STREET BEAUFORT, NC 28516	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	25
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	643
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,038
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	977
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	841
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	451
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TIME OUT YOUTH3800 MONROE ROAD CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,930
TIMS GIFT108 NORTHEAST BLVD CLINTON, NC 283282420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOOLBANK USA INC2513 S TRYON ST CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TOPSAIL TOWNSHIP FRIENDS OF THE LIB 75 LIBRARY DR HAMPSTEAD, NC 284433597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TOPSAIL TOWNSHIP FRIENDS OF THE LIB 75 LIBRARY DR HAMPSTEAD, NC 284433597	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TORRENCE CREEK ELEMENTARY 14550 RANSON ROAD HUNTERSVILLE, NC 28078	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
TOXIC FREE NORTH CAROLINA INC 331 W MAIN STREET SUITE 411 DURHAM, NC 27701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TRANSCEND CHARLOTTE INC 3800 MONROE ROAD STE B CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREESCHARLOTTE 701 TUCKASEEGEE RD CHARLOTTE, NC 282084432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRI IT FOR LIFEPO BOX 34424 CHARLOTTE, NC 282344424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI IT FOR LIFEPO BOX 34424 CHARLOTTE, NC 282344424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRI IT FOR LIFEPO BOX 34424 CHARLOTTE, NC 282344424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
TRIAD PRIDE PERFORMING ARTS 200 N DAVIE ST STE 20 GREENSBORO, NC 274012865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE CRICKET LEAGUE 1009 CHESSWAY DRIVE MORRISVILLE, NC 27560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	724
TRIANGLE CRICKET LEAGUE 1009 CHESSWAY DRIVE MORRISVILLE, NC 27560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	387
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BLVD RALEIGH, NC 276061936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BOULEVARD RALEIGH, NC 27606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TRIANGLE FAMILY SERVICES INC 3937 WESTERN BLVD RALEIGH, NC 276061936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
TRIANGLE GAY MENS CHORUS 514 DANIELS ST 251 RALEIGH, NC 27605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRIANGLE LAND CONSERVANCY INC 514 S DUKE ST DURHAM, NC 277013116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE RADIO READING SERVICE 211 E SIX FORKS RD STE 103 RALEIGH, NC 276097743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TRIANGLE RADIO READING SERVICE 211 E SIX FORKS RD STE 103 RALEIGH, NC 276097743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TRIANGLE RADIO READING SERVICE 211 E SIX FORKS RD STE 103 RALEIGH, NC 276097743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIANGLE RADIO READING SERVICE 211 E SIX FORKS RD STE 103 RALEIGH, NC 276097743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRI-COUNTY ANIMAL RESCUE INC PO BOX 483 ALEXIS, NC 280060176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	555
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	14,395
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	707
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,750
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
TRINITY EPISCOPAL SCHOOL 750 E 9TH STREET CHARLOTTE, NC 282023102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPLETT UNITED METHODIST CHURCH CH 838 MAZEPPA RD MOORESVILLE, NC 28115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TRIPS FOR KIDS CHARLOTTE 4716 MONTCLAIR AVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TRIPS FOR KIDS CHARLOTTE 4716 MONTCLAIR AVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPS FOR KIDS CHARLOTTE 4716 MONTCLAIR AVE CHARLOTTE, NC 28211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TROJAN COUNTRY ATHLETIC BOOSTERS IN PO BOX 507 SHERRILLS FRD, NC 286730507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TROJAN COUNTRY ATHLETIC BOOSTERS IN PO BOX 507 SHERRILLS FRD, NC 286730507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROOP 65 MECKLENBURG COUNTY COUNCIL 11501 BAIN SCHOOL RD MINT HILL, NC 28227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TROUT UNLIMITED 19631 RIVER FALLS DRIVE DAVIDSON, NC 28036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
TURNING POINT INCPO BOX 952 MONROE, NC 28111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
TWIRL TO THE WORLD FOUNDATION 359 W 7TH ST CHARLOTTE, NC 282021607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	309
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TWO HEARTS ONE LANGUAGE INC 6623 PROSPECT RD MONROE, NC 28112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UMAR SERVICES INC 5350 77 CENTER DR STE 201 CHARLOTTE, NC 28217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	32
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
UNION ACADEMY 675 N ML KING JR BLVD MONROE, NC 28110	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION ACADEMY FOUNDATION 675 N ML KING JR BLVD MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
UNION ACADEMY FOUNDATION 675 N ML KING JR BLVD MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	291
UNION ACADEMY FOUNDATION 675 N ML KING JR BLVD MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY COMMUNITY SHELTER 160 MEADOW ST MONROE, NC 28110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNION COUNTY CRISIS ASSISTANCE MINI 1333 WEST ROOSEVELT BLVD MONROE NC 28110 MONROE, NC 281102821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
UNION COUNTY CRISIS ASSISTANCE MINI 1333 WEST ROOSEVELT BLVD MONROE NC 28110 MONROE, NC 281102821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY CRISIS ASSISTANCE MINI 1333 WEST ROOSEVELT BLVD MONROE NC 28110 MONROE, NC 281102821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
UNION COUNTY PUBLIC SCHOOLS 5903 DEAL RD MATTHEWS, NC 281047973	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
UNION COUNTY PUBLIC SCHOOLS 5903 DEAL RD MATTHEWS, NC 281047973	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY PUBLIC SCHOOLS 5903 DEAL RD MATTHEWS, NC 281047973	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	550
UNION CROSS TRADITIONAL ACAD 4300 HIGH POINT ROAD KERNERSVILLE, NC 272849101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
UNION CROSS TRADITIONAL ACAD 4300 HIGH POINT ROAD KERNERSVILLE, NC 272849101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION CROSS TRADITIONAL ACAD 4300 HIGH POINT ROAD KERNERSVILLE, NC 272849101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
UNION VOLLEYBALL FOUNDATION INC 2530 WHITEHALL PARK DR STE 450 CHARLOTTE, NC 282733986	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNITED ARTS COUNCIL OF GREATER GREE PO BOX 877 GREENSBORO, NC 27402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED ARTS COUNCIL OF GREATER GREE PO BOX 877 GREENSBORO, NC 27402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
UNITED ARTS COUNCIL OF GREATER GREE PO BOX 877 GREENSBORO, NC 27402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UNITED FAITH CHRISTIAN ACADEMY 8617 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED FAITH CHRISTIAN ACADEMY 8617 PROVIDENCE RD CHARLOTTE, NC 28277	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,408
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,400
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	512
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
UNITED JEWISH CHARITIES OF GREATER 5007 PROVIDENCE RD SUITE 101 CHARLOTTE, NC 282265849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 309 E MOREHEAD ST STE 260 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED SERVICE ORGANIZATIONS 600 AIRPORT BLVD SUITE 200 MORRISVILLE, NC 27560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED WAY LEGACY FOUNDATION 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY LEGACY FOUNDATION 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
UNITED WAY LEGACY FOUNDATION 220 N TRYON ST CHARLOTTE, NC 282022137	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	12
UNITED WAY OF ALAMANCE COUNTY INC 220 EAST FRONT STREET BURLINGTON, NC 27215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ASHEVILLE & BUNCOMBE 50 S FRENCH BROAD AVE ASHEVILLE, NC 288013271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,025
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,774
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,699
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,250
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,407
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,670
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,702
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
UNITED WAY OF CENTRAL CAROLINAS INC 605 E 5TH ST SUITE 350 CHARLOTTE, NC 282022317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,050
UNITED WAY OF CUMBERLAND COUNTY INC 222 MAIDEN LANE FAYETTEVILLE, NC 28302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	171
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
UNITED WAY OF FORSYTH COUNTY INC 301 NORTH MAIN STREET WINSTON SALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,702
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,340
UNITED WAY OF GASTON COUNTY INC 200 EAST FRANKLIN BOULEVARD GASTONIA, NC 28052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	470
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,908
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,998
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,322
UNITED WAY OF GREATER GREENSBORO IN 1500 YANCEYVILLE ST GREENSBORO, NC 27405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	661
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	343
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	243
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
UNITED WAY OF GREATER HIGH POINT IN 815 PHILLIPS AVENUE HIGH POINT, NC 27262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	71
UNITED WAY OF IREDELL COUNTY INC PO BOX 1312 STATESVILLE, NC 28687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	964
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF IREDELL COUNTY INC PO BOX 1312 STATESVILLE, NC 28687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
UNITED WAY OF IREDELL COUNTY INC PO BOX 1312 STATESVILLE, NC 28687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF IREDELL COUNTY INC PO BOX 1312 STATESVILLE, NC 28687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MOORE COUNTY INC PO BOX 207 SOUTHERN PINES, NC 28388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	638
UNITED WAY OF MOORE COUNTY INC PO BOX 207 SOUTHERN PINES, NC 28388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
UNITED WAY OF MOORE COUNTY INC PO BOX 207 SOUTHERN PINES, NC 28388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF NORTH CAROLINA PO BOX 110387 RESEARCH TRIANGLE PARK, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF NORTH CAROLINA PO BOX 110387 RESEARCH TRIANGLE PARK, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTH CAROLINA PO BOX 110387 RESEARCH TRIANGLE PARK, NC 27709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF NORTH CAROLINA 1130 KILDAIRE FARM RD SUITE 100 CARY, NC 27511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
UNITED WAY OF ONSLOW COUNTY INC 403 N BAYSHORE BLVD JACKSONVILLE, NC 28540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PITT COUNTY INC 226 WEST 8TH STREET GREENVILLE, NC 27834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF RANDOLPH CO INC PO BOX 597 ASHEBORO, NC 27204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
UNITED WAY OF RANDOLPH CO INC PO BOX 597 ASHEBORO, NC 27204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF RANDOLPH CO INC PO BOX 597 ASHEBORO, NC 27204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
UNITED WAY OF ROCKINGHAM COUNTY INC PO BOX 317 WENTWORTH, NC 27048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF ROCKINGHAM COUNTY INC PO BOX 317 WENTWORTH, NC 27048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ROCKINGHAM COUNTY INC PO BOX 317 WENTWORTH, NC 27048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF STANLY COUNTY PO BOX 1178 ALBEMARLE, NC 28002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNITED WAY OF STANLY COUNTY PO BOX 1178 ALBEMARLE, NC 28002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF STANLY COUNTY PO BOX 1178 ALBEMARLE, NC 28002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF THE CAPE FEAR AREA IN 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF THE CAPE FEAR AREA IN 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE CAPE FEAR AREA IN 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF THE CAPE FEAR AREA IN 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF THE CAPE FEAR AREA IN 5919 OLEANDER DR 115 WILMINGTON, NC 28403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
UNITY UNITED METHODIST CHURCH - MOB 8605 UNITY CHURCH ROAD KANNAPOLIS, NC 28081	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
UNITY UNITED METHODIST CHURCH - MOB 8605 UNITY CHURCH ROAD KANNAPOLIS, NC 28081	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITY UNITED METHODIST CHURCH - MOB 8605 UNITY CHURCH ROAD KANNAPOLIS, NC 28081	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	40
UNIV OF N C AT WILMINGTON ALUMNI AS 601 S COLLEGE RD WILMINGTON, NC 284033201	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,500
UNIVERSITY CITY UNITED METHODIST CH 3835 WEST WT HARRIS BLVD CHARLOTTE, NC 28269	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY CITY UNITED METHODIST CH 3835 WEST WT HARRIS BLVD CHARLOTTE, NC 28269	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY CITY UNITED METHODIST CH 3835 WEST WT HARRIS BLVD CHARLOTTE, NC 28269	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY HEALTH SYSTEMS OF EASTER PO BOX 6028 GREENVILLE, NC 278356028	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT ASH 1 UNIVERSITY HTS ASHEVILLE, NC 288048507	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	325
UNIVERSITY OF NORTH CAROLINA AT CHA CF RELATIONS 206 W FRANKLIN STREET SUITE 200 CHAPEL HILL, NC 27599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,875
UNIVERSITY OF NORTH CAROLINA AT CHA 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA CF RELATIONS 206 W FRANKLIN STREET SUITE 200 CHAPEL HILL, NC 27599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,775
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,400
UNIVERSITY OF NORTH CAROLINA AT CHA 120 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	680
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA CF RELATIONS 206 W FRANKLIN STREET SUITE 200 CHAPEL HILL, NC 27599	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,225
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	370
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA 104 AIRPORT DR CHAPEL HILL, NC 27516	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,669
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,786
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 282230001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 2126 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
UNIVERSITY OF NORTH CAROLINA AT CHA 120 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF NORTH CAROLINA AT CHA PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA AT GRE PO BOX 26170 GREENSBORO, NC 274026170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTH CAROLINA AT PEM P O BOX 1510 PEMBROKE, NC 283721510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,329
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	671
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF NORTH CAROLINA CHAPEL PO BOX 309 CHAPEL HILL, NC 27514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,494
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,721
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,533
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,034
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	714
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	343
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,096
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,673
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	272
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY RADIO FOUNDATION INC 8801 JM KEYNES DR STE 91 CHARLOTTE, NC 282625474	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
URBAN LEAGUE OF CENTRAL CAROLINAS I 740 W 5TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
URBAN LEAGUE OF CENTRAL CAROLINAS I 740 W 5TH STREET CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN MINISTRIES OF DURHAM INC 410 LIBERTY ST DURHAM, NC 27702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
URBAN MINISTRIES OF WAKE COUNTY INC 1390 CAPITAL BLVD RALEIGH NC 27603 RALEIGH, NC 276116476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
URBANPROMISE CHARLOTTE PO BOX 12213 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBANPROMISE CHARLOTTE PO BOX 12213 CHARLOTTE, NC 28220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,930
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VETERANS BRIDGE HOME INC 2200 E 7TH ST SUITE 3 CHARLOTTE, NC 28204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VETERANS LEADERSHIP COUNCIL OF NORT PO BOX 37087 RALEIGH, NC 276277087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,140
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 273178008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOCAL ARTS ENSEMBLE OF DURHAM 4103 LIDDINGTON DR DURHAM, NC 27705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VOLUNTEER CENTER OF GREENSBORO INC 1500 YANCEYVILLE ST GREENSBORO, NC 274056932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	984
VOLUNTEER CENTER OF GREENSBORO INC 1500 YANCEYVILLE ST GREENSBORO, NC 274056932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER CENTER OF GREENSBORO INC 1500 YANCEYVILLE ST GREENSBORO, NC 274056932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VOLUNTEERS FOR YOUTH INC 205 LLOYD STREET SUITE 103 CARRBORO, NC 27510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WADDELL LANGUAGE ACADEMY 7030 NATIONS FORD RD CHARLOTTE, NC 28217	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
WADDELL LANGUAGE ACADEMY PTSO 7030 NATIONS FORD RD CHARLOTTE, NC 282173461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,594
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE SUITE 100 RALEIGH, NC 27609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,875
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12,682
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,555
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	490
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	660
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,751
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,544
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	132
WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTONSALEM, NC 27106	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD UNIT 7424 WINSTON SALEM, NC 271096057	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY BAPTIST MEDI MEDICAL CENTER BLVD WINSTON SALEM, NC 271570001	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	350
WAKE FOREST UNIVERSITY BAPTIST MEDI MEDICAL CENTER BLVD WINSTON SALEM, NC 271570001	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
WAKE FOREST UNIVERSITY HEALTH SCIEN PO BOX 571021 WINSTONSALEM, NC 271571021	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	137
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE FOREST UNIVERSITY HEALTH SCIEN PO BOX 571021 WINSTONSALEM, NC 271571021	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	167
WAKE FOREST UNIVERSITY HEALTH SCIEN PO BOX 571021 WINSTONSALEM, NC 271571021	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
WAKE FOREST UNIVERSITY HEALTH SCIEN PO BOX 571021 WINSTONSALEM, NC 271571021	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAKE TECHNICAL COMMUNITY COLLEGE FO 9101 FAYETTEVILLE RD RALEIGH, NC 276035655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WAKEMED3000 NEW BERN AVENUE RALEIGH, NC 27610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
WAKEMED3000 NEW BERN AVENUE RALEIGH, NC 27610	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAREHOUSE 242 2307 WILKINSON BLVD CHARLOTTE, NC 282085611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
WAREHOUSE 242 2307 WILKINSON BLVD CHARLOTTE, NC 282085611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
WAREHOUSE 242 2307 WILKINSON BLVD CHARLOTTE, NC 282085611	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,950
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATERSHED CHARLOTTE INC 2101 SHENANDOAH AVE CHARLOTTE, NC 28205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
WAXHAW ATHLETIC ASSOCIATION PO BOX 441 WAXHAW, NC 281731047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WAXHAW LIONS CLUB CHARITIES INC 2804 BEVIS LANE WAXHAW, NC 28173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEDDINGTON CHRISTIAN ACADEMY 13901 PROVIDENCE ROAD WEDDINGTON, NC 281049371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WELCOME HOME VETERANS INC 128 SOUTH MAIN ST MOORESVILLE, NC 28117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WELLSPRING INTERNATIONAL OUTREACH 11933 RIDGEWAY PARK DRIVE CHARLOTTE, NC 28277	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY CHAPEL ELEMENTARY 110 POTTER RD S MONROE, NC 281109551	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WESLEY CHAPEL WEDDINGTON ATHLETIC A PO BOX 79252 CHARLOTTE, NC 282717061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	175
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
WESLEY UNITED METHODIST CHURCH 3715 REA ROAD CHARLOTTE, NC 28226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEYAN CHRISTIAN ACADEMY 1917 N CENTENNIAL STREET HIGH POINT, NC 27262	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
WESLEYAN EDUCATION CENTER INC 1917 N CENTENNIAL ST HIGH POINT, NC 272627602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
WEST CHARLOTTE HIGH SCHOOL NATIONAL PO BOX 16513 CHARLOTTE, NC 282976513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST CHARLOTTE HIGH SCHOOL NATIONAL PO BOX 16513 CHARLOTTE, NC 282976513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WEST CHARLOTTE HIGH SCHOOL NATIONAL PO BOX 16513 CHARLOTTE, NC 282976513	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
WEST FORSYTH HIGH 1735 LEWISVILLE-CLEMMONS CLEMMONS, NC 270129299	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST FORSYTH HIGH 1735 LEWISVILLE-CLEMMONS CLEMMONS, NC 270129299	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
WEST VIEW ELEMENTARY 11755 CLEVELAND ROAD GARNER, NC 27529	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
WESTERN CAROLINA UNIVERSITY FOUNDAT 201 HFR ADMINISTRATION BUILDING CULLOWHEE, NC 287230000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NORTH CAROLINA AIDS PROJECT 554 FAIRVIEW ROAD ASHEVILLE, NC 28803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WHISKERS RESCUE FOUNDATION 1409 FORBUSH OAKS COURT EAST BEND, NC 27018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WHITAKER ELEMENTARY SCHOOL CIRCLE O 2600 BUENA VISTA RD WINSTON SALEM, NC 271042106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILEY MAGNET MIDDLE 1400 NORTHWEST BOULEVARD WINSTON SALEM, NC 27104	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
WILKES COMMUNITY COLLEGE FOUNDATION PO BOX 120 WILKESBORO, NC 286970120	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
WILLIAM A HOUGH HIGH SCHOOL BAND BO 12420 BAILEY RD CORNELIUS, NC 280319134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM A HOUGH HIGH SCHOOL BAND BO 12420 BAILEY RD CORNELIUS, NC 280319134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WILLIAM A HOUGH HIGH SCHOOL BAND BO 12420 BAILEY RD CORNELIUS, NC 280319134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
WILLIAM A HOUGH SENIOR HIGH SCHOOL 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM A HOUGH SENIOR HIGH SCHOOL 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
WILLIAM A HOUGH SENIOR HIGH SCHOOL 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WILLIAM AMOS HOUGH HIGH 12420 BAILEY ROAD CORNELIUS, NC 28031	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM PEACE UNIVERSITY 15 EAST PEACE STREET RALEIGH, NC 276041194	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WILMINGTON AREA REBUILDING MINISTRY 5058 WRIGHTSVILLE AVE WILMINGTON, NC 28403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WILMINGTON AREA REBUILDING MINISTRY 5058 WRIGHTSVILLE AVE WILMINGTON, NC 28403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILMINGTON RAILROAD MUSEUM FOUNDATI 505 NUTT ST WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WILMINGTON RAILROAD MUSEUM FOUNDATI 505 NUTT ST WILMINGTON, NC 28401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WILMINGTON SYMPHONIC WINDS PO BOX 7112 WILMINGTON, NC 284067112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 278957064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 278957064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	276
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 278957064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 278957064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	319
WILSON COUNTY INTERFAITH SERVICES I PO BOX 2164 WILSON, NC 27894	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WILSON DOWNTOWN PROPERTIES INC PO BOX 10 WILSON, NC 278940010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON EARLY COLLEGE ACADEMY 902 HERRING AVE BUILDING J WILSON, NC 27893	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	240
WILSON EARLY COLLEGE ACADEMY 902 HERRING AVE BUILDING J WILSON, NC 27893	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	300
WILSON EARLY COLLEGE ACADEMY 902 HERRING AVE BUILDING J WILSON, NC 27893	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON FAMILY YOUNG MENS CHRISTIAN 3436 AIRPORT BLND WILSON, NC 27896	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILSON FAMILY YOUNG MENS CHRISTIAN 3436 AIRPORT BLND WILSON, NC 27896	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WILSON FAMILY YOUNG MENS CHRISTIAN 3436 AIRPORT BLND WILSON, NC 27896	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILSON YOUTH UNITED 910 TARBORO STREET WILSON, NC 27893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WING HAVEN FOUNDATION INCORPORATED 260 RIDGEWOOD AVENUE CHARLOTTE, NC 282091632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	538
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	440
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGATE UNIVERSITY PO BOX 159 / OFFICE OF ADVANCEMENT WINGATE, NC 281740159	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
WINGET PARK ELEMENTARY PTO 12235 WINGET RD CHARLOTTE, NC 282787232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
WINGET PARK ELEMENTARY PTO 12235 WINGET RD CHARLOTTE, NC 282787232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGET PARK ELEMENTARY PTO 12235 WINGET RD CHARLOTTE, NC 282787232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
WINGS OF EAGLES RANCH 4800 FAITH TRAILS CONCORD, NC 28025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WINSTON SALEM THEATRE ALLIANCE INC 1047 W NORTHWEST BLVD WINSTON SALEM, NC 271011104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WINSTON-SALEM FOUNDATION 751 W 4TH ST 200 WINSTON SALEM, NC 271012506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
WINSTON-SALEM FOUNDATION 751 WEST FOURTH STREET SUITE 200 WINSTON SALEM, NC 271012702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WINSTON-SALEM STREET SCHOOL 630 WEST 6TH STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTON-SALEM STREET SCHOOL 630 WEST 6TH STREET WINSTONSALEM, NC 27101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WITH PURPOSE INTERNATIONAL 3404 SPARROWWOOD DR WAKE FOREST, NC 275874993	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
WITH PURPOSE INTERNATIONAL 3404 SPARROWWOOD DR WAKE FOREST, NC 275874993	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WMS PTSO INC5903 DEAL RD MATTHEWS, NC 281047973	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WMS PTSO INC5903 DEAL RD MATTHEWS, NC 281047973	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WMS PTSO INC5903 DEAL RD MATTHEWS, NC 281047973	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNC BRIDGE FOUNDATION 68 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WNC BRIDGE FOUNDATION 68 SWEETEN CREEK ROAD ASHEVILLE, NC 28803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
WOMEN EXECUTIVES FOR COMMUNITY SERV P O BOX 221033 CHARLOTTE, NC 28222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF THE BLUE RIDGE INC PO BOX 1838 BOONE, NC 286071838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,296
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	331
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS IMPACT FUND 2525 DISTRIBUTION STREET CHARLOTTE, NC 28203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
WOMENS RESOURCE CENTER PO BOX1608 HICKORY, NC 28603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WOMENS RESOURCE CENTER IN ALAMANCE 411 WEST FIFTH STREET SUITE B BURLINGTON, NC 272153884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS RESOURCE CENTER OF GREENSBOR 628 SUMMIT AVE GREENSBORO, NC 274057742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
WOMENS RESOURCE CENTER OF GREENSBOR 628 SUMMIT AVE GREENSBORO, NC 274057742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOMENS RESOURCE CENTER OF GREENSBOR 628 SUMMIT AVE GREENSBORO, NC 274057742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
WORLD OF GOD 338 S SHARON AMITY RD CHARLOTTE, NC 282112806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,525
WTVI FOUNDATION INCPO BOX 35009 CHARLOTTE, NC 28235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	42
WTVI FOUNDATION INC1300 E 4TH ST CHARLOTTE, NC 282042231	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	90
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WTVI FOUNDATION INC 3242 COMMONWEALTH AVE CHARLOTTE, NC 28215	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	20
WTVI FOUNDATION INC1300 E 4TH ST CHARLOTTE, NC 282042231	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 170 JOE KNOX AVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YMCA OF GREATER CHARLOTTE 9405 BRYANT FARMS ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
YMCA OF GREATER CHARLOTTE 3801 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
YMCA OF GREATER CHARLOTTE 900 W TRADE STREET SUITE 100 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 3127 WEDDINGTON RD MATTHEWS, NC 28105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 9405 BRYANT FARMS ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF GREATER CHARLOTTE 3801 BEATTIES FORD ROAD CHARLOTTE, NC 28216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 3025 N DAVIDSON ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 5900 QUAIL HOLLOW ROAD CHARLOTTE, NC 28210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF GREATER CHARLOTTE 170 JOE KNOX AVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
YMCA OF GREATER CHARLOTTE 900 W TRADE STREET SUITE 100 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 1946 WEST BOULEVARD CHARLOTTE, NC 28208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
YMCA OF GREATER CHARLOTTE 170 JOE KNOX AVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
YMCA OF GREATER CHARLOTTE 900 W TRADE STREET SUITE 100 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF GREATER CHARLOTTE 1946 WEST BOULEVARD CHARLOTTE, NC 28208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 7901 S NC HWY 18 BOOMER, NC 286069127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YMCA OF GREATER CHARLOTTE 9405 BRYANT FARMS ROAD CHARLOTTE, NC 28277	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 400 E MOREHEAD STREET 7TH FLOOR CHARLOTTE, NC 28202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
YMCA OF GREATER CHARLOTTE 170 JOE KNOX AVE MOORESVILLE, NC 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
YMCA OF GREATER CHARLOTTE 3025 N DAVIDSON ST CHARLOTTE, NC 28205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YMCA OF GREATER CHARLOTTE 900 W TRADE STREET SUITE 100 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
YMCA OF GREATER CHARLOTTE 301 SOUTH COLLEGE ST ONE WELLS FARGO CTR SUITE 200 CHARLOTTE, NC 28202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE 8100 OLD MALLARD CREEK ROAD CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF GREATER CHARLOTTE 7901 S NC HWY 18 BOOMER, NC 286069127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DRIVE SUITE 215 CHARLOTTE, NC 28262	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DR - SUITE 215 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DR - SUITE 215 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK RD STE 300 CHARLOTTE, NC 282626001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DR - SUITE 215 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG BLACK LEADERSHIP ALLIANCE 416 MCCULLOUGH DRIVE SUITE 215 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG BLACK LEADERSHIP ALLIANCE 10130 MALLARD CREEK DRIVE SUITE 333 CHARLOTTE, NC 28262	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG ELITES INCPO BOX 547 CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YOUNG ELITES INCPO BOX 547 CORNELIUS, NC 28031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 301 N MAIN ST SUITE 1900 WINSTONSALEM, NC 27101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,400
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 3420 PARK ROAD CHARLOTTE, NC 282092008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
YOUTH DEVELOPMENT INITIATIVES PO BOX 480480 CHARLOTTE, NC 28269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUTH OUTRIGHT WNC INC PO BOX 1893 ASHEVILLE, NC 288021893	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZIGGYS REFUGE2122 BELMONT DR REIDSVILLE, NC 273206802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
4 LUV OF DOG RESCUEPO BOX 9283 FARGO, ND 58106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
BIO GIRLS INC 4151 38TH STREET SOUTH SUITE A WEST FARGO, ND 580788500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY HEALTHCARE CENTER 301 NP AVE N FARGO, ND 581024835	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAMILY HEALTHCARE CENTER 301 NP AVENUE FARGO, ND 58102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FARGO MOORHEAD TRAILBUILDERS 556 LIZZIE PL E WEST FARGO, ND 580788500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARGO-MOORHEAD AREA FOUNDATION CORP 409 7TH ST S FARGO, ND 58103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,613
FRIENDS OF CHIMBOTE 16 BROADWAY N STE 218 FARGO, ND 581025237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GODS CHILD PROJECTPO BOX 1573 BISMARCK, ND 585021573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,206
PERRY CENTER INC 2355 MEADOW RIDGE PKWY WEST FARGO, ND 580782383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERRY CENTER INC 2355 MEADOW RIDGE PKWY WEST FARGO, ND 580782383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
RED RIVER HUMAN SERVICES FOUNDATION 2506 35TH AVENUE SOUTH FARGO, ND 581048897	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SPARTAN BOOSTERS INC 801 17TH AVE N FARGO, ND 58102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURTLE MOUNTAIN ANIMAL RESCUE A COR 113 2ND AVE SE ROLLA, ND 583670000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF CASS-CLAY PO BOX 1609 FARGO, ND 58107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
UNITED WAY OF CASS-CLAY 219 7TH ST S FARGO, ND 581031819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CASS-CLAY PO BOX 1609 FARGO, ND 58107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
VALLEY CITY STATE UNIVERSITY FOUNDA 101 COLLEGE ST VALLEY CITY, ND 580720000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YWCA CASS CLAY3100 12TH AVE N FARGO, ND 581023070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACKERMAN ELEMENTARY SCHOOL 5110 SOUTH 156TH STREET OMAHA, NE 68135	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	690
ALZHEIMERS DISEASE AND RELATED DISO 1500 SOUTH 70TH ST SUITE 201 LINCOLN, NE 68506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 9850 NICHOLAS ST STE 200 OMAHA, NE 681142186	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 5733 S 34TH STREET STE 500 LINCOLN, NE 68516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 9850 NICHOLAS ST STE 200 OMAHA, NE 681142186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN CANCER SOCIETY INC 9850 NICHOLAS ST STE 200 OMAHA, NE 681142186	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS AMONG US 3858 JONES STREET STE A OMAHA, NE 68105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CENTERPOINTE INC2633 P ST LINCOLN, NE 685033528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHRIST CHILD SOCIETY OF OMAHA PO BOX 45792 OMAHA, NE 68145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN URBAN EDUCATION SERVICE 2207 WIRT STREET OMAHA, NE 68110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CREIGHTON PREPARATORY SCHOOL 7400 WESTERN AVENUE OMAHA, NE 68114	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ WAREHAM BUILDING OMAHA, NE 68178	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ WAREHAM BUILDING OMAHA, NE 68178	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ WAREHAM BUILDING OMAHA, NE 68178	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ WAREHAM BUILDING OMAHA, NE 68178	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,075
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	38
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	285
FATHER FLANAGANS BOYS HOME 14100 CRAWFORD PO BOX 7000 BOYS TOWN, NE 68010	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4
FOODBANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 685015358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 685015358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
LEUKEMIA & LYMPHOMA SOCIETY INC 11840 NICHOLAS STREET SUITE 215 OMAHA, NE 68154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN-LANCASTER COUNTY CHILD ADVO 5025 GARLAND ST LINCOLN, NE 68504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,750
MARIAN HIGH SCHOOL 7400 MILITARY AVENUE OMAHA, NE 68134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLARD PUBLIC SCHOOLS FOUNDATION I 5225 S 159TH AVE OMAHA, NE 68135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MOSAIC4980 S 118TH ST OMAHA, NE 681372200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,050
MOSAIC4980 S 118TH ST OMAHA, NE 681372200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	648
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL ARBOR DAY FOUNDATION PO BOX 80208 LINCOLN, NE 68501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEBRASKA CHILDRENS HOME SOCIETY INC 4939 S 118TH ST OMAHA, NE 681372213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEBRASKA COMMUNITY FOUNDATION PO BOX 83107 LINCOLN, NE 685013107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NEBRASKA COUNCIL ON ECONOMIC EDUCAT 730 N 14TH STREET 525G LINCOLN, NE 68588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NET FOUNDATION FOR RADIO 1800 N 33RD ST LINCOLN, NE 685031409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
NEW CASSEL FOUNDATION OMAHA NEBRASK 900 N 90TH ST OMAHA, NE 681142704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAPILLION LAVISTA SCHOOLS FOUNDATIO 242 WEST GRANT STREET PAPILLION, NE 68046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
PENNSYLVANIA COLONY HISTORICAL SOCI 14721 LAUREL PLAZA OMAHA, NE 68116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROJECT HARMONY-HAVEN FOR ABUSE RES 11949 Q ST OMAHA, NE 681373503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONCALLI CATHOLIC HIGH SCHOOL 6401 SORENSEN PKWY OMAHA, NE 681522241	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,000
RTC WEST178 SUDYKA BOYS TOWN, NE 68010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SENASE PROJECT INC1210 SCHMID DR SCOTTSBLUFF, NE 693614166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA FRANCIS HOUSE PO BOX 217-DTS OMAHA, NE 681010217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
ST PATRICK'S CATHOLIC SCHOOL 20500 W MAPLE ROAD ELKHORN, NE 68022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,150
ST PATRICK'S CATHOLIC SCHOOL 20500 W MAPLE ROAD ELKHORN, NE 68022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PATRICK'S CATHOLIC SCHOOL 20500 W MAPLE ROAD ELKHORN, NE 68022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
ST PATRICK'S CATHOLIC SCHOOL 20500 W MAPLE ROAD ELKHORN, NE 68022	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
ST STEPHEN THE MARTYR SCHOOL 16701 S ST OMAHA, NE 68135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST STEPHEN THE MARTYR SCHOOL 16701 S ST OMAHA, NE 68135	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
SUBURBAN ROTARY CHARITABLE FOUNDATI 4089 S 84TH ST PMB 317 OMAHA, NE 681271701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SUBURBAN ROTARY CHARITABLE FOUNDATI 4089 S 84TH ST PMB 317 OMAHA, NE 681271701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUBURBAN ROTARY CHARITABLE FOUNDATI 4089 S 84TH ST PMB 317 OMAHA, NE 681271701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SUBURBAN ROTARY CHARITABLE FOUNDATI 4089 S 84TH ST PMB 317 OMAHA, NE 681271701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY10755 BURT ST OMAHA, NE 68114	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,750
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
VISION PARTNERS 17465 RIVIERA DRIVE OMAHA, NE 68136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
VISION PARTNERS 17465 RIVIERA DRIVE OMAHA, NE 68136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871181	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871181	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 687871181	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE COMMUNITY SCHOOLS FOUNDATI 909 S 76TH ST OMAHA, NE 681144519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BLVD SUITE 103 OMAHA, NE 68137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BLVD SUITE 103 OMAHA, NE 68137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BLVD SUITE 103 OMAHA, NE 68137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
WOUNDED WARRIORS FAMILY SUPPORT INC 11218 JOHN GALT BLVD SUITE 103 OMAHA, NE 68137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
AMERICAN CANCER SOCIETY INC 2 COMMERCE DRIVE SUITE 110 BEDFORD, NH 03110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2 COMMERCE DRIVE SUITE 110 BEDFORD, NH 03110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
AMERICAN CANCER SOCIETY INC 2 COMMERCE DRIVE SUITE 110 BEDFORD, NH 03110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
AMERICAN HEART ASSOCIATION INC 2 WALL STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2 MAITLAND ST CONCORD, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN YOUTH FOUNDATION 147 CANAAN RD CTR TUFTNBORO, NH 038165064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN YOUTH FOUNDATION 147 CANAAN RD CTR TUFTNBORO, NH 038165064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDOVER SERVICE CLUB INC PO BOX 22 ANDOVER, NH 032160022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANDOVER SERVICE CLUB INC PO BOX 22 ANDOVER, NH 032160022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BANNU INC100 MAIN STREET BERLIN, NH 035702538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 555 AUBURN STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BEST BUDDIES INTERNATIONAL INC 555 AUBURN STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BEST BUDDIES INTERNATIONAL INC 555 AUBURN STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 555 AUBURN STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
BIG BROTHERS BIG SISTERS OF NEW HAM 3 PORTSMOUTH AVENUE 2 STRATHAM, NH 03885	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUB OF CENTRAL NEW HA 55 BRADLEY ST CONCORD, NH 033016439	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF GREATER NASHUA ONE POSITIVE PLACE NASHUA, NH 030603165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BOYS & GIRLS CLUB OF GREATER NASHUA ONE POSITIVE PLACE NASHUA, NH 030603165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRIDGES DOMESTIC & SEXUAL VIOLENCE 33 EAST PEARL STREET NASHUA, NH 03060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
CHILD AND FAMILY SERVICES OF NEW HA 464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
CIRCLE PROGRAMPO BOX 815 PLYMOUTH, NH 032640815	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY ARTS NASHUAPO BOX 1603 NASHUA, NH 03061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CITY ARTS NASHUAPO BOX 970 NASHUA, NH 03061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
CITY ARTS NASHUAPO BOX 970 NASHUA, NH 03061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 101 MANCHESTER STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COCHECO VALLEY HUMANE SOCIETY INC 262 COUNTY FARM ROAD DOVER, NH 03820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COCHECO VALLEY HUMANE SOCIETY INC 262 COUNTY FARM ROAD DOVER, NH 03820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COCHECO VALLEY HUMANE SOCIETY INC 262 COUNTY FARM ROAD DOVER, NH 03820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
COCKER SPANIEL RESCUE OF NEW ENGLAN PO BOX 162 GREENFIELD, NH 030470162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
COCKER SPANIEL RESCUE OF NEW ENGLAN PO BOX 162 GREENFIELD, NH 030470162	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL THEATRE GROUP INC 95 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
COMMUNITY COLLEGE SYSTEM OF NEW HAM 26 COLLEGE DR CONCORD, NH 033017425	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	33,333
CONCORD HOSPITAL TRUST 250 PLEASANT ST CONCORD, NH 033017539	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORD REGIONAL VISITING NURSE ASS 30 PILLSBURY STREET CONCORD, NH 03301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CONWAY AREA HUMANE SOCIETY PO BOX 260 CONWAY, NH 038180260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
CONWAY AREA HUMANE SOCIETY PO BOX 260 CONWAY, NH 038180260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSS ROADS HOUSE INC 600 LAFAYETTE RD PORTSMOUTH, NH 038015435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CROSS ROADS HOUSE INC 600 LAFAYETTE RD PORTSMOUTH, NH 038015435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CROSS ROADS HOUSE INC 600 LAFAYETTE RD PORTSMOUTH, NH 038015435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CYSTIC FIBROSIS FOUNDATION 114 PERIMETER RD UNIT GH NASHUA, NH 030631301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
DARTMOUTH-HITCHCOCK HEALTH CHAD COMMUNITY RELATIONS LEBANON, NH 03756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARTMOUTH-HITCHCOCK HEALTH CHAD COMMUNITY RELATIONS LEBANON, NH 03756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DARTMOUTH-HITCHCOCK HEALTH CHAD COMMUNITY RELATIONS LEBANON, NH 03756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DERRYFIELD SCHOOL2108 RIVER ROAD MANCHESTER, NH 031041302	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISABLED SPORTS USA 719 CHERRY VALLEY RD GILFORD, NH 03249	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DISMAS HOME OF NEW HAMPSHIRE INC 102 FOURTH STREET MANCHESTER, NH 03102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
DUBLIN SCHOOL PO BOX 522 18 LEHMANN WAY DUBLIN, NH 034440522	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUBLIN SCHOOL PO BOX 522 18 LEHMANN WAY DUBLIN, NH 034440522	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,500
DUBLIN SCHOOL PO BOX 522 18 LEHMANN WAY DUBLIN, NH 034440522	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EASTER SEALS NEW HAMPSHIRE INC 555 AUBURN ST MANCHESTER, NH 031034800	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
END 68 HOURS OF HUNGERPO BOX 676 SOMERSWORTH, NH 038780676	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
END 68 HOURS OF HUNGERPO BOX 676 SOMERSWORTH, NH 038780676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE OF GREATER NASHUA IN 180 LOWELL ROAD HUDSON, NH 03051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FELINE FRIENDS RESCUE ADOPTION LEAG PO BOX 2452 SALEM, NH 030791150	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELINE FRIENDS RESCUE ADOPTION LEAG PO BOX 2452 SALEM, NH 030791150	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
FIT-NHNH INC122 MARKET STREET MANCHESTER, NH 03101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
FIT-NHNH INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIT-NHNH INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FIT-NHNH INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
FIT-NHNH INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIT-NHNH INC 199 MANCHESTER STREET MANCHESTER, NH 03103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 03103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 031011132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 03103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 031011132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 03103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR INSPIRATION AND RECOGNITION OF 200 BEDFORD ST MANCHESTER, NH 031011132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 034610060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FRIENDS FOREVER1 MORGAN WAY DURHAM, NH 03824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF RECOVERY NEW HAMPSHIRE PO BOX 358 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE MANCHESTER ANIMAL SH 490 DUNBARTON ROAD MANCHESTER, NH 031020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS PROGRAM INC 202 NORTH STATE STREET CONCORD, NH 033012509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
GIRLS INCORPORATED OF NEW HAMPSHIRE 815 ELM ST SUITE 3B MANCHESTER, NH 031011933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN NEW HAMPSHIRE 137-1 WATER STREET EXETER, NH 03833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GRANITE STATE PAW RESCUERS 5 UPTON LN GOFFSTOWN, NH 030452222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	423
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	399
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	303
GRANITE UNITED WAY 22 CONCORD STREET FLOOR 2 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	151
GRASSROOT SOCCER INC 15 LEBANON ST HANOVER, NH 03755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRASSROOT SOCCER INC 15 LEBANON ST HANOVER, NH 03755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
GREATER DERRY HUMANE SOCIETY INC PO BOX 142 EAST DERRY, NH 030410142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	258
GREATER SEACOAST COMMUNITY HEALTH 100 CAMPUS DRIVE SUITE 12 PORTSMOUTH, NH 03801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARBOR HOMES INC45 HIGH STREET NASHUA, NH 03060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HEALTHCARE NEPAL INC 602 MOUNT ISRAEL ROAD CENTER SANDWICH, NH 03227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOLDERNESS SCHOOLPO BOX 1879 PLYMOUTH, NH 03264	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLDERNESS SCHOOLPO BOX 1879 PLYMOUTH, NH 03264	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HOLDERNESS SCHOOLPO BOX 1879 PLYMOUTH, NH 03264	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
HOME HEALTH & HOSPICE CARE 7 EXECUTIVE PARK DRIVE MERRIMACK, NH 03054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORNE STREET SCHOOL PTG 78 HORNE ST DOVER, NH 03820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSING PARTNERSHIPPO BOX 466 PORTSMOUTH, NH 03802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INNOVATION NETWORK FOR COMMUNITIES 156 GROVER LANE TAMWORTH, NH 03886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 175 AMMON DRIVE SUITE 201 MANCHESTER, NH 03103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 175 AMMON DRIVE SUITE 201 MANCHESTER, NH 03103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JOHN & ANNA NEWTON PORTER FOUNDATIO PO BOX 325 ALTON BAY, NH 038100325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEENE HOUSING KIDS COLLABORATIVE 5 HARMONY LANE KEENE, NH 03431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIMBALL UNION ACADEMYPO BOX 188 MERIDEN, NH 037700188	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
KREMPELS CENTER 100 CAMPUS DRIVE SUITE 24 PORTSMOUTH, NH 038015892	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KROKA EXPEDITIONS767 FOREST RD MARLOW, NH 034560000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEBANON OPERA HOUSE IMPROVEMENT COR PO BOX 384 LEBANON, NH 037660384	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOON PRESERVATION COMMITTEE PO BOX 604 MOULTONBOROUGH, NH 032540604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
M & D PRODUCTIONS 1857 WHITE MOUNTAIN HWY PMB 134 NORTH CONWAY, NH 03860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACDOWELL COLONY INC 100 HIGH STREET PETERBOROUGH, NH 03458	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
MAKE A WISH OF NEW HAMPSHIRE INC 814 ELM ST STE 300 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MAKE A WISH OF NEW HAMPSHIRE INC 814 ELM ST STE 300 MANCHESTER, NH 03101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH OF NEW HAMPSHIRE INC 814 ELM ST STE 300 MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH OF NEW HAMPSHIRE INC 814 ELM ST STE 300 MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MANCHESTER BOYS AND GIRLS CLUB 555 UNION ST MANCHESTER, NH 031044840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,925
MANCHESTER COMMUNITY HEALTH CENTER 145 HOLLIS STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER COMMUNITY HEALTH CENTER 145 HOLLIS STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
MANCHESTER COMMUNITY MUSIC SCHOOL 2291 ELM ST MANCHESTER, NH 031042213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MANCHESTER NEIGHBORHOOD HOUSING SER PO BOX 3968 MANCHESTER, NH 03105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARGUERITES PLACE INC 87 PALM STREET NASHUA, NH 03060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MAYHEWPO BOX 120 BRISTOL, NH 03222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MAYHEWPO BOX 120 BRISTOL, NH 03222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONADNOCK FAMILY SERVICES 64 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MONADNOCK FAMILY SERVICES 64 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
MONADNOCK FAMILY SERVICES 64 MAIN ST KEENE, NH 03431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONADNOCK REGION HUMANE SOCIETY 101 WEST SWANZEY ROAD SWANZEY, NH 03446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
MONADNOCK REGION HUMANE SOCIETY 101 WEST SWANZEY ROAD SWANZEY, NH 03446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
MOUNT WASHINGTON OBSERVATORY PO BOX 2310 NORTH CONWAY, NH 038602310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 03278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	97
MT KEARSARGE INDIAN MUSEUM PO BOX 142 WARNER, NH 03278	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	298
NASHUA CHILDRENS HOME NASHUA CHILDRENS HOME NASHUA, NH 03064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHUA SOUP KITCHEN AND SHELTER INC 2 QUINCY ST NASHUA, NH 030613116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
NEW ENGLAND COLLEGE 98 BRIDGE STREET HENNIKER, NH 03242	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 03251	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 03251	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
NEW ENGLAND DISABLED SPORTS FOUNDAT PO BOX 26 LINCOLN, NH 03251	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
NEW ENGLAND PARKINSONS RIDE PO BOX 1124 MERRIMACK, NH 030541124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ENGLAND SKI MUSEUM 135 TRAMWAY DRIVE FRANCONIA, NH 035804403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEW HAMPSHIRE ANTIQUARIAN SOCIETY 300 MAIN ST HOPKINTON, NH 032292627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW HAMPSHIRE ANTIQUARIAN SOCIETY 300 MAIN ST HOPKINTON, NH 032292627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE CATHOLIC CHARITIES IN 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NEW HAMPSHIRE CATHOLIC CHARITIES IN 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NEW HAMPSHIRE CATHOLIC CHARITIES IN 215 MYRTLE ST MANCHESTER, NH 03104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE CATHOLIC CHARITIES IN 215 MYRTLE ST MANCHESTER, NH 03104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 033014005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NEW HAMPSHIRE HUMANITIES COUNCIL IN 117 PLEASANT STREET CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPSHIRE PEACE ACTION EDUCATIO 4 PARK STREET SUITE 304 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW HAMPSHIRE SPCAPO BOX 196 STRATHAM, NH 038850196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW HAMPSHIRE SPCAPO BOX 196 STRATHAM, NH 038850196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HAMPTON SCHOOL 70 MAIN STREET NEW HAMPTON, NH 032564243	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NH-JAG175 AMMON DR UNIT 212 MANCHESTER, NH 031033311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
NHSPCA TRUSTPO BOX 196 STRATHAM, NH 038850196	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTRY CENTER FOR THE ARTS I PO BOX 1060 LINCOLN, NH 032511060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NORTH COUNTRY CENTER FOR THE ARTS I PO BOX 1060 LINCOLN, NH 032511060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTHWOOD LAKE WATERSHED ASSN PO BOX 152 NORTHWOOD, NH 032610152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPL CHARITIES 1000 MARKET ST UNIT 1 300 PORTSMOUTH, NH 038013358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
PATRIOT SIBERIAN HUSKY PROTECTION L 684 BRIDGEWATER HILL RD PLYMOUTH, NH 03264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,650
PHILLIPS EXETER ACADEMY 20 MAIN STREET GIFT RECORDING EXETER, NH 038332438	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PINE HAVEN BOYS CENTER FOUNDATION PO BOX 162 ALLENSTOWN, NH 032750162	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POPE MEMORIAL SPCA OF CONCORD MERRI 94 SILK FARM RD CONCORD, NH 033018301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PROCTOR ACADEMYPO BOX 500 ANDOVER, NH 032160500	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
PROCTOR ACADEMYPO BOX 500 ANDOVER, NH 032160500	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROCTOR ACADEMYPO BOX 500 ANDOVER, NH 032160500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RIVIER UNIVERSITY 420 SOUTH MAIN STREET NASHUA, NH 030605043	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ROC USA LLC 6 LOUDON ROAD SUITE 501 CONCORD, NH 033013741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ANSELM COLLEGE 100 SAINT ANSELM DRIVE MANCHESTER, NH 031021310	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,050
SALEM ANIMAL RESCUE LEAGUE 4 SARL DR SALEM, NH 030794244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SEACOAST SCIENCE CENTER INC 570 OCEAN BOULEVARD RYE, NH 038702104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARE OUTREACH INCORPORATED 1 COLUMBUS AVE MILFORD, NH 030554778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHILOH COMMUNITY CHURCH INC 55 EDMOND ST MANCHESTER, NH 03102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SHILOH COMMUNITY CHURCH INC 55 EDMOND ST MANCHESTER, NH 03102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR THE PROTECTION OF NEW H 54 PORTSMOUTH STREET CONCORD, NH 033015486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOCIETY FOR THE PROTECTION OF NEW H 54 PORTSMOUTH STREET CONCORD, NH 033015486	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
SOUTHERN NEW HAMPSHIRE MEDICAL CENT 21 EAST HOLLIS STREET NASHUA, NH 03060	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW HAMPSHIRE INC 650 ELM STREET 2ND FLOOR MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPECIAL OLYMPICS NEW HAMPSHIRE INC 650 ELM STREET 2ND FLOOR MANCHESTER, NH 03101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
ST ANDRE BESSETTE PARISH 277 UNION AVENUE LACONIA, NH 03246	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
ST PAULS SCHOOL325 PLEASANT ST CONCORD, NH 033012552	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
STUDENT CONSERVATION ASSOCIATION IN 689 RIVER ROAD CHARLESTOWN, NH 03603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENT CONSERVATION ASSOCIATION IN 689 RIVER ROAD CHARLESTOWN, NH 03603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
STUDENT CONSERVATION ASSOCIATION IN 689 RIVER ROAD CHARLESTOWN, NH 03603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE CHILDRENS MUSEUM OF NEW HAMPSHI 6 WASHINGTON ST DOVER, NH 038203814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 121 CEDAR STREET MANCHESTER, NH 03101	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE UPPER ROOM A FAMILY RESOURCE CE 36 TSIENNETO ROAD DERRY, NH 03038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
THE WAY HOME INC214 SPRUCE ST MANCHESTER, NH 031034813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY HIGH SCHOOL581 BRIDGE ST MANCHESTER, NH 031045395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
TRINITY HIGH SCHOOL581 BRIDGE ST MANCHESTER, NH 031045395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TRINITY HIGH SCHOOL581 BRIDGE ST MANCHESTER, NH 031045395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY HIGH SCHOOL581 BRIDGE ST MANCHESTER, NH 031045395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	501
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,525
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,122
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,639
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037552112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,631
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037552112	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF DARTMOUTH COLLEGE 6068 BLUNT ALUMNI CTR HANOVER, NH 037553548	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE GIFT RECORDING OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,365
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 037554400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNING POINTS NETWORK 11 SCHOOL ST CLAREMONT, NH 037432561	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF GREATER NASHUA INC 20 BROAD STREET NASHUA, NH 030642039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038012882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
UNITED WAY OF MASSACHUSETTS BAY INC 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038012882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
UNITED WAY OF MASSACHUSETTS BAY INC 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038012882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MASSACHUSETTS BAY INC 112 CORPORATE DRIVE UNIT 3 PORTSMOUTH, NH 038012882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
UNIVERSITY OF NEW HAMPSHIRE FOUNDAT 9 EDGEWOOD ROAD ELLIOTT ALUMNI CENTER DURHAM, NH 03824	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF NEW HAMPSHIRE FOUNDAT 9 EDGEWOOD RD ELLIOT ALUMNI CTR DURHAM, NH 038240000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY SYSTEM OF NEW HAMPSHIRE UNIVERSITY ADVANCEMENT MSC 50 17 HIGH STREET PLYMOUTH, NH 03264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WARNER HISTORICAL SOCIETY PO BOX 189 WARNER, NH 032780189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WATER PROJECT INC 17 DEPOT ST STE 2 CONCORD, NH 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER PROJECT INC 17 DEPOT ST STE 2 CONCORD, NH 03301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,017
WATER PROJECT INC 17 DEPOT ST STE 2 CONCORD, NH 03301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
WATER PROJECT INC 17 DEPOT ST STE 2 CONCORD, NH 03301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER PROJECT INC 17 DEPOT ST STE 2 CONCORD, NH 03301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
WATERVILLE VALLEY ADAPTIVE SPORTS PO BOX 505 WATERVL VLY, NH 032150505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WATERVILLE VALLEY BLACK & BLUE TRAI PO BOX 277 WATERVILLE VALLEY, NH 032150277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYPOINT464 CHESTNUT STREET MANCHESTER, NH 03105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
WILLIAM LAWRENCE CAMP INC PO BOX 52 CENTER TUFTONBORO, NH 03816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WOMENAID OF GREATER PORTSMOUTH PO BOX 4154 PORTSMOUTH, NH 038024154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION CA PO BOX 1546 WOLFEBORO, NH 038940000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION YM PO BOX 185 GRANTHAM, NH 037530185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
101 INC151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
101 INC151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
180 TURNING LIVES AROUND INC 1 BETHANY RD BUILDING 3 SUITE 42 HAZLET, NJ 07730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
180 TURNING LIVES AROUND INC 1 BETHANY RD BUILDING 3 SUITE 42 HAZLET, NJ 07730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
180 TURNING LIVES AROUND INC 1 BETHANY RD BUILDING 3 SUITE 42 HAZLET, NJ 07730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
180 TURNING LIVES AROUND INC 1 BETHANY RD BUILDING 3 SUITE 42 HAZLET, NJ 07730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
200 CLUB OF OCEAN COUNTY INC PO BOX 1749 POINT PLEASANT BEACH, NJ 087421749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
21 PLUS FOUNDATION INC 1900 ROUTE 70 STE 12 MANCHESTER, NJ 087594627	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
4 PAWS DOG RESCUE6 KINGS CT NEWFIELD, NJ 083445580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
4 PAWS DOG RESCUE6 KINGS CT NEWFIELD, NJ 083445580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF SAINT ELIZABETH PO BOX 297 CONVENT STATION, NJ 07961	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ACADEMY OF THE HOLY ANGELS 315 HILLSIDE AVENUE DEMAREST, NJ 07627	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ACHIEVE FOUNDATION OF SOUTH ORANGE PO BOX 1084 MAPLEWOOD, NJ 070400084	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT-A-SOLDIER PLATOON INC PO BOX 1111 FAIR LAWN, NJ 074101111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ADVANCING OPPORTUNITIES INC 1005 WHITEHEAD ROAD EXTENSION SUITE 1 EWING, NJ 08638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AFFORDABLE HOUSING ALLIANCE INC 3535 R 66 PARKWAY 100 COMPLEX BLD 4 NEPTUNE, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN PEOPLE & WILDLIFE FUND INC PO BOX 624 BERNARDSVILLE, NJ 07924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AGE-OUT ANGELS FOUNDATION 9 LAKE VIEW TERRACE COLUMBUS, NJ 08022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
AHEPA SERVICE DOGS FOR WARRIORS INC PO BOX 724 HOLMDEL, NJ 077330735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIM FOR A TWO Z INCP O BOX 32 PENNINGTON, NJ 08534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALCOVE CENTER FOR GRIEVING CHILDREN 376 TILTON ROAD - REAR NORTHFIELD, NJ 082251235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALEXANDER HAMILTON SCHOOL 380 HARRISTOWN ROAD GLEN ROCK, NJ 074522812	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALJIRA INC591 BROAD ST NEWARK, NJ 071024403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ALJIRA INC591 BROAD ST NEWARK, NJ 071024403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ALL SAINTS EPISCOPAL DAY SCHOOL 707 WASHINGTON STREET HOBOKEN, NJ 070305001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLENTOWN FIRST AID SQUAD INC PO BOX 252 ALLENTOWN, NJ 085010252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALPINE LEARNING GROUP INC 777 PARAMUS RD PARAMUS, NJ 076521710	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 3 EVES DRIVE MARLTON, NJ 080533431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 3 EVES DRIVE MARLTON, NJ 080533431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 3 EVES DRIVE MARLTON, NJ 080533431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 23 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
ALZHEIMERS NEW JERSEY INC 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
ALZHEIMERS NEW JERSEY INC 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS NEW JERSEY INC 425 EAGLE ROCK AVE STE 203 ROSELAND, NJ 07068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	516
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	890
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	795
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2310 RTE 34 STE 1D MANASQUAN, NJ 08736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	186
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE SUITE 103 CEDAR KNOLLS, NJ 07827	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 7 RIDGEDALE AVE STE 103 CEDAR KNOLLS, NJ 079271120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN CANCER SOCIETY INC 986 S SPRINGFIELD AVE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 1851 OLD CUTHBERT RD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	328
AMERICAN CIVIL LIBERTIES UNION OF N PO BOX 32159 NEWARK, NJ 071020559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 575 ROUTE 28 BLDG 2 2107 RARITAN, NJ 08869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
AMERICAN DIABETES ASSOCIATION INC 575 ROUTE 28 BLDG 2 2107 RARITAN, NJ 08869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 575 ROUTE 28 BLDG 2 2107 RARITAN, NJ 08869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	528
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 575 ROUTE 28 BLDG 2 2107 RARITAN, NJ 08869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
AMERICAN FRIENDS OF LEKET ISRAEL IN PO BOX 2090 TEANECK, NJ 07666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF YAD ELIEZER INC 410 GLENN ROAD JACKSON, NJ 08527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,088
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	835
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	783
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	973
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 1 UNION STREET SUITE 301 ROBBINSVILLE, NJ 08691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	193
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN IRISH ASSOCIATION OF WOODB 636 WEST AVE SEWAREN, NJ 07077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN LITTORAL SOCIETY 18 HARTSHORNE DR HIGHLANDS, NJ 077324033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD STE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN NATIONAL RED CROSS 695 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD STE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	590
AMERICAN NATIONAL RED CROSS 695 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD STE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 695 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 1540 WEST PARK AVENUE OCEAN, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
AMERICAN NATIONAL RED CROSS 1540 WEST PARK AVENUE OCEAN, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD SUITE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN NATIONAL RED CROSS 209 FAIRFIELD ROAD FAIRFIELD, NJ 07004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN NATIONAL RED CROSS 707 ALEXANDER RD STE 101 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 695 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN NATIONAL RED CROSS 1540 WEST PARK AVENUE OCEAN, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	99
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS GROW A ROW INC 150 PITTSTOWN RD PITTSTOWN, NJ 08867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMPLEHARVEST ORG24 CLOVER RD NEWFOUNDLAND, NJ 07435	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANANDA MANDIR INC 269 CEDAR GROVE LN SOMERSET, NJ 088735212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANANDA MANDIR INC 269 CEDAR GROVE LN SOMERSET, NJ 088735212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ANANDA MANDIR INC 269 CEDAR GROVE LN SOMERSET, NJ 088735212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,120
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR HOUSE FOUNDATION INC PO BOX 2357 TRENTON, NJ 08607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
ANCHOR HOUSE INC482 CENTRE ST TRENTON, NJ 086112332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,120
ANCHOR HOUSE INC482 CENTRE ST TRENTON, NJ 086112332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHOR HOUSE INC482 CENTRE ST TRENTON, NJ 086112332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ANCOP FOUNDATION USA INC 0-37 HAMLIN COURT FAIR LAWN, NJ 07410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,016
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCOP FOUNDATION USA INC 0-37 HAMLIN COURT FAIR LAWN, NJ 07410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	616
ANCOP FOUNDATION USA INC 8 TWIN LAKES DRIVE ENGLISHTOWN, NJ 07726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,188
ANCOP FOUNDATION USA INC 0-37 HAMLIN COURT FAIR LAWN, NJ 07410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	256
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCOP FOUNDATION USA INC 0-37 HAMLIN COURT FAIR LAWN, NJ 07410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	784
ANGEL PETS ANIMAL WELFARE SOCIETY I PO BOX 282 COLONIA, NJ 07067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANIMAL ALLIANCE OF BELLE MEAD PO BOX 546 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ALLIANCE OF BELLE MEAD PO BOX 546 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANIMAL PROTECTION LEAGUE OF NEW JER 21 HOLLOW ROAD GLEN GARDNER, NJ 08826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL RESCUE FORCE INC PO BOX 418 E BRUNSWICK, NJ 088160418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE FORCE INC PO BOX 418 E BRUNSWICK, NJ 088160418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL WELFARE ASSOCIATION INCORPOR 509 CENTENNIAL BLVD VOORHEES, NJ 080430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ANIMAL WELFARE ASSOCIATION INCORPOR 509 CENTENNIAL BLVD VOORHEES, NJ 080430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL WELFARE ASSOCIATION INCORPOR 509 CENTENNIAL BLVD VOORHEES, NJ 080430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
ANIMAL WELFARE ASSOCIATION INCORPOR 509 CENTENNIAL BLVD VOORHEES, NJ 080430000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
ANIMAL WELFARE SOCIETY OF CAMDEN CO 125 COUNTY HOUSE RD BLACKWOOD, NJ 080120000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMALS IN DISTRESS INC 24 DODGE DRIVE HAMILTON, NJ 08610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ANNANDALE VOLUNTEER HOSE COMPANY NO 68 BEAVER AVE ANNANDALE, NJ 088013065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AN-NOOR ACADEMY INC 1000 HOES LN E PISCATAWAY, NJ 088545090	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANSHE EMETH COMMUNITY DEVELOPMENT C 222 LIVINGSTON AVE NEW BRUNSWICK, NJ 089013061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
ANSHE EMETH COMMUNITY DEVELOPMENT C 222 LIVINGSTON AVE NEW BRUNSWICK, NJ 089013061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
ANTLER RIDGE WILD LIFE SANCTUARY 52 COUNTY RD 661 NEWTON NJ, NJ 07860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC HOUSING OF UNION COUNTY INC 70 DIAMOND ROAD SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARC OF NEW JERSEY INC 223 MOORE ST HACKENSACK, NJ 076017402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARCHDIOCESE OF NEWARK 171 CLIFTON AVE NEWARK, NJ 07104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCOLA KOREAN UNITED METHODIST CHUR 52 S PARAMUS RD PARAMUS, NJ 076521217	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ARM IN ARM INC 123 E HANOVER STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
ARM IN ARM INC 123 E HANOVER STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARM IN ARM INC 123 E HANOVER STREET TRENTON, NJ 08608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
ARM IN ARM INC 123 E HANOVER STREET TRENTON, NJ 08608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,133
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,591
ARMS WIDE OPEN CHILDHOOD CANCER FOU PO BOX 258 MARLBORO, NJ 07746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,569
ARSHA BODHA CENTER A NEW JERSEY NON 84 CORTELYOU LANE SOMERSET, NJ 08873	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART HOUSE PRODUCTIONS INC PO BOX 3264 JERSEY CITY, NJ 07303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ART HOUSE PRODUCTIONS INC PO BOX 3264 JERSEY CITY, NJ 07303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH SUITE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH SUITE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH SUITE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH SUITE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 555 ROUTE 1 SOUTH SUITE 220 ISELIN, NJ 08830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ARTS UNBOUND INC544 FREEMAN ST ORANGE, NJ 07050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASBURY PARK MUSIC FOUNDATION INC 621 LAKE AVENUE UNIT 1C ASBURY PARK, NJ 077121396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,483
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISI PERFORMING ARTS INC PO BOX 53 SUMMIT, NJ 079020053	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED HUMANE SOCIETIES INC 124 EVERGREEN AVE NEWARK, NJ 07114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
ASSOCIATED HUMANE SOCIETIES INC 124 EVERGREEN AVE NEWARK, NJ 07114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
ASSOCIATED HUMANE SOCIETIES INC 124 EVERGREEN AVE NEWARK, NJ 07114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ASSOCIATED HUMANE SOCIETIES INC 1 HUMANE WAY FORKED RIVER, NJ 08731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ASSOCIATED HUMANE SOCIETIES INC 124 EVERGREEN AVE NEWARK, NJ 07114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATED HUMANE SOCIETIES INC 124 EVERGREEN AVE NEWARK, NJ 07114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ASSOCIATION OF NEW JERSEY ENVIRONME PO BOX 157 MENDHAM, NJ 079450157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ATLANTIC CAPE COMMUNITY COLLEGE 5100 BLACK HORSE PIKE MAYS LANDING, NJ 083302623	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATLANTIC CITY EDUCATION FOUNDATION PO BOX 7206 ATLANTIC CITY, NJ 084047206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AUBREY FOUNDATIONPO BOX 345 DAYTON, NJ 088100345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	799
AUBREY FOUNDATIONPO BOX 345 DAYTON, NJ 088100345	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AURICLE COMMUNICATIONS 43 MONTGOMERY ST FL 4 JERSEY CITY, NJ 07302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	996
AURICLE COMMUNICATIONS 43 MONTGOMERY ST FL 4 JERSEY CITY, NJ 07302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM NEW JERSEY INC 500 HORIZON DRIVE 530 ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM NEW JERSEY INC 500 HORIZON DRIVE 530 ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM NEW JERSEY INC 500 HORIZON DRIVE ROBBINSVILLE, NJ 086911917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AUTISM SOCIETY OF AMERICA 10 SHADOW OAK CT MOUNT LAUREL, NJ 080542113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	619
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	244
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,361
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,355
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,839
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,698
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	256
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1060 STATE ROAD 2ND FLOOR PRINCETON, NJ 085401423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	262
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AYATI - A NEW JERSEY NON-PROFIT COR PO BOX 298 SCOTCH PLAINS, NJ 070760298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BANCROFT NEUROHEALTH 1255 CALDWELL ROAD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BANCROFT NEUROHEALTH 1255 CALDWELL ROAD CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAOBAB HOME1301 MAGNOLIA LN BRANCHBURG, NJ 088766103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32,961
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,551
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21,102
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,501
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	41,052
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPS CHARITIES INC 81 SUTTONS LN STE 201 PISCATAWAY, NJ 088545723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
BEAUTY FOUNDATION FOR WOMENS CANCER 788 SHREWSBURY AVENUE 2197 TINTON FALLS, NJ 07724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BEAUTY FOUNDATION FOR WOMENS CANCER 788 SHREWSBURY AVENUE 2197 TINTON FALLS, NJ 07724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERGEN CATHOLIC HIGH SCHOOL 1040 ORADELL AVENUE ORADELL, NJ 07649	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
BERKELEY HEIGHTS PARENT TEACHER ORG 457 BAYBERRY LANE MOUNTAINSIDE, NJ 07092	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BERNARDSVILLE LIBRARY FOUNDATION IN 1 ANDERSON HILL RD BERNARDSVILLE, NJ 079242350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,705
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND THE WALLS INCPO BOX 525 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
BIG BROTHERS BIG SISTERS OF ATLANTI 450 TILTON ROAD NORTHFIELD, NJ 082251256	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	479
BIG BROTHERS BIG SISTERS OF ATLANTI 450 TILTON RD STE 214 NORTHFIELD, NJ 08225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF MERCER 535 E FRANKLIN ST 2ND FL TRENTON, NJ 08610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BISHOP EUSTACE PREP SCHOOL 5552 ROUTE 70 PENNSAUKEN, NJ 081094739	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	8,250
BISHOP EUSTACE PREP SCHOOL 5552 ROUTE 70 PENNSAUKEN, NJ 081094739	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOPRIC OF PUBLIC ECUMENICAL AND PO BOX 384 CEDAR GROVE, NJ 070090384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	950
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BLAIR ACADEMYPO BOX 600 BLAIRSTOWN, NJ 078250600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLINKNOW FOUNDATION A NJ NONPROFITC PO BOX 453 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BONNIE BRAE3415 VALLEY RD LIBERTY CORNER, NJ 079380000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOONTON MAIN STREET620 MAIN ST BOONTON, NJ 070051717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
BOONTON MAIN STREET620 MAIN ST BOONTON, NJ 070051717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOONTON MAIN STREET620 MAIN ST BOONTON, NJ 070051717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD OAKLAND, NJ 074361709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD OAKLAND, NJ 07436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1518 RIDGEWAY RD TOMS RIVER, NJ 087554072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 693 RANCOCAS ROAD WESTAMPTON, NJ 08060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD PO BOX 670 OAKLAND, NJ 07436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
BOY SCOUTS OF AMERICA 705 GINESI DR MORGANIVILLE, NJ 077511235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD PO BOX 670 OAKLAND, NJ 07436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
BOY SCOUTS OF AMERICA 1 SADDLE ROAD CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 25 RAMAPO VALLEY RD PO BOX 670 OAKLAND, NJ 07436	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MONMOUTH COUNT 1201 MONROE AVE ASBURY PARK, NJ 077126319	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUB OF VINELAND INC 560 CRYSTAL AVENUE VINELAND, NJ 08360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUBS IN NEW JERSEY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS IN NEW JERSEY 822 CLIFTON AVENUE CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
BOYS & GIRLS CLUBS OF GLOUCESTER CO PO BOX 742 GLASSBORO, NJ 08028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BOYS & GIRLS CLUBS OF HUDSON COUNTY 225 MORRIS BOULEVARD JERSEY CITY, NJ 07302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	22,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,500
BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,825
BOYS & GIRLS CLUBS OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32,500
BOYS AND GIRLS CLUB OF ATLANTIC CIT 215 N SOVEREIGN AVE ATLANTIC CITY, NJ 08401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF PATERSON AND 264 21ST AVENUE PATERSON, NJ 075013506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF UNION INC 1050 JEANETTE AVE UNION, NJ 070835909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUB OF UNION INC 1050 JEANETTE AVE UNION, NJ 070835909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BOYS AND GIRLS CLUBS OF NEWARK INC 1 AVON AVENUE NEWARK, NJ 07108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF NEWARK INC 1 AVON AVENUE NEWARK, NJ 07108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
BOYS AND GIRLS CLUBS OF NEWARK INC 1 AVON AVENUE NEWARK, NJ 07108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUBS OF NEWARK INC 1 AVON AVENUE NEWARK, NJ 07108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANCHBURG RESCUE SQUAD INC 113 RIVER ROAD BRANCHBURG, NJ 088763621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	86
BRANCHBURG RESCUE SQUAD INC 113 RIVER ROAD BRANCHBURG, NJ 088763621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BRANCHBURG RESCUE SQUAD INC 113 RIVER ROAD BRANCHBURG, NJ 088763621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVE BEGINNINGS INC 6 DARTMOUTH CT TINTON FALLS, NJ 077249756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRAYTON SCHOOL PTO89 TULIP ST SUMMIT, NJ 079013410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BREAKING THE CHAIN THROUGH EDUCATIO 38 MARION RD VERONA, NJ 070441213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST FRIENDS FOREVER INC PO BOX 926 MIDDLETOWN, NJ 077480926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
BRIDGES OUTREACH INCPO BOX 1444 SUMMIT, NJ 079021444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
BRIDGES OUTREACH INCPO BOX 1444 SUMMIT, NJ 079021444	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES OUTREACH INCPO BOX 1444 SUMMIT, NJ 079021444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
BRIELLE COMMUNITY LIBRARYASSCIATION 610 SOUTH ST BRIELLE, NJ 087301535	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BROOKE HEALEY FOUNDATION 31 LINDSLEY RD BASKING RIDGE, NJ 079204023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKSIDE ENGINE COMPANY NO 1 PO BOX 196 BROOKSIDE, NJ 079260196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	495
BURLINGTON TOWNSHIP FOOD PANTRY PO BOX 1394 BURLINGTON, NJ 080160994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
BURLINGTON TOWNSHIP FOOD PANTRY PO BOX 1394 BURLINGTON, NJ 080160994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURLINGTON TOWNSHIP FOOD PANTRY PO BOX 1394 BURLINGTON, NJ 080160994	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
BURLINGTON TOWNSHIP SPORTS CLUB FOU PO BOX 1650 BURLINGTON, NJ 080167250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CALAIS FOUNDATIONPO BOX 337 WHIPPANY, NJ 079810337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALLAN D COSTA FOUNDATION PO BOX 1877 POINT PLEASANT, NJ 08742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CALLING ALL CATS RESCUES INC 77 E VETERANS HWY JACKSON, NJ 085274522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
CAMP ACORN INCPO BOX 1383 PARAMUS, NJ 076531383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP NEJEDA FOUNDATION INC PO BOX 156 910 SADDLEBACK RD STILLWATER, NJ 078750000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
CAMP NEJEDA FOUNDATION INC PO BOX 156 910 SADDLEBACK RD STILLWATER, NJ 078750000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
CAMP NEJEDA FOUNDATION INC PO BOX 156 910 SADDLEBACK RD STILLWATER, NJ 078750000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SUNSHINE AND CAMP SNOWFLAKE IN 1700 ROUTE 23 SUITE 210 WAYNE, NJ 074707537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CAPE MAY COUNTY COUNCIL ON ALCOHOLI 3819 NEW JERSEY AVENUE WILDWOOD, NJ 08260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CAPE MAY COUNTY SPECIAL SERVICES SC 4 MOORE ROAD DN 704 CAPE MAY COURT HOUSE, NJ 08210	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	629
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE MAY COUNTY SPECIAL SERVICES SC 4 MOORE ROAD DN 704 CAPE MAY COURT HOUSE, NJ 08210	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	700
CAPE REGIONAL MEDICAL CENTER FOUNDATION--2 STONE HARBOR BLVD CAPE MAY CH, NJ 082102138	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CARE AND TREATMENT OF STRAYS INC 372 FRANKLIN AVENUE - POBOX 110184 NUTLEY, NJ 071102516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL SOUP KITCHEN INC 1514 FEDERAL STREET CAMDEN, NJ 08105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CATHEDRAL SOUP KITCHEN INC 1514 FEDERAL STREET CAMDEN, NJ 08105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CATHEDRAL SOUP KITCHEN INC 1514 FEDERAL STREET CAMDEN, NJ 08105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CATHOLIC CHARITIES- DIOCESE OF METU PO BOX 4000 METUCHEN, NJ 08840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE STREET PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,429
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE STREET PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES- DIOCESE OF METU 319 MAPLE ST PERTH AMBOY, NJ 08861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	318
CATHOLIC CHARITIES DIOCESE OF TRENT 383 W STATE ST TRENTON, NJ 086185705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF TRENT 383 W STATE ST TRENTON, NJ 086185705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CATHOLIC CHARITIES DIOCESE OF TRENT 132 N WARREN ST TRENTON, NJ 08608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC CHARITIES DIOCESE OF TRENT 383 W STATE ST TRENTON, NJ 086185705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7 STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7TH STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7 STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	98
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7TH STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7 STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CATHOLIC CHARITIES OF THE ARCHDIOCE 590 NORTH 7TH STREET NEWARK, NJ 07107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATSBURY PARK INC 708 COOKMAN AVE ASBURY PARK, NJ 077127008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATSBURY PARK INC 708 COOKMAN AVE ASBURY PARK, NJ 077127008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CELEBRATE THE CHILDREN INC 230 DIAMOND SPRING ROAD SUITE 300 DENVILLE, NJ 07834	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR FAMILY SERVICES INC 584 BENSON STREET CAMDEN, NJ 08103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CENTER FOR FAMILY SERVICES INC 584 BENSON STREET CAMDEN, NJ 08103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	198
CENTER FOR NON PROFIT CORPORATIONS 3635 QUAKERBRIDGE ROAD SUITE 35 MERCERVILLE, NJ 08619	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL JERSEY HINDU ASSOCIATION 4240 ROUTE 27 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
CENTRAL JERSEY HOUSING RESOURCE CEN 600 FIRST AVENUE SUITE 3 RARITAN, NJ 088691346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CFC LOUD N CLEAR FOUNDATION 260 CASINO DR FARMINGDALE, NJ 077273568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD TORAH CENTER OF PASSAIC COUN 194 RATZER ROAD WAYNE, NJ 07470	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	230
CHAPIN SCHOOL4101 PRINCETON PIKE PRINCETON, NJ 08540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
CHARITY NAVIGATOR 139 HARRISTOWN RD STE 101 GLEN ROCK, NJ 074523304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES SELLER FOUNDATION PO BOX 1503 BLOOMFIELD, NJ 070031503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHATHAM EMERGENCY SQUAD INC 45 SPRING ST CHATHAM, NJ 079281612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CHATHAM EMERGENCY SQUAD INC 45 SPRING ST CHATHAM, NJ 079281612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHERRY HILL HIGH SCHOOL EAST 1750 KRESSON ROAD CHERRY HILL, NJ 08003	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
CHEVRA HATZALAH OF ELIZABETH CORP 167 SUMMIT RD ELIZABETH, NJ 072081150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
CHEVRA HATZALAH OF ELIZABETH CORP 167 SUMMIT RD ELIZABETH, NJ 072081150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEVRA HATZALAH OF ELIZABETH CORP 167 SUMMIT RD ELIZABETH, NJ 072081150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7
CHILDHOOD LEUKEMIA AND LYMPHOMA FOU 6 DIVISION ST SOMERVILLE, NJ 088762902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDHOOD LEUKEMIA FOUNDATION INC 807 MANTOLOKING RD BRICK, NJ 08723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BRAIN TUMOR FAMILY FOUNDA PO BOX 65 MOUNT TABOR, NJ 07878	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS DYSLEXIA CENTERS INC 103 DUNNS MILL ROAD BORDENTOWN, NJ 08505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOME SOCIETY OF NEW JERSE 635 S CLINTON AVE TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF NEW JERSE 635 S CLINTON AVE TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILDRENS SPECIALIZED HOSPITAL 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS SPECIALIZED HOSPITAL FOUN 150 NEW PROVIDENCE ROAD MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILTON MEMORIAL HOSPITAL FOUNDATIO 97 W PARKWAY POMPTON PLNS, NJ 074441647	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
CHINESE AMERICAN CULTURAL ASSOCIATI PO BOX 4322 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CHINESE AMERICAN CULTURAL ASSOCIATI PO BOX 4322 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOOSE NEW JERSEY INC 201 ROCKINGHAM ROW PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHRIST THE KING REGIONAL SCHOOL 200 WINDSOR AVENUE HADDONFIELD, NJ 08033	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	659
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
CHRISTIAN BROTHERS ACADEMY 850 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,350
CHRISTIAN CARING CENTER PEMBERTON I PO BOX 385 PEMBERTON, NJ 080680385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HEALTH CARE CENTER 301 SICOMAC AVENUE WYCKOFF, NJ 07481	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,070
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
CHRISTOPHER REEVE FOUNDATION A NEW 636 MORRIS TURNPIKE STE 3A SHORT HILLS, NJ 070782608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRYSALIS PROJECT INC 1215 MARTINE AVE PLAINFIELD, NJ 070602622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHRYSALIS PROJECT INC 1215 MARTINE AVE PLAINFIELD, NJ 070602622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CLEAN OCEAN ACTION INC 18 HARTSHORNE DRIVE SUITE 2 HIGHLANDS, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN OCEAN ACTION INC 18 HARTSHORNE DRIVE SUITE 2 HIGHLANDS, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CLEAN OCEAN ACTION INC 18 HARTSHORNE DRIVE SUITE 2 HIGHLANDS, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	61
CLEAN OCEAN ACTION INC 18 HARTSHORNE DRIVE SUITE 2 HIGHLANDS, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE CENTRAL INC ONE PALMER SQUARE SUITE 402 PRINCETON, NJ 08542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
CLIMATE CENTRAL INC ONE PALMER SQUARE SUITE 402 PRINCETON, NJ 08542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
COLLEENS CORNER INC 80 WINDING WAY WEST ORANGE, NJ 07052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEENS CORNER INC 80 WINDING WAY WEST ORANGE, NJ 07052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
COLLEGE MENS CLUB OF WESTFIELD PO BOX 841 WESTFIELD, NJ 070910841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLLEGE WOMENS CLUB OF CRANFORD 11 SPRINGFIELD AVE CRANFORD, NJ 070162116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLIER SERVICES160 CONOVER RD WICKATUNK, NJ 077650300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLLIER SERVICES160 CONOVER RD WICKATUNK, NJ 077650300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COMMON GROUND INC67 TAYLOR AVE MANASQUAN, NJ 087363022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	45
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	58
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES OF FAITH FOR HOUSING IN 300 BLOOMFIELD ST HOBOKEN, NJ 070304809	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
COMMUNITY ACCESS UNLIMITED INC 80 W GRAND STREET ELIZABETH, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
COMMUNITY ACCESS UNLIMITED INC 80 W GRAND STREET ELIZABETH, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	953
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 072052406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF NEW JERSEY I 31 EVANS TERMINAL HILLSIDE, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 079630338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 079630338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 079630338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 079630338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 079630338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOPE INC 959 ROUTE 46 EAST STE 402 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
COMMUNITY LOAN FUND OF NEW JERSEY 108 CHURCH ST NEW BRUNSWICK, NJ 089012002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY SJP A NEW JERSEY NONPROFI 26 MILLERS RUN DELRAN, NJ 08075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY SOUP KITCHEN AND OUTREACH 36 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMPREHENSIVE AUTISM ASSESSMENT AND 16 MT BETHEL ROAD BOX 321 WARREN, NJ 07059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMPUTER LITERACY PROGRAM VOLUNTEER 6 THARP LANE MARLBORO TOWNSHIP, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCORDIA LEARNING CENTER AT ST JOS 761 SUMMIT AVE JERSEY CITY, NJ 073073831	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CONGENITAL HEART DEFECT COALITION 45 CAREY AVENUE SUITE 106 BUTLER, NJ 07405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONNECTICUT FARMS PRESBYTERIAN CHUR 888 STUYVESANT AVENUE UNION, NJ 07083	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTION FOR WOMEN AND FAMILIES I 79 MAPLE ST SUMMIT, NJ 079012517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CONNECTION FOR WOMEN AND FAMILIES I 79 MAPLE ST SUMMIT, NJ 079012517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
CONTACT USA INCPO BOX 1121 TOMS RIVER, NJ 087541121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTENT CREATORS ACADEMY JERSEY CIT 201 MONTGOMERY ST APT 335 JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,030
COOKIES FOR KIDS CANCER 31 HOFFMANS CROSSING RD CALIFON, NJ 078304222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,575
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 078304222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COOPERS FERRY PARTNERSHIP INC 2 RIVERSIDE DRIVE SUITE 501 CAMDEN, NJ 081030000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORA HARTSHORN ARBORETUM AND BIRD S 324 FOREST DRIVE SOUTH SHORT HILLS, NJ 070782308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CORA HARTSHORN ARBORETUM AND BIRD S 324 FOREST DRIVE SOUTH SHORT HILLS, NJ 070782308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CORNERSTONE FAMILY PROGRAMS 80 WASHINGTON STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION FOR SUPPORTIVE HOUSING 224 MAIN STREET METUCHEN, NJ 08840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COUNCIL OF NEW JERSEY GRANTMAKERS I 111 WEST STATE STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COUNT BASIE THEATRE INC 99 MONMOUTH STREET RED BANK, NJ 07701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNT BASIE THEATRE INC 99 MONMOUTH ST RED BANK, NJ 077011108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
COUNT BASIE THEATRE INC 99 MONMOUTH STREET RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
COURT APPOINTED SPECIAL ADVOCATES O 321 SHORE ROAD SOMERS POINT, NJ 08244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATES O 18 CATTANO AVENUE MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COVENANT HOUSE AUXILIARY OF MORRIS 8 ACADEMY RD MADISON, NJ 079402001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COVENANT HOUSE NEW JERSEY INC 330 WASHINGTON ST NEWARK, NJ 071022630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
CRANBURY EDUCATION FOUNDATION INC PO BOX 332 CRANBURY, NJ 085120332	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANBURY HISTORICAL AND PRESERVATIO 6 S MAIN ST CRANBURY, NJ 085120077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CRANBURY HISTORICAL AND PRESERVATIO 6 S MAIN ST CRANBURY, NJ 085120077	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CRANBURY HOUSING ASSOCIATES PO BOX 603 CRANBURY, NJ 085120603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANBURY LIBRARY FOUNDATION INC 23 N MAIN STREET STE C CRANBURY, NJ 08512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CREATIVE OPPORTUNITIES UNLIMITED PO BOX 339 HAZLET, NJ 077300339	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CRISIS PREGNANCY CENTER OF SOUTH JE 567 SALEM-QUINTON ROAD SALEM, NJ 080791255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CRISTIAN RIVERA FOUNDATION PO BOX 656 EDGEWATER, NJ 07020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE BREAST CANCER FOUNDATION INC 1122 CLIFTON AVE CLIFTON, NJ 070133622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 111 LITTLETON ROAD SUITE 221 PARSIPPANY, NJ 07054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
DA-AWATUL ISLAMIA 122 CHURCHILL AVE SOMERSET, NJ 088733442	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
DARREN CLARK JR MEMORIAL PO BOX 1524 BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAUGHTERS OF MIRIAM155 HAZEL ST CLIFTON, NJ 07011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
DAVID S DREAM AND BELIEVE CANCER FO 364 NORTH MAIN STREET SUITE 10D MANAHAWKIN, NJ 08050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DAYTOP VILLAGE OF NEW JERSEY INC PO BOX 310 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEBORAH HOSPITAL FOUNDATION 212 TRENTON RD BROWNS MILLS, NJ 080151705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
DEBORAH HOSPITAL FOUNDATION 212 TRENTON RD BROWNS MILLS, NJ 080151705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
DEBORAH HOSPITAL FOUNDATION 212 TRENTON RD BROWNS MILLS, NJ 080151705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESTINATION IMAGINATION INC 1111 S UNION AVE CHERRY HILL, NJ 080023331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DINING OUT FOR LIFE INTERNATIONALAS 514 COOPER STREET CAMDEN, NJ 08102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF METUCHENPO BOX 191 METUCHEN, NJ 08840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
DIOCESE OF METUCHENPO BOX 191 METUCHEN, NJ 08840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,600
DIOCESE OF METUCHENPO BOX 4000 METUCHEN, NJ 088404000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DJ GEILING SCHOLARSHIP FUND INC 60 TRENTON AVE EDISON, NJ 088175557	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	182
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
DRAVET SYNDROME FOUNDATION INC PO BOX 3026 CHERRY HILL, NJ 08034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM CORPS FOR HARMONIOUS DEVELOPM 3 PRIORY RD PRINCETON JCT, NJ 085503114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DREAM CORPS FOR HARMONIOUS DEVELOPM 3 PRIORY RD PRINCETON JCT, NJ 085503114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
DRESS FOR SUCCESS CENTRAL NEW JERSE 3131 PRINCETON PIKE BLDG 4 STE 209 LAWRENCEVILLE, NJ 086482201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS NORTHERN NEW JERS 591 SUMMIT AVE SUITE 505 JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
DRESS FOR SUCCESS NORTHERN NEW JERS 591 SUMMIT AVE SUITE 505 JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREW UNIVERSITY36 MADISON AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
DTS PARTNERS IN EDUCATION INC 38 DUNKARD CHURCH ROAD STOCKTON, NJ 08559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
DWIGHT-ENGLEWOOD SCHOOL 315 E PALISADE AVE ENGLEWOOD, NJ 076313146	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DWIGHT-ENGLEWOOD SCHOOL 315 E PALISADE AVE ENGLEWOOD, NJ 076313146	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASEL ANIMAL RESCUE LEAGUE INC PO BOX 5903 TRENTON, NJ 08638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EDEN AUTISM SERVICES FOUNDATION INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
EDEN AUTISM SERVICES INC 2 MERWICK RD PRINCETON, NJ 08540	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL PARTNERSHIP FOR INSTRUC 238 FARVIEW AVE PARAMUS, NJ 076523244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ELDRIDGE PARK PARENT TEACHER ORGANI 55 LAWN PARK AVE LAWRENCEVILLE, NJ 086483106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	113
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ELIJAHS PROMISE211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ELISABETH MORROW SCHOOL 435 LYDECKER STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELISABETH MORROW SCHOOL 435 LYDECKER STREET ENGLEWOOD, NJ 07631	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,050
ELIZABETH DEVELOPMENT COMPANY OF NE 205 FIRST STREET SUITE 114 ELIZABETH, NJ 07206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ELLE FOUNDATION INCPOBOX 8068 BRIDGEWATER, NJ 088078068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLE FOUNDATION INCPOBOX 8068 BRIDGEWATER, NJ 088078068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ELLE FOUNDATION INCPOBOX 8068 BRIDGEWATER, NJ 088078068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ELMORA YOUTH BASEBALL LEAGUE INC 520 MURIEL PARKWAY ELIZABETH, NJ 07208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELMORA YOUTH BASEBALL LEAGUE INC 520 MURIEL PARKWAY ELIZABETH, NJ 07208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ELMORA YOUTH BASEBALL LEAGUE INC 166 SUMMIT RD ELIZABETH, NJ 072081143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EMPOWER YOUTH A NEW JERSEY NON-PRO 19-03 MAPLE AVE SUITE 4 FAIRLAWN, NJ 07410	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPOWERMENT ACADEMY CHARTER SCHOOL 240 EGE AVE JERSEY CITY, NJ 073041413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ENABLE SPORTS & FITNESS INC 2001 BERWICK DR CINNAMINSON, NJ 080774503	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
ENDEAVOR EMERGENCY SQUAD INC 1309 RANCOCAS RD BURLINGTON, NJ 080163701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENDEAVOR EMERGENCY SQUAD INC 1309 RANCOCAS RD BURLINGTON, NJ 080163701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	18
ENDEAVOR EMERGENCY SQUAD INC 1309 RANCOCAS RD BURLINGTON, NJ 080163701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
ENGLISHTOWN MANALAPAN TWP FIRST AID PO BOX 294 ENGLISHTOWN, NJ 077260294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPIC ACTORS WORKSHOP & CHOIR INC 5 SOJOURNER WAY OLD BRIDGE, NJ 088574234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
EPILEPSY FOUNDATION OF NEW JERSEY C 50 MILLSTONE RD BLDG 300 STE 201 EAST WINDSOR, NJ 08520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ERIC C BLOHM FOUNDATION PO BOX 263 LANDING, NJ 078500263	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIC C BLOHM FOUNDATION PO BOX 263 LANDING, NJ 078500263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
ETHICAL COMMUNITY CHARTER SCHOOL 95 BROADWAY JERSEY CITY, NJ 073066304	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
EVAS VILLAGE INC393 MAIN ST PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVAS VILLAGE INC393 MAIN ST PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
EVAS VILLAGE INC393 MAIN ST PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EVAS VILLAGE INC393 MAIN ST PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVAS VILLAGE INC393 MAIN ST PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
EVERYBODY LOVES KENNY PROJECT PO BOX 3127 PRINCETON, NJ 08540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
FAIRLEIGH DICKINSON UNIVERSITY OFFICE OF UNIVERSITY ADVANCEMENT 1000 RIVER ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
FAMILY PROMISE INC71 SUMMIT AVE SUMMIT, NJ 079013614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE INC71 SUMMIT AVE SUMMIT, NJ 079013614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FAMILY PROMISE OF BERGEN COUNTY A N B733 100 DAYTON ST RIDGEWOOD, NJ 074504437	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,028
FAMILY PROMISE OF BERGEN COUNTY A N 100 DAYTON STREET RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF BERGEN COUNTY A N 100 DAYTON STREET RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FAMILY PROMISE OF BERGEN COUNTY A N 100 DAYTON STREET RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FAMILY PROMISE OF HUNTERDON COUNTY 8 BARTLES CORNER ROAD - SUITE 11 FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF HUNTERDON COUNTY 8 BARTLES CORNER ROAD - SUITE 11 FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FAMILY PROMISE OF HUNTERDON COUNTY 8 BARTLES CORNER ROAD - SUITE 11 FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
FAR HILLS COUNTRY DAY SCHOOL PO BOX 8 ROUTE 202 FAR HILLS, NJ 07931	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAR HILLS COUNTRY DAY SCHOOL PO BOX 8 ROUTE 202 FAR HILLS, NJ 07931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FIGHTING CHILDRENS CANCER FOUNDATIO 55 LANE RD STE 300 FAIRFIELD, NJ 070041015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FIRST PRESBYTERIAN CHURCH 16 VIRGINIA AVE MANASQUAN, NJ 087363503	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST PRESBYTERIAN CHURCH 16 VIRGINIA AVE MANASQUAN, NJ 087363503	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
FISHERMANS MARK 37 SOUTH MAIN STREET LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FISHERMANS MARK 37 SOUTH MAIN STREET LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLAT ROCK BROOK NATURE ASSOCIATION 443 VAN NOSTRAND AVE ENGLEWOOD, NJ 07631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
FLEMINGTON AREA FOOD PANTRY INC 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FLEMINGTON AREA FOOD PANTRY INC 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLEMINGTON AREA FOOD PANTRY INC 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLEMINGTON AREA FOOD PANTRY INC 154 ROUTE 31 NORTH FLEMINGTON, NJ 08822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FLORHAM PARK MEMORIAL FIRST AID SQU 60 FELCH RD FLORHAM PARK, NJ 079322159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF SOMERSET COUNTY INC PO BOX 149 BOUND BROOK, NJ 08805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FOOD BANK OF SOMERSET COUNTY INC PO BOX 149 BOUND BROOK, NJ 08805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOOD BANK OF SOMERSET COUNTY INC PO BOX 149 BOUND BROOK, NJ 08805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF SOUTH JERSEY INC 1501 JOHN TIPTON BOULEVARD PENNSAUKEN, NJ 08110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27,500
FOOD BANK OF SOUTH JERSEY INC 1501 JOHN TIPTON BOULEVARD PENNSAUKEN, NJ 08110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	855
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	578
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	78
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	433
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FOODBANK OF MONMOUTH AND OCEAN COUN 3300 RT 66 NEPTUNE, NJ 077532706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	217
FORENSICS PARENTS ASSOCIATION INC BRIDGEWATER-RARITAN HIGH SCHOOL PO BOX 6569 BRIDGEWATER, NJ 08807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR MORRISTOWN MEDICAL C 475 SOUTH ST MORRISTOWN, NJ 079606459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,650
FOUNDATION FOR MORRISTOWN MEDICAL C 475 SOUTH ST MORRISTOWN, NJ 079606459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR MORRISTOWN MEDICAL C 475 SOUTH ST MORRISTOWN, NJ 079606459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR SELF LEADERSHIP PO BOX 873 UNION, NJ 07083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FRANKLIN TOWNSHIP FOOD BANK 224 CHURCHILL AVE PO BOX 333 SOMERSET, NJ 088750333	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FREEHOLD AREA OPEN DOOR INC 39 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEHOLD AREA OPEN DOOR INC 39 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
FREEHOLD AREA OPEN DOOR INC 39 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
FREEHOLD AREA OPEN DOOR INC 39 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEHOLD AREA OPEN DOOR INC 39 THROCKMORTON STREET FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
FREEHOLD TOWNSHIP HERITAGE SOCIETY 189B WEMROCK ROAD FREEHOLD, NJ 077280000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF FALUN GONG 24 W RAILROAD AVE PMB 124 TENAFLY, NJ 076701735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FOUNDATION ACADEMY INC 363 W STATE ST TRENTON, NJ 08618	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF HOBOKEN DUAL LANGUAGE CH 123 JEFFERSON ST HOBOKEN, NJ 07030	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	412
FRIENDS OF HOBOKEN DUAL LANGUAGE CH 123 JEFFERSON ST HOBOKEN, NJ 07030	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF LAKOTA WOLF PRESERVE INC 120 MT PLEASANT RD COLUMBIA, NJ 07832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF LINDEN ANIMAL SHELTER IN PO BOX 2151 LINDEN, NJ 070360011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF LUBAVITCH OF BERGEN COUN 513 KENWOOD PL TEANECK, NJ 076661629	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MILLSTONE TOWNSHIP HISTO PO BOX 216 MILLSTONE TOWNSHIP, NJ 08535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF MILLSTONE TOWNSHIP HISTO PO BOX 216 MILLSTONE TOWNSHIP, NJ 08535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF MILLSTONE TOWNSHIP HISTO PO BOX 216 MILLSTONE TOWNSHIP, NJ 08535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MILLSTONE TOWNSHIP HISTO PO BOX 216 MILLSTONE TOWNSHIP, NJ 08535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
FRIENDS OF MONTCLAIR ROWING INC PO BOX 43492 UPR MONTCLAIR, NJ 070430492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
FRIENDS OF MONTCLAIR ROWING INC PO BOX 43492 UPR MONTCLAIR, NJ 070430492	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MONTCLAIR ROWING INC PO BOX 43492 UPR MONTCLAIR, NJ 070430492	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FRIENDS OF SOMERSET REGIONAL ANIMAL PO BOX 8073 BRIDGEWATER, NJ 088078073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF SOUTHERN OCEAN COUNTY AN PO BOX 1162 MANAHAWKIN, NJ 08050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SOUTHERN OCEAN COUNTY AN PO BOX 1162 MANAHAWKIN, NJ 08050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF SOUTHERN OCEAN COUNTY AN PO BOX 1162 MANAHAWKIN, NJ 08050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF SOUTHERN SAILING PO BOX 7 SHIP BOTTOM, NJ 080080201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE BERNARDSVILLE PUBLIC ONE ANDERSON HILL RD BERNARDSVILLE, NJ 079242350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE BURLINGTON COUNTY AN 3111 ROUTE 38 SUITE 11 238 MOUNT LAUREL, NJ 08054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE ELYSIAN CHARTER SCHO 1460 GARDEN STREET HOBOKEN, NJ 070303873	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ELYSIAN CHARTER SCHO 1460 GARDEN STREET HOBOKEN, NJ 070303873	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE FREE PUBLIC LIBRARY 144 WOODFIELD RD TWP WASHINTON, NJ 076764845	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE FRELINGHUYSEN ARBORE PO BOX 1295 MORRISTOWN, NJ 079621295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE LEE MEMORIAL LIBRARY 500 W CRESCENT AVE ALLENDALE, NJ 074011726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE LIBRARY OF THE CHATH 214 MAIN ST CHATHAM, NJ 079282411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
FRIENDS OF THE NEW PROVIDENCE MEMOR 377 ELKWOOD AVE NEW PROVIDNCE, NJ 079741837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE NEW PROVIDENCE MEMOR 377 ELKWOOD AVE NEW PROVIDNCE, NJ 079741837	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE PRINCETON PUBLIC LIB 65 WITHERSPOON ST PRINCETON, NJ 085423214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE PRINCETON PUBLIC LIB 65 WITHERSPOON ST PRINCETON, NJ 085423214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE RAMSEY PUBLIC LIBRAR 30 WYCKOFF AVE RAMSEY, NJ 074462227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE RIDGEWOOD LIBRARY 125 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE RIDGEWOOD LIBRARY 125 NORTH MAPLE AVENUE RIDGEWOOD, NJ 07450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE TEANECK PUBLIC LIBRA 840 TEANECK RD TEANECK, NJ 076664502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDSHIP CIRCLE METROWEST INC 10 MICROLAB RD LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
FRIENDSHIP CIRCLE METROWEST INC 10 MICROLAB RD LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP CIRCLE OF PASSAIC COUNTY 194 RATZER ROAD WAYNE, NJ 07470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
FRIENDSHIP CIRCLE OF PASSAIC COUNTY 194 RATZER ROAD WAYNE, NJ 07470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
FRISCH SCHOOL120 W CENTURY RD PARAMUS, NJ 076521405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR A BETTER WATERFRONT INC PO BOX 1965 HOBOKEN, NJ 070301308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FURREVER FRIENDS RESCUE & VOLUNTEER PO BOX 141 WOODBURY, NJ 080967141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GALLERY AFERRO INCPO BOX 5668 NEWARK, NJ 071021702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN ACADEMY 627 MOUNT PLEASANT AVENUE WEST ORANGE, NJ 07052	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
GARDEN STATE EPISCOPAL COMMUNITY DE 118 SUMMIT AVENUE JERSEY CITY, NJ 07304	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100,000
GARDEN STATE EQUALITY EDUCATION FUN 1408 MAIN ST ASBURY PARK, NJ 07712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL ISRAEL ORPHAN HOME FOR GIRL 132 NASSAU ST NEW YORK, NJ 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GENERAL ISRAEL ORPHAN HOME FOR GIRL 132 NASSAU ST NEW YORK, NJ 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GENERAL ISRAEL ORPHAN HOME FOR GIRL 132 NASSAU ST NEW YORK, NJ 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE STREET PLAYHOUSE INC PO BOX 194 NEW BRUNSWICK, NJ 08903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
GI GO FUND INCPO BOX 1777 NEW BRUNSWICK, NJ 08903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIFT OF LIFE INC OF NEW JERSEY PO BOX 25 MORRIS PLAINS, NJ 079500025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILL ST BERNARDS SCHOOL PO BOX 604 GLADSTONE, NJ 079340604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
GILL ST BERNARDS SCHOOL PO BOX 604 GLADSTONE, NJ 079340604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
GIRL SCOUTS HEART OF NEW JERSEY INC 201 GROVE STREET EAST WESTFIELD, NJ 070900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS HEART OF NEW JERSEY INC 1171 US HWY 28 NORTH BRANCH, NJ 088760000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS HEART OF NEW JERSEY INC 201 GROVE STREET EAST WESTFIELD, NJ 070900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS HEART OF NEW JERSEY INC 201 GROVE STREET EAST WESTFIELD, NJ 070900000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF CENTRAL AND SOUTHERN 40 BRACE ROAD CHERRY HILL, NJ 08057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
GIRL SCOUTS OF CENTRAL AND SOUTHERN 40 BRACE ROAD CHERRY HILL, NJ 08057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN NJ EAST PO BOX 896 MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GLEN ROCK VOLUNTEER AMBULANCE CORPS 700 S MAPLE AVE GLEN ROCK, NJ 074522237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GO GREEN GALLOWAY 414 CRESSON AVE GALLOWAY, NJ 082059793	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	145
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
GOATS OF ANARCHY INC 10 LOWER WEST STREET ANNANDALE, NJ 08801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD COUNSEL INCPO BOX 6068 HOBOKEN, NJ 07030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD COUNSEL INCPO BOX 6068 HOBOKEN, NJ 07030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD GRIEF INC38 ELM STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD GRIEF INC38 ELM STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GOODWILL INDUSTRIES OF SOUTHERN NEW 2835 ROUTE 73 MAPLE SHADE, NJ 080521620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
GOODWILL INDUSTRIES OF SOUTHERN NEW 2835 ROUTE 73 MAPLE SHADE, NJ 080521620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF SOUTHERN NEW 2835 ROUTE 73 MAPLE SHADE, NJ 080521620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GRAYTER GOOD INC 501 ADAMS ST APT 3J HOBOKEN, NJ 070302031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GREAT SWAMP WATERSHED ASSOCIATION PO BOX 300 NEW VERNON, NJ 07976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER NEWARK CONSERVANCY INC 32 PRINCE STREET NEWARK, NJ 07103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
GREATER NEWARK HOLIDAY FUND INC PO BOX 59 NEWARK, NJ 07101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GREEN KNOLL RESCUE SQUAD INC PO BOX 6456 BRIDGEWATER, NJ 088070456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENWOOD HOUSE HOME FOR THE JEWISH 53 WALTER ST EWING, NJ 08628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,300
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
GREYHOUND FRIENDS OF NEW JERSEY PO BOX 4416 CHERRY HILL, NJ 080340669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUYANA MEDICAL MISSION INC 98 S MUNN AVE EAST ORANGE, NJ 070183402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GUYANA MEDICAL MISSION INC 98 S MUNN AVE EAST ORANGE, NJ 070183402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HABCORE INCPO BOX 2361 RED BANK, NJ 077010905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY IN MONMOUTH CO 45 SOUTH STREET FREEHOLD, NJ 07728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY IN MONMOUTH CO 45 SOUTH STREET FREEHOLD, NJ 07728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY IN MONMOUTH CO 193 LONG BRANCH AVE LONG BRANCH, NJ 07740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 32189 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2585 PATERSON, NJ 075092585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 425 SOUTH BROADWAY PITMAN, NJ 08071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 274 SOUTH SALEM STREET RANDOLPH, NJ 07869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2585 PATERSON, NJ 075092585	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 274 SOUTH SALEM STREET RANDOLPH, NJ 07869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 32189 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 6275 BRIDGEWATER, NJ 088070275	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY OF BURLINGTON 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF BURLINGTON 530 ROUTE 38 EAST MAPLE SHADE, NJ 08052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HACKENSACK MERIDIAN HEALTH INC 1340 CAMPUS PARKWAY C4 NEPTUNE, NJ 07753	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
HACKENSACK MERIDIAN HEALTH INC 160 ESSEX ST STE 101 LODI, NJ 07644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HACKENSACK MERIDIAN HEALTH INC 160 ESSEX ST STE 101 LODI, NJ 07644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HACKENSACK MERIDIAN HEALTH INC 1340 CAMPUS PKWY BLDG C UNIT 4 NEPTUNE, NJ 07753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
HACKENSACK MERIDIAN HEALTH INC 160 ESSEX ST SUITE 101 LODI, NJ 07644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HACKENSACK MERIDIAN HEALTH INC 160 ESSEX ST SUITE 101 LODI, NJ 07644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HAINESPORT EMERGENCY SQUAD 106 BROAD ST BOX 216 HAINESPORT, NJ 080368605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HAINESPORT EMERGENCY SQUAD 106 BROAD ST BOX 216 HAINESPORT, NJ 080368605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAINESPORT EMERGENCY SQUAD 106 BROAD ST BOX 216 HAINESPORT, NJ 080368605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HAINESPORT EMERGENCY SQUAD 106 BROAD ST BOX 216 HAINESPORT, NJ 080368605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HAINESPORT EMERGENCY SQUAD 106 BROAD ST BOX 216 HAINESPORT, NJ 080368605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMILTON & WASHINGTON TOWNSHIPS SUN 2129 RT 33 LEXINGTON SQUARE HAMILTON, NJ 086900000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAMILTON PARTNERSHIP FOR PATERSON I 72 MCBRIDE AVENUE 2ND FLOOR PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HAMILTON PARTNERSHIP FOR PATERSON I 72 MCBRIDE AVENUE 2ND FLOOR PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANOVER PARK CHOIR BOOSTER CLUB 63 MOUNT PLEASANT AVE EAST HANOVER, NJ 079362612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HAPPINESS IS CAMPING INC 62 SUNSET LAKE RD HARDWICK, NJ 078259552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HARDING LAND TRUST INCPO BOX 576 NEW VERNON, NJ 07976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARK-ALS INC5 PIROZZI LANE HILLSBOROUGH, NJ 088441309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HARK-ALS INC5 PIROZZI LANE HILLSBOROUGH, NJ 088441309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HARK-ALS INC5 PIROZZI LANE HILLSBOROUGH, NJ 088441309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARK-ALS INC5 PIROZZI LANE HILLSBOROUGH, NJ 088441309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HATZOLAH OF PASSAIC CLIFTON EMS PO BOX 5120 PASSAIC, NJ 070552610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	234
HAVEN HOUSE INC 323 CLARKSVILLE ROAD PRINCETON JCT, NJ 085501505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWES HOME & SCHOOL ASSOCIATION INC 531 STEVENS AVE RIDGEWOOD, NJ 074505436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HAWTHORNE CABALLEROS DRUM & BUGLE C 201 OLD FARM DR GREAT MEADOWS, NJ 07838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HAWTHORNE CABALLEROS DRUM & BUGLE C 201 OLD FARM DR GREAT MEADOWS, NJ 07838	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEIGHTENED INDEPENDENCE AND PROGRES 131 MAIN ST STE 120 HACKENSACK, NJ 076017140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HELENE CODY FOUNDATION INC PO BOX 641 CRANBURY, NJ 085122708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HELP FOUNDATION INC 185 SCARBOROUGH WAY MARLBORO, NJ 077462457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELP FOUNDATION INC 185 SCARBOROUGH WAY MARLBORO, NJ 077462457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
HELPERS OF GODS PRECIOUS INFANTS OF PO BOX 8424 CHERRY HILL, NJ 08002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HELPSAVELIFE INC21 BUDAPEST ST MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
HEMOPHILIA ASSOCIATION OF NEW JERSE 197 STATE ROUTE 18 SOUTH STE 206 NORTH EAST BRUNSWICK, NJ 088161440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLSBOROUGH EMERGENCY MEDICAL SERV PO BOX 6777 HILLSBOROUGH, NJ 08844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
HILLSBOROUGH EMERGENCY MEDICAL SERV PO BOX 6777 HILLSBOROUGH, NJ 08844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3
HINDU SWAYAMSEVAK SANGH U S A INC 121 HAWTHORNE CT ROCKAWAY, NJ 078662252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC FAMILY CENTER SOUTHERN NJ 35-47 S 29TH STREET CAMDEN, NJ 081052413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HISTIOCYTOSIS ASSOCIATION INC 332 N BROADWAY PITMAN, NJ 080711197	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
HISTIOCYTOSIS ASSOCIATION INC 332 N BROADWAY PITMAN, NJ 080711197	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HITOPS INC21 WIGGINS ST PRINCETON, NJ 085406914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
HITOPS INC21 WIGGINS ST PRINCETON, NJ 085406914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
HITOPS INC21 WIGGINS ST PRINCETON, NJ 085406914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HITOPS INC21 WIGGINS ST PRINCETON, NJ 085406914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
HOBOKEN DUAL LANGUAGE CHARTER SCHOO 123 JEFFERSON ST HOBOKEN, NJ 07030	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
HO-HO-KUS EDUCATION FOUNDATION INC PO BOX 253 HO HO KUS, NJ 074230253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HO-HO-KUS EDUCATION FOUNDATION INC PO BOX 253 HO HO KUS, NJ 074230253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HO-HO-KUS EDUCATION FOUNDATION INC PO BOX 253 HO HO KUS, NJ 074230253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,375
HO-HO-KUS EDUCATION FOUNDATION INC PO BOX 253 HO HO KUS, NJ 074230253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLMDEL FIRST AID SQUAD INC PO BOX 171 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLMDEL FOUNDATION FOR EDUCATIONAL 65 MCCAMPBELL ROAD HOLMDEL, NJ 077330407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOLY CROSS HIGH SCHOOL 5035 ROUTE 130 DELRAN, NJ 080751702	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAME MEDICAL CENTER INC 718 TEANECK RD TEANECK, NJ 076664245	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,325
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	482
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
HOMEFRONT INC1880 PRINCETON AVE LAWRENCEVILLE, NJ 086484518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS SOLUTIONS INC 3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HOMELESS SOLUTIONS INC 3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
HOMELESS SOLUTIONS INC 3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS SOLUTIONS INC 3 WING DRIVE SUITE 245 CEDAR KNOLLS, NJ 07927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE FIRE COMPANYPO BOX 547 ALLENTOWN, NJ 08501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HOPE FOR CHILDREN FOUNDATION NEW JE PO BOX 4325 MIDDLETOWN, NJ 07748	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR CHILDREN FOUNDATION NEW JE PO BOX 4325 MIDDLETOWN, NJ 07748	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
HOPE FOR CHILDREN FOUNDATION NEW JE PO BOX 4325 MIDDLETOWN, NJ 07748	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOPE FOR CHILDREN RESEARCH FOUNDATI 700 D LAKE STREET RAMSEY, NJ 074461246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR CHILDREN RESEARCH FOUNDATI 700 D LAKE STREET RAMSEY, NJ 074461246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE FOR CHILDREN RESEARCH FOUNDATI 700 D LAKE STREET RAMSEY, NJ 074461246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOPE THROUGH EDUCATION -- A FUND FO 146 METLARS LN PISCATAWAY, NJ 088544303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWELL FIRE DEPARTMENT 4 COLUMBIA AVE HOPEWELL, NJ 08525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOPEWELL VALLEY HISTORICAL SOCIETY PO BOX 371 PENNINGTON, NJ 085340371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOPEWELL VALLEY HISTORICAL SOCIETY PO BOX 371 PENNINGTON, NJ 085340371	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HOPEWORKS N CAMDEN INC 808 MARKET ST CAMDEN, NJ 08102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPITALLER BROTHERS OF ST JOHN OF 1145 DELSEA DR WESTVILLE, NJ 080932252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPITALLER BROTHERS OF ST JOHN OF 1145 DELSEA DR WESTVILLE, NJ 080932252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOUSING AND COMMUNITY DEVELOPMENT N 145 W HANOVER ST TRENTON, NJ 08618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING AND NEIGHBORHOOD DEVELOPMEN 15 SOUTH ESSEX AVENUE REAR ORANGE, NJ 07050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
HOUSING PARTNERSHIP FOR MORRIS COUN 2 EAST BLACKWELL STREET SUITE 12 DOVER, NJ 078014645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HUA XIA SOUTH CHINESE SCHOOL INC PO BOX 410 MARLBORO, NJ 077460410	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUA XIA SOUTH CHINESE SCHOOL INC PO BOX 410 MARLBORO, NJ 077460410	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
HUA XIA SOUTH CHINESE SCHOOL INC PO BOX 410 MARLBORO, NJ 077460410	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
HUDSON CATHOLIC REGIONAL HIGH SCHOO 790 BERGEN AVENUE JERSEY CITY, NJ 07306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN NEEDS FOOD PANTRY INC 9 LABEL ST MONTCLAIR, NJ 070423848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
HUNTERDON ART MUSEUM 7 LOWER CENTER ST CLINTON, NJ 088091303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUSKY HOUSE INC391 ROUTE 34 MATAWAN, NJ 07747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I4FARMERS INC410 N LAFAYETTE RD METUCHEN, NJ 088402980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
IBOTBUILDERS ROBOT15 SAGE ST HOLMDEL, NJ 077331469	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	720
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
ILM O ADAB INC3 GLOUCESTER DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
IMAGINE A CENTER FOR COPING WITH LO 244 SHEFFIELD STREET MOUNTAINSIDE, NJ 07092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	105
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	70
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	35
IMMACULATA HIGH SCHOOL 240 MOUNTAIN AVENUE SOMERVILLE, NJ 08876	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE CONCEPTION SCHOOL 314 OLD ALLERTON RD ANNANDALE, NJ 08801	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
IMMACULATE HEART ACADEMY 500 VAN EMBURGH AVENUE TOWNSHIP OF WASHINGTON, NJ 07676	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
IMPRINT HOPE A NJ NON PROFIT CORPOR 61 EXETER DRIVE BERKELEY HEIGHTS, NJ 07922	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPRINT HOPE A NJ NON PROFIT CORPOR 61 EXETER DRIVE BERKELEY HEIGHTS, NJ 07922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
INNOVATIVE ROBOTICS INC 47 AINSWORTH AVE EAST BRUNSWICK, NJ 08816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
INSPIRA HEALTH NETWORK FOUNDATION G 2950 COLLEGE DRIVE SUITE 1F VINELAND, NJ 08360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR EDUCATIONAL ACHIEVEME 381 MADISON AVE NEW MILFORD, NJ 076461302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
INSTITUTE FOR EDUCATIONAL ACHIEVEME 381 MADISON AVENUE NEW MILFORD, NJ 076461302	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,525
INSTITUTE FOR EDUCATIONAL ACHIEVEME 381 MADISON AVE NEW MILFORD, NJ 076461302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH FOOD PANTRY INC 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
INTERNATIONAL FORUM FOR INFORMATION 11 ARTISAN WAY CHERRY HILL, NJ 080035112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL MAHAVIRA JAIN MISSION 65 MUD POND ROAD BLAIRSTOWN, NJ 07825	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	121
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL WE LOVE U FOUNDATION 700 KINDERKAMACK RD STE 309 ORADELL, NJ 07649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
INTERNATIONAL WE LOVE U FOUNDATION 700 KINDERKAMACK RD STE 309 ORADELL, NJ 07649	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
IRONBOUND COMMUNITY CORPORATION 317 ELM STREET NEWARK, NJ 07105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CENTER OF EWING 685 PARKWAY AVE EWING TWP, NJ 086182700	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ISLES INC10 WOOD STREET TRENTON, NJ 08618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ISLES INC10 WOOD STREET TRENTON, NJ 08618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMBOREE SCHOLARSHIP FUND INC 143 E RIDGEWOOD AVE - PO BOX 1295 RIDGEWOOD, NJ 074511295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JAMBOREE SCHOLARSHIP FUND INC 143 E RIDGEWOOD AVE - PO BOX 1295 RIDGEWOOD, NJ 074511295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JAMES VOLPE FOUNDATION INC PO BOX 947 JACKSON, NJ 085270947	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 1480 US HIGHWAY 9 NORTH STE 306 WOODBRIDGE, NJ 07095	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN, NJ 07962	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
JERSEY BATTERED WOMENS SERVICE PO BOX 1437 MORRISTOWN, NJ 07962	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
JERSEY CARES INC 290 WEST MOUNT PLEASANT AVE SUITE 1320 LIVINGSTON, NJ 07039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERSEY CITY ECONOMIC DEVELOPMENT CO 298 ACADEMY STREET JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JESPY HOUSE102 PROSPECT ST SOUTH ORANGE, NJ 070792112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
JEWISH COMMUNITY CENTER OF SOMERSET 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE O 705 SUMMERFIELD AVENUE ASBURY PARK, NJ 07712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FAMILY & CHILDRENS SERVICE O 707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 085406351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
JEWISH FAMILY & CHILDRENS SERVICE O 707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 085406351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE O 707 ALEXANDER ROAD SUITE 102 PRINCETON, NJ 085406351	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
JEWISH FAMILY & CHILDRENS SERVICES 1485 TEANECK RD TEANECK, NJ 076663626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
JEWISH FAMILY SERVICE OF ATLANTIC C 607 NORTH JEROME AVENUE MARGATE, NJ 084021527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF ATLANTIC C 607 N JEROME AVE MARGATE CITY, NJ 084021527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JEWISH FAMILY SERVICE OF SOMERSET H 150A W HIGH ST SOMERVILLE, NJ 088761818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICE OF SOMERSET H 150A W HIGH ST SOMERVILLE, NJ 088761818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 WHIPPANY, NJ 07981	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 WHIPPANY, NJ 07981	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
JEWISH FEDERATION OF GREATER METROW 901 ROUTE 10 WHIPPANY, NJ 07981	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER MIDDLE 230 OLD BRIDGE TURNPIKE SOUTH RIVER, NJ 08882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
JEWISH FEDERATION OF NORTHERN NEW J 50 EISENHOWER DRIVE PARAMUS, NJ 07652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,400
JEWISH FEDERATION OF SOMERSET COUNT 775 TALAMINI RD BRIDGEWATER, NJ 088071739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JEWISH FEDERATION OF SOUTHERN NEW J 1301 SPRINGDALE RD SUITE 150 CHERRY HILL, NJ 080032763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF SOUTHERN NEW J 1301 SPRINGDALE RD CHERRY HILL, NJ 080032763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JEWISH HOME FOUNDATION OF NORTH JER 10 LINK DR ROCKLEIGN, NJ 076472504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH SERVICE FOR THE DEVELOPMENT- 270 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH SOCIAL SERVICE COMMITTEE OF 850 ROUTE 1 N N BRUNSWICK, NJ 089020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
JEWISH SOCIAL SERVICE COMMITTEE OF 850 ROUTE 1 N N BRUNSWICK, NJ 089020000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
JEWISH VOCATIONAL SERVICE OF METRO 354 EISENHOWER PARKWAY SUITE 2150 LIVINGSTON, NJ 07039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN TAYLOR BABBITT FOUNDATION PO BOX 698 CHATHAM, NJ 07928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOHN TAYLOR BABBITT FOUNDATION PO BOX 698 CHATHAM, NJ 07928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JOHN TAYLOR BABBITT FOUNDATION PO BOX 698 CHATHAM, NJ 07928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN WITHERSPOON MIDDLE SCHOOL PARE 217 WALNUT LN PRINCETON, NJ 085403484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOHN WITHERSPOON MIDDLE SCHOOL PARE 217 WALNUT LN PRINCETON, NJ 085403484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOSHUA HARR SHANE FOUNDATION INC 5 HIDDDEN SPRINGS LANE EAST WINDSOR, NJ 08520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JP STEVENS PARENTS GIRLS VOLLEYBALL 12 BRADFORD RD EDISON, NJ 088202643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JQ FOUNDATION FOR ALZHEIMER NONPROF 7 MILTON CT PRINCETON JCT, NJ 085502231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	87
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW JERSEY 360 PEAR BLOSSOM DRIVE EDISON, NJ 08837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
JUNIOR LEAGUE OF MONMOUTH CTY INC PO BOX 109 RUMSON, NJ 077600109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JUNIOR LEAGUE OF MONTCLAIR-NEWARK I 40 S FULLERTON AVE MONTCLAIR, NJ 070423357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR WOMANS CLUB OF UPPER SADDLE PO BOX 101 SADDLE RIVER, NJ 074580101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JUSTIN TIME FOUNDATION 1 LAFAYETTE DR CEDAR GROVE, NJ 070092072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
KANCHI KAMAKOTI SEVA FOUNDATION INC 12 KINGSWOOD WAY MANALAPAN, NJ 07726	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAREN ANN QUINLAN CENTER OF HOPE HO 99 SPARTA AVE NEWTON, NJ 078602614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 08701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 087014540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 087014540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 087014540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 087014540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KARS 4 KIDS INC 1805 SWARTHMORE AVE LAKEWOOD, NJ 08701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,350
KASINADHUNI DURGAMBA BUTCHIAH INC 34 STRUBLE LANE DOVER, NJ 07801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
KATES PLACE INC 153 E WASHINGTON ST RIVERSIDE, NJ 080753807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATES PLACE INC 153 E WASHINGTON ST RIVERSIDE, NJ 080753807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	320
KATES PLACE INC 153 E WASHINGTON ST RIVERSIDE, NJ 080753807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
KEMMERER LIBRARY HARDING TOWNSHIP I PO BOX 283 NEW VERNON, NJ 079760283	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENT PLACE SCHOOL 42 NORWOOD AVE SUMMIT, NJ 07901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KINGDOM CHURCH INC 1005 WHITEHEAD ROAD EWING, NJ 086382424	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
KINHAVEN MUSIC SCHOOL INC 6 ELBERTA RD MAPLEWOOD, NJ 070401806	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINNELON VOLUNTEER ANIMAL SHELTER 2 KIEL AVENUE 252 KINNELON, NJ 074052572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIWANIS AMBULANCE SERVICE OF BOONTO PO BOX 16 BOONTON, NJ 070050016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
KIWANIS AMBULANCE SERVICE OF BOONTO PO BOX 16 BOONTON, NJ 070050016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIWIMBI INTERNATIONALPO BOX 139 NEW VERNON, NJ 07976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KNIGHTS OF COLUMBUS COUNCIL 8415 SI 2430 WINDSOR AVE TOMS RIVER, NJ 08753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KOINONIA FAMILY LIFE INC 1658 MT EPHRAIM AVE CAMDEN, NJ 081041665	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOINONIA FAMILY LIFE INC 1658 MT EPHRAIM AVE CAMDEN, NJ 081041665	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LA CASA DE DON PEDRO INC 75 PARK AVENUE NEWARK, NJ 07104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LACEY FOOD BANK INCPO BOX 625 FORKED RIVER, NJ 087310625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LACEY FOOD BANK INCPO BOX 625 FORKED RIVER, NJ 087310625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LACEY FOOD BANK INCPO BOX 625 FORKED RIVER, NJ 087310625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LACEY FOOD BANK INCPO BOX 625 FORKED RIVER, NJ 087310625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LACEY FOOD BANK INCPO BOX 625 FORKED RIVER, NJ 087310625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LACEY UNITED METHODIST CHURCH 203 W LACEY RD FORKED RIVER, NJ 087313509	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
LACORDAIRE ACADEMY ELEMENTARY 151 LORRAINE AVENUE UPPER MONTCLAIR, NJ 07043	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND HILLS YMCA 100 FANNY ROAD MOUNTAIN LAKES, NJ 07046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LAKEWOOD CHEDAR SCHOOL 1210 CLIFTON AVE LAKEWOOD, NJ 087011845	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
LAST RESORTPO BOX 182 HEWITT, NJ 07421	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN AMERICAN ECONOMIC DEVELOPMENT 433 MARKET STREET - SUITE L100 CAMDEN, NJ 08102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
LAUREL SCHOOL OF PRINCETON THE 75 MAPLETON RD PRINCETON, NJ 08540	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
LAUREL SCHOOL OF PRINCETON THE 75 MAPLETON RD PRINCETON, NJ 08540	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREL SCHOOL OF PRINCETON THE 75 MAPLETON RD PRINCETON, NJ 08540	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	33
LAUREN MARY FRANCIS FOUNDATION 526 KIMBALL TURN WESTFIELD, NJ 07090	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,200
LAWRENCE HOCKEY ASSOCIATION INC PO BOX 6488 LAWRENCEVILLE, NJ 08648	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADING FOR CHILDREN 500 MELROSE PLACE SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEARNING ALLY INC20 ROSZEL RD PRINCETON, NJ 085406206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	166
LEARNING ALLY INC20 ROSZEL RD PRINCETON, NJ 085406206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING ALLY INC20 ROSZEL RD PRINCETON, NJ 085406206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
LIBERTY CORNER FIRE COMPANY 95 CHURCH ST LIBERTY CORNER, NJ 07938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LIBERTY CORNER FIRST AID SQUAD INC PO BOX 57 LIBERTY COR, NJ 079380057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY HUMANE SOCIETY INC 235 JERSEY CITY BLVD JERSEY CITY, NJ 073054635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LIBERTY HUMANE SOCIETY INC 235 JERSEY CITY BLVD JERSEY CITY, NJ 073054635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LIBERTY LAKE FOUNDATION INC 1195 FLORENCE-COLUMBUS RD BORDENTOWN, NJ 08505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY SCIENCE CENTER INC 222 JERSEY CITY BOULEVARD JERSEY CITY, NJ 073054600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,210
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFE CAMP INC310 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFE GUARD ECUMENICAL FOUNDATION A PO BOX 6385 FAIR HAVEN, NJ 077046385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFETIES INC2205 PENNINGTON RD EWING, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	174
LIFETIES INC2205 PENNINGTON RD EWING, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
LIFETIES INC2205 PENNINGTON RD EWING, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFETIES INC2205 PENNINGTON RD EWING, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
LIFETIES INC2205 PENNINGTON RD EWING, NJ 086381212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
LIFETOWN INC10 MICROLAB RD LIVINGSTON, NJ 07039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINDSEY MEYER MEMORIAL FOUNDATION A 60 SOUTH FULLERTON AVENUE SUITE 210B MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITERACY VOLUNTEERS OF MORRIS COUNT 16 ELM STREET FIRST FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITTLE LEAGUE BASEBALL INC PO BOX 264 TEANECK, NJ 07666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 324 WEST WINDSOR, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE LEAGUE BASEBALL INC 15 COUNTRY RD JACKSON, NJ 08527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE SISTERS OF THE POOR ST JOSEP 140 SHEPHERD LANE TOTOWA, NJ 07512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR ST JOSEP 140 SHEPHERD LANE TOTOWA, NJ 07512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
LITTLEBROOK SCHOOL PARENT TEACHER O 39 MAGNOLIA LN PRINCETON, NJ 085404013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LONG BEACH TOWNSHIP PBA LOCAL 373 C PO BOX 2315 LONG BEACH TOWNSHIP, NJ 08008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNA STAGE CO INC555 VALLEY RD WEST ORANGE, NJ 07052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNCH BREAK 121 DRS JAMES PARKER BLVD RED BANK, NJ 07701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
MAHWAH ENVIRONMENTAL VOLUNTEERS ORG 1024 ASH DR MAHWAH, NJ 074302348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE RD MONROE TWP, NJ 088319006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,680
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE RD MONROE TWP, NJ 088319006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,565
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	409
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,377
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF NEW JERSE 1347 PERRINEVILLE RD MONROE TWP, NJ 088319006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE A WISH FOUNDATION OF NEW JERSE 1384 PERRINEVILLE ROAD MONROE TOWNSHIP, NJ 08831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MALCOLM JENKINS FOUNDATION PO BOX 8504 PISCATAWAY, NJ 088558005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALCOLM JENKINS FOUNDATION PO BOX 8504 PISCATAWAY, NJ 088558005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MALCOLM JENKINS FOUNDATION PO BOX 8504 PISCATAWAY, NJ 088558005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MALCOLM JENKINS FOUNDATION PO BOX 8504 PISCATAWAY, NJ 088558005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALCOLM JENKINS FOUNDATION PO BOX 8504 PISCATAWAY, NJ 088558005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANASQUAN ELEMENTARY SCHOOL EDUCATI 168 BROAD ST MANASQUAN, NJ 08736	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MANAVI INCPO BOX 3103 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE MAMMAL STRANDING CENTER 3625 BRIGANTINE BLVD BRIGANTINE, NJ 082030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MARISA TUFARO FOUNDATION INC 10 RUTGERS ST EDISON, NJ 088173019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	51
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
MARKET STREET MISSION INC 9 MARKET ST MORRISTOWN, NJ 079605122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARLBORO FIRST AID & RESCUE SQUAD I PO BOX 128 MARLBORO, NJ 07746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARTINSVILLE RESCUE SQUAD INC P O BOX 296 MARTINSVILLE, NJ 088360296	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARY THERESE ROSE FUND INC 33 WOLFE DR WANAQUE, NJ 074651026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,026
MARYS MEALS USA INC 75 ORCHARD STREET BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
MARYS PLACE BY THE SEA INC PO BOX 86 OCEAN GROVE, NJ 07756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCARTER THEATRE COMPANY 91 UNIVERSITY PLACE PRINCETON, NJ 085405121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MCCARTER THEATRE COMPANY 91 UNIVERSITY PLACE PRINCETON, NJ 085405121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
MEDFORD YOUTH ATHLETIC ASSOCIATION PO BOX 367 MEDFORD, NJ 08055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDFORD YOUTH ATHLETIC ASSOCIATION PO BOX 367 MEDFORD, NJ 08055	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MEETING EMERGENCY NEEDS WITH DIGNIT PO BOX 1304 MAPLEWOOD, NJ 07040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MEETING EMERGENCY NEEDS WITH DIGNIT PO BOX 1304 MAPLEWOOD, NJ 07040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH LEADERSHIP INITIATIVE 14 CENTRAL AVE ISLAND HGTS, NJ 087327715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
MERCER COUNTY COMMUNITY COLLEGE FOU 1200 OLD TRENTON RD WEST WINDSOR, NJ 085503407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MERCER STREET FRIENDS CENTER 151 MERCER STREET TRENTON, NJ 08611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MERLINS KIDS INCPO BOX 21 MIDLAND PARK, NJ 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERLINS KIDS INCPO BOX 21 MIDLAND PARK, NJ 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MERLINS KIDS INCPO BOX 21 MIDLAND PARK, NJ 21220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MESIVTA OF CLIFTON36 BARRY PL PASSAIC, NJ 070553516	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN YMCA OF THE ORANGES IN 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
METROPOLITAN YMCA OF THE ORANGES IN 1035 FAIRVIEW LAKE ROAD NEWTON, NJ 07860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
METROPOLITAN YMCA OF THE ORANGES IN 13 JEFFERSON AVE MAPLEWOOD, NJ 07040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN YMCA OF THE ORANGES IN 139 EAST MCCLELLAN AVE LIVINGSTON, NJ 070391320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METUCHEN EDUCATION FOUNDATION INC PO BOX 328 METUCHEN, NJ 088400328	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MICHAEL GERARD PUHARIC MEMORIAL FUN 2705 JOHNSON ST WALL, NJ 077194135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDDLESEX COUNTY CHILD ASSAULT PREV PO BOX 1307 LAURENCE HARBOR, NJ 088794307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MIDLAND FOUNDATIONPO BOX 5026 N BRANCH, NJ 088765026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	102
MIDLAND FOUNDATIONPO BOX 5026 N BRANCH, NJ 088765026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND FOUNDATIONPO BOX 5026 N BRANCH, NJ 088765026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
MIDLAND FOUNDATIONPO BOX 5026 N BRANCH, NJ 088765026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
MIDLAND FOUNDATIONPO BOX 5026 N BRANCH, NJ 088765026	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLAND PARK CHILDRENS LOVE FUND IN 15 ROGERS CT MIDLAND PARK, NJ 074321749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MIDLAND PARK PUBLIC EDUCATION FOUND PO BOX 5 MIDLAND PARK, NJ 074320005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
MILL HILL CHILD AND FAMILY DEVELOPM 101 OAKLAND STREET TRENTON, NJ 086183507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL HILL CHILD AND FAMILY DEVELOPM 101 OAKLAND STREET TRENTON, NJ 086183507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MINDING OUR BUSINESS INC POBOX 7834 WEST TRENTON, NJ 08628	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MONMOUTH COUNTY SOCIETY FOR THE PRE 260 WALL ST EATONTOWN, NJ 077242420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH DAY CARE CENTER INC 9 DR JAMES PARKER BLVD RED BANK, NJ 077011503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONMOUTH MEDICAL CENTER FOUNDATION 300 SECOND AVENUE LONG BRANCH, NJ 07740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MONMOUTH PARK CHARITY FUND INC 175 OCEANPORT AVE OCEANPORT, NJ 07757	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONMOUTH UNIVERSITY INC 400 CEDAR AVENUE - OFFICE OF DEVELOPMENT WEST LONG BRANCH, NJ 077641898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MONTCLAIR ART MUSEUM 3 SOUTH MOUNTAIN AVENUE MONTCLAIR, NJ 070421747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MONTCLAIR FOUNDATION INC 21 VAN VLECK STREET MONTCLAIR, NJ 070422373	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTCLAIR FREE PUBLIC LIBRARY FOUND 50 S FULLERTON AVE MONTCLAIR, NJ 070422629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MONTCLAIR STATE UNIVERSITY FOUNDATI ONE NORMAL AVE MONTCLAIR, NJ 070431699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MONTVILLE TOWNSHIP FIRST AID SQUAD PO BOX 416 MONTVILLE, NJ 070450416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTVILLE TOWNSHIP FIRST AID SQUAD PO BOX 416 MONTVILLE, NJ 070450416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MOORESTOWN FRIENDS SCHOOL 110 E MAIN ST MOORESTOWN, NJ 080572949	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MORGANVILLE FIRST AID & RESCUE SQUA PO BOX 310 MORGANVILLE, NJ 077510310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS EDUCATIONAL FOUNDATION INCOR PO BOX 1224 MORRISTOWN, NJ 079621224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRIS MUSEUM INC 6 NORMANDY HEIGHTS ROAD MORRISTOWN, NJ 07960	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
MORRISTOWN-BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,600
MORRISTOWN-BEARD SCHOOL 70 WHIPPANY ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT CARMEL GUILD 73 NORTH CLINTON AVE TRENTON, NJ 086090000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
MOUNT LAUREL EMERGENCY MEDICAL SERV 201 MASONVILLE RD MOUNT LAUREL, NJ 08054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MOUNT SAINT DOMINIC ACADEMY 3 RYERSON AVENUE CALDWELL, NJ 070066109	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN TOP LEAGUE INC 12 INDIAN WAY WEST ORANGE, NJ 07052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MT PLEASANT ANIMAL SHELTER INC 194 ROUTE 10 EAST HANOVER, NJ 07936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
MT ST MARY ACADEMY HIGH SCHOOL 1645 ROUTE 22 WEST TERRILL ROAD WATCHUNG, NJ 07069	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT ST MARY ACADEMY HIGH SCHOOL 1645 ROUTE 22 WEST TERRILL ROAD WATCHUNG, NJ 07069	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
MT ST MARY ACADEMY HIGH SCHOOL 1645 ROUTE 22 WEST TERRILL ROAD WATCHUNG, NJ 07069	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
MU BOULE FOUNDATIONPO BOX 11402 NEW BRUNSWICK, NJ 08854	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MULTIPLE SCLEROSIS ASSOCIATION OF A 375 KINGS HIGH WAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MULTIPLE SCLEROSIS ASSOCIATION OF A 375 KINGS HIGH WAY NORTH CHERRY HILL, NJ 08034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUSEUM OF EARLY TRADES AND CRAFTS 9 MAIN STREET MADISON, NJ 07940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,790
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF EARLY TRADES AND CRAFTS 9 MAIN STREET MADISON, NJ 07940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,575
MUSIC IN THE SOMERSET HILLS PO BOX 729 BERNARDSVILLE, NJ 079240729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUSIC IN THE SOMERSET HILLS PO BOX 729 BERNARDSVILLE, NJ 079240729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSTARD SEED SCHOOL 422 WILLOW AVENUE HOBOKEN, NJ 07030	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
MYELODYSPLASTIC SYNDROMES FOUNDATIO 4573 S BROAD ST STE 150 YARDVILLE, NJ 08620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NAMI MERCER NJ INC 1235 WHITEHORSE MERCERVILLE RD BLDG C STE 303 HAMILTON, NJ 08619	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI MERCER NJ INC 1235 WHITEHORSE MERCERVILLE RD BLDG C STE 303 HAMILTON, NJ 08619	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NAMI NEW JERSEY A NEW JERSEY NON PR 1562 ROUTE 130 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL HOUSING INSTITUTE 60 S FULLERTON AVENUE SUITE 202 MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVER END THE FIGHT A NONPROFIT COR 304 BRIARWOOD DRIVE WYCKOFF, NJ 07481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NEVER END THE FIGHT A NONPROFIT COR 304 BRIARWOOD DRIVE WYCKOFF, NJ 07481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW CITY KIDS INC 240 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	632
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW COMMUNITY EMPLOYMENT SERVICES C 274 SOUTH ORANGE AVENUE NEWARK, NJ 07103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	495
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE RD BERNARDSVILLE, NJ 079241303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
NEW JERSEY BOXER RESCUE PO BOX 684 MIDDLESEX, NJ 088460564	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY BOXER RESCUE PO BOX 684 MIDDLESEX, NJ 088460564	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
NEW JERSEY BOXER RESCUE PO BOX 684 MIDDLESEX, NJ 088460564	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
NEW JERSEY CAPITAL PHILHARMONIC ORC PO BOX 7683 TRENTON, NJ 08628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CAPITAL PHILHARMONIC ORC PO BOX 7683 TRENTON, NJ 08628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEW JERSEY CAPITAL PHILHARMONIC ORC PO BOX 7683 TRENTON, NJ 08628	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	129
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
NEW JERSEY CENTER FOR TOURETTE SYND 50 DIVISION ST STE 205 SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
NEW JERSEY CITIZEN ACTION EDUCATION 625 BROAD STREET SUITE 270 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY CITY UNIVERSITY FOUNDATI 2039 KENNEDY BOULEVARD JERSEY CITY, NJ 073051596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW JERSEY CITY UNIVERSITY FOUNDATI 2039 JOHN F KENNEDY BLVD JERSEY CITY, NJ 073051596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NEW JERSEY COALITION TO END DOMESTI 1670 WHITEHORSE HAMILTON SQ RD TRENTON, NJ 086903541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY COALITION TO END DOMESTI 1670 WHITEHORSE HAMILTON SQ RD TRENTON, NJ 086903541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
NEW JERSEY COALITION TO END DOMESTI 1670 WHITEHORSE HAMILTON SQ RD TRENTON, NJ 086903541	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY COMMUNITY DEVELOPMENT CO BO BOX 6976 PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY COMMUNITY DEVELOPMENT CO BO BOX 6976 PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NEW JERSEY COMMUNITY DEVELOPMENT CO BO BOX 6976 PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37,500
NEW JERSEY COMMUNITY DEVELOPMENT CO BO BOX 6976 PATERSON, NJ 07509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY FUTURE INC 16 W LAFAYETTE STREET TRENTON, NJ 08608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
NEW JERSEY INTERGENERATIONAL ORCHES 570 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
NEW JERSEY PERFORMING ARTS CENTER C ONE CENTER STREET NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY PERFORMING ARTS CENTER C ONE CENTER STREET NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NEW JERSEY PERFORMING ARTS CENTER C 1 CENTER ST NEWARK, NJ 071024501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124,000
NEW JERSEY PERFORMING ARTS CENTER C ONE CENTER STREET NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY REENTRY 398 MARTIN LUTHER KING DR JERSEY CITY, NJ 073053715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
NEW JERSEY REENTRY 398 MARTIN LUTHER KING DR JERSEY CITY, NJ 073053715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
NEW JERSEY REENTRY 398 MARTIN LUTHER KING DR JERSEY CITY, NJ 073053715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY SCHNAUZER RESCUE NETWORK PO BOX 36 FANWOOD, NJ 070230036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,050
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
NEW JERSEY SEEDS INC 494 BROAD STREET SUITE 105 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
NEW JERSEY STATE FEDERATION OF WOME 504 KUBIN CT CALIFON, NJ 078304117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY STATE MUSEUM FOUNDATION PO BOX 530 TRENTON, NJ 086250530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	211
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PL STE 900 NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
NEW JERSEY THEATRE ALLIANCE 7 KING PLACE - 2ND FLOOR MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
NEW JERSEY YOUTH CHORUS INC PO BOX 697 CHATHAM, NJ 07928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FOOD PANTRY56 MAIN ST HELMETTA, NJ 088281126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
NEW LIFE FOOD PANTRY56 MAIN ST HELMETTA, NJ 088281126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
NEW LIFE FOOD PANTRY56 MAIN ST HELMETTA, NJ 088281126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE FOOD PANTRY56 MAIN ST HELMETTA, NJ 088281126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
NEW YORK CITY RELIEF INC 295 WALNUT STREET ELIZABETH, NJ 07201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 070394901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 070394901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,243
NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 070394901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
NEWARK ARTS COUNCIL 17 ACADEMY ST SUITE 702 NEWARK, NJ 071022923	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK MUSEUM ASSOCIATION 49 WASHINGTON STREET NEWARK, NJ 071023176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEWARK PUBLIC RADIO INC 54 PARK PLACE NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	541
NEWARK PUBLIC RADIO INC 54 PARK PLACE NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK PUBLIC RADIO INC 54 PARK PLACE NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEWARK PUBLIC RADIO INC 54 PARK PLACE NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
NOBLE LEADERSHIP ACADEMY 123 JEFFERSON ST PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOBLE LEADERSHIP ACADEMY 123 JEFFERSON ST PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,750
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17,500
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,500
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
NORTH AMERICAN TELUGU ASSOCIATION I PO BOX 3060 PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH BRANCH VOLUNTEER FIRE CO 1169 ROUTE 28 NORTH BRANCH, NJ 08876	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
NORTH BRANCH VOLUNTEER FIRE CO 1169 ROUTE 28 NORTH BRANCH, NJ 08876	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
NORTH BRANCH VOLUNTEER FIRE CO 1169 ROUTE 28 NORTH BRANCH, NJ 08876	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH BRUNSWICK BASEBALL ASSOCIATIO PO BOX 7805 NORTH BRUNSWICK, NJ 08902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH JERSEY HUMANE SOCIETY PO BOX 1172 FORT LEE, NJ 070241172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTH JERSEY HUMANE SOCIETY PO BOX 1172 FORT LEE, NJ 070241172	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH JERSEY HUMANE SOCIETY PO BOX 1172 FORT LEE, NJ 070241172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
NORTHERN EXPOSURE SIBERIAN HUSKY RE PO BOX 4224 BRICK, NJ 08723	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST NEW JERSEY COMMUNITY ACTI 201 NORTH BROAD STREET PHILLIPSBURG, NJ 08865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NOTRE DAME HIGH SCHOOL 601 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
NOTRE DAME HIGH SCHOOL 601 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME HIGH SCHOOL 601 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
NOTRE DAME HIGH SCHOOL 601 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
OAK KNOLL SCHOOL OF THE HOLY CHILD 44 BLACKBURN RD SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
OASIS THERAPEUTIC LIFE CENTERS INC 1 MORGAN RD MIDDLETOWN, NJ 077482354	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN COUNTY HISTORICAL SOCIETY 26 HADLEY AVE TOMS RIVER, NJ 087537540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	342
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ONE SIMPLE WISH 1977 N OLDEN AVE 292 TRENTON, NJ 086182113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BLING FOUNDATION 6 SOUTH STREET NEW PROVIDENCE, NJ 07974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,140
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORATORY PREPARATORY SCHOOL 425 MORRIS AVENUE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ORCHARD HILL ELEMENTARY SCHOOL 244 ORCHARD ROAD SKILLMAN, NJ 08558	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
ORCHARD HILL ELEMENTARY SCHOOL 244 ORCHARD ROAD SKILLMAN, NJ 08558	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORCHARD HILL ELEMENTARY SCHOOL 244 ORCHARD ROAD SKILLMAN, NJ 08558	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	10
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,051
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,250
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,500
ORDER OF ST BENEDICT OF NJ DELBARTO 230 MENDHAM ROAD MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHEUS CLUB INC OF RIDGEWOOD NJ PO BOX 114 RIDGEWOOD, NJ 074510114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ORPHEUS CLUB INC OF RIDGEWOOD NJ PO BOX 114 RIDGEWOOD, NJ 074510114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OVERLOOK FOUNDATION 46-48 BEAUVOIR AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P G CHAMBERS SCHOOL INC 15 HALKO DR CEDAR KNOLLS, NJ 079271306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PAPER MILL PLAYHOUSE 22 BROOKSIDE DRIVE MILLBURN, NJ 07041	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
PARAMUS ROTARY FOUNDATION INC 55 HARRISTOWN ROAD SUITE 306 GLEN ROCK, NJ 07452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC 17 HARDWICK CT PARSIPPANY, NJ 070542516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENT TEACHER ORGANIZATION OF WEST 1417 RT 179 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	315
PARENT TEACHER ORGANIZATION OF WEST 1417 RT 179 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ORGANIZATION OF WEST 1417 RT 179 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
PARENTS OF AUTISTIC CHILDREN OF OCE 1989 ROUTE 88 BRICK, NJ 087243152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PARK RIDGE ROTARY CHARITY FOUNDATIO PO BOX 265 PARK RIDGE, NJ 076560265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	82
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK RIDGE ROTARY CHARITY FOUNDATIO PO BOX 265 PARK RIDGE, NJ 076560265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
PARK RIDGE ROTARY CHARITY FOUNDATIO PO BOX 265 PARK RIDGE, NJ 076560265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	625
PARKER FAMILY HEALTH CENTER INC 211 SHREWSBURY AVE RED BANK, NJ 07701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKER FAMILY HEALTH CENTER INC 211 SHREWSBURY AVE RED BANK, NJ 07701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
PARKER FAMILY HEALTH CENTER INC 211 SHREWSBURY AVE RED BANK, NJ 07701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	130
PARKINSON ALLIANCE INCPO BOX 308 KINGSTON, NJ 085280308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS UNITY WALK INC PO BOX 275 KINGSTON, NJ 08528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARKINSONS UNITY WALK INC PO BOX 275 KINGSTON, NJ 08528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PARTNERS FOR WOMEN AND JUSTICE INC 650 BLOOMFIELD AVE SUITE 209 BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS FOR WOMEN AND JUSTICE INC 650 BLOOMFIELD AVE SUITE 209 BLOOMFIELD, NJ 07003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	629
PASCACK MENTAL HEALTH CENTER 114 KINDERKAMACK ROAD 2ND FLOOR PARK RIDGE, NJ 076562126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PASCACK MENTAL HEALTH CENTER 114 KINDERKAMACK ROAD 2ND FLOOR PARK RIDGE, NJ 076562126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PASSAGE THEATRE COMPANY INC PO BOX 967 TRENTON, NJ 086050967	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PASSAGE THEATRE COMPANY INC PO BOX 967 TRENTON, NJ 08605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PASSAGE THEATRE COMPANY INC PO BOX 967 TRENTON, NJ 086050967	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATERSON EDUCATION FOUNDATION INC 451 VAN HOUTEN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PATERSON TASK FORCE FOR COMMUNITY A 109 WASHINGTON STREET PATERSON, NJ 075051400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
PECK SCHOOL247 SOUTH ST MORRISTOWN, NJ 079606018	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDDIE SCHOOL201 SOUTH MAIN ST HIGHTSTOWN, NJ 085203349	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PEDDIE SCHOOL201 SOUTH MAIN ST HIGHTSTOWN, NJ 085203349	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,800
PENNINGTON FIRE COMPANY PO BOX 141 PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNINGTON FIRST AID SQUAD INC 110 BROEMEL PLACE PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PENNINGTON FIRST AID SQUAD INC 110 BROEMEL PLACE PENNINGTON, NJ 08534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PENNINGTON SCHOOL 112 W DELAWARE AVE PENNINGTON, NJ 085341601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNINGTON SCHOOL 112 W DELAWARE AVE PENNINGTON, NJ 085341601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PENNSVILLE COMMUNITY PERFORMINGARTS 131 PRINCETON ROAD PENNSVILLE, NJ 08070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVE HILLSIDE, NJ 072051122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVE HILLSIDE, NJ 072051122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVE HILLSIDE, NJ 072051122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PEOPLE FOR ANIMALS INC 401 HILLSIDE AVE HILLSIDE, NJ 072051122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFORMING HEARTS CORP PO BOX 226 MOUNT FREEDOM, NJ 079700226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PHILIPS EDUCATION PARTNERS 342 CENTRAL AVE NEWARK, NJ 071032808	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,493
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,440
PINGRY CORPORATION 131 MARTINSVILLE ROAD BASKING RIDGE, NJ 07920	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
PINK RIBBON SOFTBALL INC PO BOX 3189 MERCERVILLE, NJ 086190189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAINFIELD GRASSROOTS COMMUNITY DEV 1430 PARK AVE PLAINFIELD, NJ 070602911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
PLAINFIELD GRASSROOTS COMMUNITY DEV 1430 PARK AVE PLAINFIELD, NJ 070602911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
PLAINFIELD GRASSROOTS COMMUNITY DEV 1430 PARK AVE PLAINFIELD, NJ 070602911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAINFIELD GRASSROOTS COMMUNITY DEV 1430 PARK AVE PLAINFIELD, NJ 070602911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PLAINFIELD GRASSROOTS COMMUNITY DEV 1430 PARK AVE PLAINFIELD, NJ 070602911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PLAINSBORO RESCUE SQUAD INC 621 PLAINSBORO RD PLAINSBORO, NJ 085362004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED LIFETIME ASSISTANCE NETWORK PO BOX 547 SOMERVILLE, NJ 088760547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD OF METROPOLITAN 238 MULBERRY STREET 1ST FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
PLANNED PARENTHOOD OF METROPOLITAN 238 MULBERRY STREET 1ST FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF METROPOLITAN 238 MULBERRY STREET 1ST FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PLANNED PARENTHOOD OF NORTHERN CENT 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF NORTHERN CENT 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NORTHERN CENT 196 SPEEDWELL AVE MORRISTOWN, NJ 079602934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
POCKETS OF LIGHT INC 117 GORDONHURST AVE MONTCLAIR, NJ 070431715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POLICE UNITY TOUR INCPO BOX 528 FLORHAM PARK, NJ 079320528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	107
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE UNITY TOUR INCPO BOX 528 FLORHAM PARK, NJ 079320528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
POLICE UNITY TOUR INCPO BOX 707 POINT PLEASANT, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
POLICE UNITY TOUR INCPO BOX 707 POINT PLEASANT, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	207
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLISH CULTURAL FOUNDATION INC 177 BROADWAY CLARK, NJ 070661855	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
POP WARNER LITTLE SCHOLARS INC PO BOX 1002 FLEMINGTON, NJ 08822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,650
POWERS PROMISE 153 OLD CRANBURY RD CRANBURY, NJ 08512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESCHOOL ADVANTAGE INC 25 LINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
PRESCHOOL ADVANTAGE INC 25 LINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PRESCHOOL ADVANTAGE INC 25 LINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESCHOOL ADVANTAGE INC 25 LINDSLEY DRIVE SUITE 307 MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRIDE AND STRIVE INC 78 JOSEPH PLACE MOUNT HOLLY, NJ 080601076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
PRINCETON ACADEMY OF THE SACRED HEA 1128 GREAT ROAD PRINCETON, NJ 085407519	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON AREA COMMUNITY FOUNDATION 15 PRINCESS RD LAWRENCEVILLE, NJ 086482301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRINCETON BALLET SOCIETY 80 ALBANY STREET NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PRINCETON CORNERSTONE COMMUNITY KIT 7 VANDEVENTER AVE PRINCETON, NJ 085426920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON CORNERSTONE COMMUNITY KIT 7 VANDEVENTER AVE PRINCETON, NJ 085426920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,122
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON DAY SCHOOL INC PO BOX 75 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,800
PRINCETON ELKS CHARITABLE TRUST INC PO BOX 217 BLAWENBURG, NJ 085040217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	960
PRINCETON ELKS CHARITABLE TRUST INC PO BOX 217 BLAWENBURG, NJ 085040217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,760
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON ELKS CHARITABLE TRUST INC PO BOX 217 BLAWENBURG, NJ 085040217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PRINCETON FIRST AID AND RESCUE SQUA 2 MOUNT LUCAS ROAD PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PRINCETON FRIENDS SCHOOL 470 QUAKER RD PRINCETON, NJ 085404838	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON HEALTHCARE SYSTEM FOUNDAT 1 PLAINSBORO ROAD PLAINSBORO, NJ 08536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRINCETON HIGH SCHOOL PARENT TEACHE 151 MOORE ST PRINCETON, NJ 085403312	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PRINCETON IN ASIA INC LOUIS ASIMPSON INTERNATIONAL BUILDING PRINCETON UNIVERSITY PRINCETON, NJ 085427003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON JUNIOR SCHOOL INC 90 FACKLER RD LAWRENCEVILLE, NJ 086481105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PRINCETON MONTESSORI SOCIETY 487 CHERRY VALLEY ROAD PRINCETON, NJ 085407916	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
PRINCETON MONTESSORI SOCIETY 487 CHERRY VALLEY ROAD PRINCETON, NJ 085407916	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCETON SYMPHONY ORCHESTRA INC PO BOX 250 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRINCETON THEOLOGICAL SEMINARY PO BOX 821 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PROJECT FREEDOM INC PROJECT FREEDOM INC LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT FREEDOM INC PROJECT FREEDOM INC LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	131
PROSTATE CANCER COALITION OF NEW JE PO BOX 12 CALIFON, NJ 078300012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
PROTESTANT EPISCOPAL CHURCH IN THE 73 S FULLERTON AVE MONTCLAIR, NJ 07042	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROTESTANT EPISCOPAL CHURCH IN THE 73 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
PROTESTANT EPISCOPAL CHURCH IN THE 73 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
PROTESTANT EPISCOPAL CHURCH IN THE 73 SOUTH FULLERTON AVENUE MONTCLAIR, NJ 07042	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NEW JERSEY CONGRESS OF PARENTS 151 MONMOUTH AVENUE ATLANTIC HIGHLANDS, NJ 07716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PTA NEW JERSEY CONGRESS OF PARENTS PO BOX 17 WINDSOR, NJ 08561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA NEW JERSEY CONGRESS OF PARENTS PO BOX 17 WINDSOR, NJ 08561	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NEW JERSEY CONGRESS OF PARENTS 733 KEARNY AVE KEARNY, NJ 070323005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PUERTO RICAN ASSOCIATION FOR HUMAN 100 FIRST STREET PERTH AMBOY, NJ 088614645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PUNTA SANTIAGO DOGS INC 2 CARRIAGE DR ANDOVER, NJ 078212063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RABBINICAL COLLEGE OF AMERICA PO BOX 1996 MORRISTOWN, NJ 079621996	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
RADBURN PLAYERS 50 ACADEMY CIRCLE OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RALSTON ENGINE COMPANY NO 1 PO BOX 356 MENDHAM, NJ 079450356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	561
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMAPO-BERGEN ANIMAL REFUGE INC 2 SHELTER LN OAKLAND, NJ 07436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
RANCHO RELAXO INC 59 SWEDES BRIDGE ROAD MANNINGTON, NJ 08079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
RANCHO RELAXO INC 59 SWEDES BRIDGE ROAD MANNINGTON, NJ 08079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHO RELAXO INC 59 SWEDES BRIDGE ROAD MANNINGTON, NJ 08079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
RARITAN TOWNSHIP FIRE COMPANY 303 S MAIN ST FLEMINGTON, NJ 088221740	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RARITAN VALLEY Y M C A 144 TICES LANE EAST BRUNSWICK, NJ 08816	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAWHIDE RESCUE INC 16 MT BETHEL RD STE 360 WARREN, NJ 070595604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
REBUILDING TOGETHER NORTH JERSEY IN PO BOX 1389 RIDGEWOOD, NJ 07451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
RECOVERY ADVOCATES OF AMERICA INC 2117 ROUTE 33 HAMILTON SQUARE, NJ 086901740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED BANK CATHOLIC HIGH SCHOOL 112 BROAD STREET RED BANK, NJ 07701	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
REDEEM-HERPO BOX 412 LITTLE SILVER, NJ 07739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REED ACADEMY25 POTASH RD OAKLAND, NJ 07436	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED FOUNDATION FOR AUTISM INC 25 POTASH RD OAKLAND, NJ 074361612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
REED FOUNDATION FOR AUTISM INC 25 POTASH RD OAKLAND, NJ 074361612	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
REEVES-REED ARBORETUM 165 HOBART AVE SUMMIT, NJ 079012908	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENEW INTERNATIONAL 1232 GEORGE STREET PLAINFIELD, NJ 07062	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	524
RENEW INTERNATIONAL 1232 GEORGE STREET PLAINFIELD, NJ 07062	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
RESCUE MISSION OF TRENTON PO BOX 790 TRENTON, NJ 086050790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
RIDE OF NEW JERSEY INCPO BOX 4129 WARREN, NJ 07059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	825
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
RIDER UNIVERSITY 2083 LAWRENCEVILLE RD LAWRENCEVILLE, NJ 086483001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDERS FOR A CAUSEPO BOX 3283 MERCERVILLE, NJ 086190283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
RIDGE YOUTH SPORTS INC 65 NORTH MAPLE AVENUE BASKING RIDGE, NJ 079200000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RIDGEWOOD CONCERT BAND INC PO BOX 151 RIDGEWOOD, NJ 074510151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEWOOD HIGH SCHOOL FOOTBALL SCHO PO BOX 1338 RIDGEWOOD, NJ 074511338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
RIDGEWOOD HIGH SCHOOL FOOTBALL SCHO PO BOX 1338 RIDGEWOOD, NJ 074511338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RIDGEWOOD HIGH SCHOOL FOOTBALL SCHO PO BOX 1338 RIDGEWOOD, NJ 074511338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEWOOD HISTORICAL SOCIETY INC 650 E GLEN AVE RIDGEWOOD, NJ 074501905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIDGEWOOD PUBLIC LIBRARY FOUNDATION 125 N MAPLE AVE RIDGEWOOD, NJ 074503242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RIDING WITH HEART 639 COUNTY ROAD 513 PITTSTOWN, NJ 088675162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDING WITH HEART 639 COUNTY ROAD 513 PITTSTOWN, NJ 088675162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RIDING WITH HEART 639 COUNTY ROAD 513 PITTSTOWN, NJ 088675162	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
RISING TIDE CAPITAL INC 384 MARTIN LUTHER KING DRIVE JERSEY CITY, NJ 07305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER VALE BASEBALL AND SOFTBALL AS 787 MATTNER COURT RIVER VALE, NJ 07675	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RIVER VALE BASKETBALL ASSOCIATION 658 CARUSO LANE RIVER VALE, NJ 07675	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
RIVERBANK CHARTER SCHOOL OF EXCELLE 1300 HORNBERGER AVE ROEBLING, NJ 085541313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERBANK CHARTER SCHOOL OF EXCELLE 1300 HORNBERGER AVE ROEBLING, NJ 085541313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RIVERSIDE SYMPHONIA INC 4 SOUTH UNION ST PO BOX 650 LAMBERTVILLE, NJ 08530	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RIVERVIEWJAZZ ORGPO BOX 17291 JERSEY CITY, NJ 073077291	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBBINSVILLE LACROSSE ASSOCIATION PO BOX 491 WINDSOR, NJ 085610491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE OF CENTRAL & 131 BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE OF CENTRAL & 131 BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CENTRAL & 131 N BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
RONALD MCDONALD HOUSE OF CENTRAL & 145 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE OF CENTRAL & 131 BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CENTRAL & 131 BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF CENTRAL & 131 N BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF CENTRAL & 131 BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF CENTRAL & 131 N BATH AVE LONG BRANCH, NJ 077406314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
RONALD MCDONALD HOUSE OF SOUTHERN N 550 MICKLE BOULEVARD CAMDEN, NJ 08103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE OF SOUTHERN N 550 MICKLE BOULEVARD CAMDEN, NJ 08103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSE HOUSEPO BOX 544 CEDAR KNOLLS, NJ 079270544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ROSELLE PARK YOUTH BASEBALL & SOFTB PO BOX 94 ROSELLE PARK, NJ 07204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY FOUNDATION OF PLAINSBORO INC PO BOX 171 KENDALL PARK, NJ 088240171	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
ROWAN UNIVERSITY FOUNDATION INC 40 NORTH ACADEMY STREET SHPEEN HALL 2ND FLOOR GLASSBORO, NJ 080281702	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
RUMSON COUNTRY DAY SCHOOL 35 BELLEVUE AVE RUMSON, NJ 077601225	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUMSON COUNTRY DAY SCHOOL 35 BELLEVUE AVE RUMSON, NJ 077601225	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
RUMSON EDUCATION FOUNDATION INC PO BOX 395 RUMSON, NJ 07760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
RUTGERS PREPARATORY SCHOOL 1345 EASTON AVE SOMERSET, NJ 088731499	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS PREPARATORY SCHOOL 1345 EASTON AVE SOMERSET, NJ 088731499	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RUTGERS THE STATE UNIVERSITY OF NJ 1 WASHINGTON PARK 8TH FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS THE STATE UNIVERSITY OF NJ 42 RIVA AVENUE NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	105
RUTGERS THE STATE UNIVERSITY OF NJ 335 GEORGE STREET- SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	21
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	7,366
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250,000
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	376
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,001
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	600
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	552
RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET SUITE 4000 NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RWJ BARNABAS HEALTH INC 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
RYANS QUEST INC6 CORAL DRIVE HAMILTON, NJ 08619	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,075
S A V E - A FRIEND TO HOMELESS ANIM 1010 ROUTE 601 SKILLMAN, NJ 08558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S A V E - A FRIEND TO HOMELESS ANIM 1010 ROUTE 601 SKILLMAN, NJ 08558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SACRED HEART GRADE SCHOOL 4TH JASPER STREETS CAMDEN, NJ 08104	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	240
SACRED HEART GRADE SCHOOL 4TH JASPER STREETS CAMDEN, NJ 08104	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADHANA SANGAMA INTERNATIONAL INC 2 PINE RIDGE DR EDISON, NJ 088202826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SAGE ELDERCARE INC 290 BROAD STREET SUMMIT, NJ 07901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SAINT DOMINIC ACADEMY 2572 KENNEDY BLVD JERSEY CITY, NJ 07304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT GREGORYS EPISCOPAL CHURCH 480 S BEVERWYCK RD PARSIPPANY, NJ 07054	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT JOHN'S CHURCH 22 MULBERRY STREET NEWARK, NJ 071025202	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,250
SAINT JOSEPHS CARPENTER SOCIETY 20 CHURCH STREET CAMDEN, NJ 08105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55,000
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PETERS UNIVERSITY 2641 JOHN F KENNEDY BOULEVARD JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
SALVATION ARMY & ITS COMPONENTS 4 GARY ROAD - PO BOX 3170 UNION, NJ 07083	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	345
SALVATION ARMY & ITS COMPONENTS 4 GARY ROAD - PO BOX 3170 UNION, NJ 07083	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOMELESS INTERIM PROGRAM 87 E HIGH ST SOMERVILLE, NJ 088762311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAMMYS HOPE INCPO BOX 7281 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SAMMYS HOPE INCPO BOX 7281 NORTH BRUNSWICK, NJ 08902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANATANA DHARMA FOUNDATION 12 OLD WARSON CT SKILLMAN, NJ 08558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,875
SANATANA DHARMA FOUNDATION 12 OLD WARSON CT SKILLMAN, NJ 08558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SANGAM FESTIVAL369 MERCER ST PRINCETON, NJ 08540	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIP FUND FOR INNER-CITY CHI 171 CLIFTON AVE P O BOX 9500 NEWARK, NJ 071049500	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SCHULTZ SR DACHSHUND RESCUE & SANCT 1478 ROUTE 179 LAMBERTVILLE, NJ 085303415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SCHULTZ SR DACHSHUND RESCUE & SANCT 1478 ROUTE 179 LAMBERTVILLE, NJ 085303415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEAS ITPO BOX 51 ALLENHURST, NJ 07711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND CHANCE PET ADOPTION LEAGUE PO BOX 221 OAK RIDGE, NJ 074380221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVENUE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND STREET YOUTH CENTER FOUNDATI 200 PLAINFIELD AVENUE PLAINFIELD, NJ 07060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,178
SEER FARMS INC 472 W VETERANS HWY JACKSON, NJ 085273703	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
SENIOR SERVICES CENTER OF THE CHATH 58 MEYERSVILLE ROAD CHATHAM, NJ 079280175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETH BOYDEN ELEMENTARY DEMONSTRATIO 274 BOYDEN AVE MAPLEWOOD, NJ 070403010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
SETON HALL PREPARATORY SCHOOL 120 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
SETON HALL UNIVERSITY 457 CENTRE ST SOUTH ORANGE, NJ 07079	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SHANNON DALEY MEMORIAL FUND INC PO BOX 1271 WHITE HOUSE STATION, NJ 088893905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
SHANTI BHAVAN CHILDRENS PROJECT 141 HAWKINS PLACE PMB 192 BOONTON, NJ 07005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,740
SHARE AND CARE FOUNDATION FOR INDIA 676 WINTERS AVENUE PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING NETWORK FOUNDATION INC 691 CENTRAL AVE NEW PROVIDNCE, NJ 079741560	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
SHARSHERET INC 1086 TEANECK ROAD SUITE 2G TEANECK, NJ 07666	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERDS OF YOUTH CHARITABLE TRUST 641 SHUNPIKE ROAD CHATHAM, NJ 079281567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHERYLS DEN ANIMAL RESCUE INC PO BOX 175 WEST MILFORD, NJ 074801006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
SHERYLS DEN ANIMAL RESCUE INC PO BOX 175 WEST MILFORD, NJ 074801006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERYLS DEN ANIMAL RESCUE INC PO BOX 175 WEST MILFORD, NJ 074801006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
SHINING STARS NETWORK INC 24 GEORGIA ST CRANFORD, NJ 07016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SHORE ANIMAL VOLUNTEER ENTERPRISE I PO BOX 503 ISLAND HGTS, NJ 087320503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRIMAD RAJCHANDRA MISSION DHARAMPU 29 RODAK CIRCLE EDISON, NJ 08817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIERRA HOUSE 134 EVERGREEN PLACE SUITE 103 EAST ORANGE, NJ 07018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SIERRA HOUSE 134 EVERGREEN PLACE SUITE 103 EAST ORANGE, NJ 07018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIERRA HOUSE 134 EVERGREEN PLACE SUITE 103 EAST ORANGE, NJ 07018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SINAI SPECIAL NEEDS INSTITUTE 240 FRISCH COURT SUITE 100 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
SINAI SPECIAL NEEDS INSTITUTE 240 FRISCH COURT SUITE 100 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SINAI SPECIAL NEEDS INSTITUTE 240 FRISCH COURT SUITE 100 PARAMUS, NJ 07652	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	36
SISTER2SISTER INC1201 HAMILTON ST SOMERSET, NJ 088733382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SISTER2SISTER INC1201 HAMILTON ST SOMERSET, NJ 088733382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS NETWORK INC 1201 HAMILTON STREET SOMERSET, NJ 08873	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SKY MEDITATION CENTER A NJ NONPROFI 18 SKILLMAN AVE JERSEY CITY, NJ 073065110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMALL STEPS IN SPEECHPO BOX 134 COLLINGSWOOD, NJ 081080134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SMILE OF HOPATCONG 39 LAKESIDE BLVD HOPATCONG, NJ 07843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOCIETY FOR THE PREVENTION OF TEEN 110 WEST MAIN STREET FREEHOLD, NJ 077286835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,910
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	83
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET COUNTY YOUNG MENS CHRISTIA 140 MT AIRY RD BASKING RIDGE, NJ 079202021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17
SOMERSET HILLS LEARNING INSTITUTE I 1810 BURNT MILLS ROAD BEDMINSTER, NJ 07921	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SOMERSET MUSTANGS INC PO BOX 5634 SOMERSET, NJ 08875	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERSET VALLEY VISITING NURSE ASSO 110 W END AVE SOMERVILLE, NJ 088761824	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOMERVILLE EDUCATIONAL FOUNDATION I PO BOX 8721 SOMERVILLE, NJ 088768721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOMERVILLE EDUCATIONAL FOUNDATION I PO BOX 8721 SOMERVILLE, NJ 088768721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERVILLE EDUCATIONAL FOUNDATION I PO BOX 8721 SOMERVILLE, NJ 088768721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOMERVILLE ELKS CHARITABLE TRUST 375 UNION AVE BRIDGEWATER, NJ 088073108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOMERVILLE MIDDLE SCHOOL 51 WEST CLIFF STREET SOMERVILLE, NJ 08876	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMERVILLE MIDDLE SCHOOL BAND BOOST 51 W CLIFF ST SOMERVILLE, NJ 088761903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SOURLAND CONSERVANCY 83 PRINCETON AVE SUITE 1A HOPEWELL, NJ 08525	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTH BRUNSWICK PUBLIC LIBRARY FOUN 110 KINGSTON LN MONMOUTH JCT, NJ 088523005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH ORANGE MIDDLE SCHOOL 70 NORTH RIDGEWOOD ROAD S ORANGE, NJ 07079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	45
SOUTH ORANGE MIDDLE SCHOOL 70 NORTH RIDGEWOOD ROAD S ORANGE, NJ 07079	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
SOUTH ORANGE RESCUE SQUAD INC 62 SLOAN STREET SOUTH ORANGE, NJ 070791712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH ORANGE RESCUE SQUAD INC 62 SLOAN STREET SOUTH ORANGE, NJ 070791712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
SOUTH ORANGE RESCUE SQUAD INC 62 SLOAN STREET SOUTH ORANGE, NJ 070791712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SOUTH ORANGE RESCUE SQUAD INC 62 SLOAN STREET SOUTH ORANGE, NJ 070791712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH STREET THEATER CO INC 100 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SOUTH STREET THEATER CO INC 100 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
SOUTH STREET THEATER CO INC 100 SOUTH STREET MORRISTOWN, NJ 07960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,622
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,592
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	336
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SPECIAL OLYMPICS NEW JERSEY INC 1 EUNICE KENNEDY SHRIVER WAY LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
SPECIAL STRIDES118 FEDERAL RD MONROE, NJ 088318018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD FIRST AID SQUAD INC 10 NORTH TRIVETT AVENUE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
SPRINGFIELD FIRST AID SQUAD INC 10 NORTH TRIVETT AVENUE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
SPRINGFIELD FIRST AID SQUAD INC 10 NORTH TRIVETT AVENUE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD FIRST AID SQUAD INC 10 NORTH TRIVETT AVENUE SPRINGFIELD, NJ 07081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
SRI LANKAN MUSLIMS ASSOCIATION IN N 157 PLAINFIELD AVE EDISON, NJ 088173713	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
SRI LANKAN MUSLIMS ASSOCIATION IN N 157 PLAINFIELD AVE EDISON, NJ 088173713	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI RAMANUJA MISSION INC 619 ELIZABETH AVE SOMERSET, NJ 088735201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST BARTHOLOMEW ACADEMY 2032 WESTFIELD AVENUE SCOTCH PLAINS, NJ 07076	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST BENEDICTS PREP ALUMNI ASSOCIATIO 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST BENEDICT'S PREP SCHOOL 520 MARTIN LUTHER KING JR BLVD NEWARK, NJ 071021314	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GENEVIEVE SCHOOL 171 CLIFTON AVE NEWARK, NJ 071040500	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST GREGORYS PANTRY INC 804 BAY AVE PLEASANT BEACH, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ST GREGORYS PANTRY INC 804 BAY AVE PLEASANT BEACH, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST GREGORYS PANTRY INC 804 BAY AVE PLEASANT BEACH, NJ 08742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,350
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
ST HUBERTS GIRALDA 575 WOODLAND AVE MADISON, NJ 07940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ST HUBERTS GIRALDA PO BOX 159 575 WOODLAND AVENUE MADISON, NJ 079400159	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
ST JAMES LUTHERAN CHURCH 1213 US HIGHWAY 22 PHILLIPSBURG, NJ 088654102	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JAMES LUTHERAN CHURCH 1213 US HIGHWAY 22 PHILLIPSBURG, NJ 088654102	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	385
ST JOHN VIANNEY REGIONAL HIGH SCHOO 540A LINE ROAD HOLMDEL, NJ 07733	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST JOSEPH HEALTHCARE SYSTEM INC 224 HAMBURG TURNPIKE WAYNE, NJ 074702111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH REGIONAL HIGH SCHOOL 40 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST MATTHIAS ELEMENTARY SCHOOL 170 JOHN F KENNEDY BLVD SOMERSET, NJ 088732230	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST PAUL SCHOOL218 NASSAU STREET PRINCETON, NJ 085424604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PAUL SCHOOL218 NASSAU STREET PRINCETON, NJ 085424604	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST PAULS COMMUNITY DEVELOPMENT CORP 456 VAN HOUTEN STREET PATERSON, NJ 07501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
ST PETERS FOUNDATION 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PETERS PREPARATORY SCHOOL 144 GRAND ST JERSEY CITY, NJ 073024431	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
ST PETERS PREPARATORY SCHOOL 144 GRAND STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST PETERS PREPARATORY SCHOOL 144 GRAND STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PHILIP THE APOSTLE SCHOOL 797 VALLEY ROAD CLIFTON, NJ 07013	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST TERESA EARLY CHILDHOOD CENTER 306 MORRIS AVE SUMMIT, NJ 07901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST TERESA'S CATHOLIC CHURCH INC 306 MORRIS AVE SUMMIT, NJ 07901	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
STATE THEATRE REGIONAL ARTS CENTER 15 LIVINGSTON AVE NEW BRUNSWICK, NJ 089011903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STOCKTON UNIVERSITY 101 VERA KING FARRIS DR ATTN K-144 STOCKTON PAC GALLOWAY, NJ 082059441	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOCKTON UNIVERSITY 101 VERA KING FARRIS DR ATTN K-144 STOCKTON PAC GALLOWAY, NJ 082059441	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
STONE HARBOR MUSEUM CORPORATION 9410 2ND AVENUE STONE HARBOR, NJ 08247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
STREET 2 STREET 555 GOFFLE ROAD SUITE 212 RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUART COUNTRY DAY SCHOOL OF THE SA 1200 STUART ROAD PRINCETON, NJ 08540	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
STUDENT PARTNER ALLIANCE A NEW JERS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
STUDENT PARTNER ALLIANCE A NEW JERS 561 SPRINGFIELD AVENUE SUMMIT, NJ 07901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUDC FOUNDATION 101 EISENHOWER PARKWAY SUITE 300 ROOM 307 ROSELAND, NJ 07068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SUMMIT AREA YMCA 99 MORRIS AVENUE SUMMIT, NJ 079017500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUMMIT AREA YMCA 99 MORRIS AVENUE SUMMIT, NJ 079017500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT EDUCATIONAL FOUNDATION INC PO BOX 268 SUMMIT, NJ 079020268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SUMMIT HIGH SCHOOL BAND PARENTS ASS 125 KENT PLACE BLVD SUMMIT, NJ 07901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUMMIT PERFORMING ARTS RESOURCE COM PO BOX 462 SUMMIT, NJ 079020462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT SCHOOL BOOSTER ASSOCIATION PO BOX 674 SUMMIT, NJ 079020674	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SUMMIT SPEECH SCHOOL 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,232
SUMMIT SPEECH SCHOOL 705 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,647
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	442
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	602
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	413
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2 PRINCESS RD STE D LAWRENCEVILLE, NJ 08648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
SUSAN G KOMEN BREAST CANCER FOUNDAT 4 CAMPUS DRIVE SUITE 110 PARSIPPANYTROY HILLS, NJ 07054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	83
SUSSEX COUNTY ASSOCIATION FOR RETAR 11 US ROUTE 206 SUITE 100 AUGUSTA, NJ 07822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSSEX COUNTY ASSOCIATION FOR RETAR 11 US ROUTE 206 SUITE 100 AUGUSTA, NJ 07822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SUSSEX COUNTY ASSOCIATION FOR RETAR 11 US ROUTE 206 SUITE 100 AUGUSTA, NJ 07822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
SUSSEX COUNTY YOUTH ORCHESTRAS AND PO BOX 1052 ANDOVER, NJ 07821	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSSEX HELP CENTER INCPO BOX 415 SUSSEX, NJ 074610415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SWEDESBORO-WOOLWICH ELEMENTARY PTO 15 FREDRICK BLVD SWEDESBORO, NJ 080854241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SYNAGOGUE OF THE SUBURBAN TORAH CEN 85 WEST MT PLEASANT AVENUE LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYNAGOGUE OF THE SUBURBAN TORAH CEN 85 WEST MT PLEASANT AVENUE LIVINGSTON, NJ 07039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	338
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,228
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	812
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
T A S K72 1/2 ESCHER STREET TRENTON, NJ 086091018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
T A S KPO BOX 872 TRENTON, NJ 086050000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TABBYS PLACE A CAT SANCTUARY INC 1100 US HIGHWAY 202 RINGOES, NJ 08551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
TABBYS PLACE A CAT SANCTUARY INC 1100 US HIGHWAY 202 RINGOES, NJ 08551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TABLE TO TABLE INC 611 ROUTE 46 WEST SUITE 240 HASBROUCK HEIGHTS, NJ 07604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TABLE TO TABLE INC 611 ROUTE 46 WEST SUITE 240 HASBROUCK HEIGHTS, NJ 07604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TABLE TO TABLE INC 611 ROUTE 46 WEST SUITE 240 HASBROUCK HEIGHTS, NJ 07604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
TASHBAR OF LAKEWOOD INC 82 OAK STREET LAKEWOOD, NJ 08701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 50 PARK PLACE 2ND FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
TEACH FOR AMERICA INC 50 PARK PLACE 2ND FLOOR NEWARK, NJ 07102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TEAM ACADEMY CHARTER SCHOOL INC 60 PARK PLACE SUITE 805 NEWARK, NJ 07102	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAMWORK UNLIMITED FOUNDATION 505 MAIN ST METUCHEN, NJ 088401470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
TELANGANA DEVELOPEMENT FORUM USA IN 815 DOW RD BRIDGEWATER, NJ 088071169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGUPEOPLE FOUNDATION 1 CAPO DRIVE MARLBORO, NJ 07746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TEMPLE BETH EL67 US HIGHWAY 206 HILLSBOROUGH, NJ 088444142	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	72
TEND TO A FRIEND3 KRISTEN CT SOMERSET, NJ 088735016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THAAKAT FOUNDATION710 WEST AVE SEWAREN, NJ 07077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,300
THAAKAT FOUNDATION710 WEST AVE SEWAREN, NJ 07077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVENUE ROCKAWAY, NJ 078662933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE 11TH HOUR ANIMAL RESCUE INC 21 MOUNT PLEASANT AVENUE ROCKAWAY, NJ 078662933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
THE APPEL FARM ARTS AND MUSIC CENTE 457 SHIRLEY ROAD ELMER, NJ 083180888	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THE ARC OF HUNTERDON COUNTY INC 1465 ROUTE 31 SOUTH SUITE 23 ANNANDALE, NJ 088013131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARC OF HUNTERDON COUNTY INC 1465 ROUTE 31 SOUTH SUITE 23 ANNANDALE, NJ 088013131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE ARC OF HUNTERDON COUNTY INC 1465 ROUTE 31 SOUTH SUITE 23 ANNANDALE, NJ 088013131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
THE BARN FOR THE POOREST OF THE POO 39 BAYBERRY LN MIDDLETOWN, NJ 077481424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE CENTER FOR GREAT EXPECTATIONS I 19BDELLWOOD LANE SOMERSET, NJ 08873	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
THE COLLEGE OF NEW JERSEY FOUNDATIO PO BOX 7718 EWING, NJ 086280718	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
THE DISCOVERY ORCHESTRA INC 45 EAST WILLOW ST MILLBURN, NJ 07041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DISCOVERY ORCHESTRA INC 45 EAST WILLOW ST MILLBURN, NJ 07041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE DOUGLASS FUND181 RYDERS LN NEW BRUNSWICK, NJ 089018518	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
THE EMMANUEL CANCER FOUNDATION INC 67 WALNUT AVE SUITE 107 CLARK, NJ 07066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ESSEX FELLS FOUNDATION FOR EDUC PO BOX 174 ESSEX FELLS, NJ 070210174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE FYKE NATURE ASSOCIATION CO STA PO BOX 141 RAMSEY, NJ 074460141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE GREENWOOD GARDENS & NATURE 274 OLD SHORT HILLS RD SHORT HILLS, NJ 070782100	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREENWOOD GARDENS & NATURE 274 OLD SHORT HILLS RD SHORT HILLS, NJ 070782100	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
THE HUN SCHOOL OF PRINCETON 176 EDGERSTOWNE RD PRINCETON, NJ 08540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,977
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	306
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	251
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
THE INSTITUTE FOR CHILDREN WITH CAN 121 SOMERSET STREET NEW BRUNSWICK, NJ 08901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	410
THE JEWISH FOUNDATION FOR THE RIGHT 80 MAIN STREET SUITE 380 WEST ORANGE, NJ 07052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JILLIAN FUNDPO BOX 582 MONTVALE, NJ 076450582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE JUNIOR LEAGUE OF GREATER PRINCE PO BOX 2192 PRINCETON, NJ 08543	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE LAKE HOPATCONG FOUNDATION A NEW 125 LANDING ROAD LANDING, NJ 07850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAKE HOPATCONG FOUNDATION A NEW 125 LANDING ROAD LANDING, NJ 07850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE LAND CONSERVANCY OF NEW JERSEY 19 BOONTON AVE BOONTON, NJ 070058902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LAWRENCEVILLE SCHOOL PO BOX 6008 LAWRENCEVILLE, NJ 086480008	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
THE LEARNING COMMUNITY CHARTER SCHO 2495 JOHN F KENNEDY BLVD JERSEY CITY, NJ 073042007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
THE LEGACY TREATMENT SERVICES FOUND 1289 ROUTE 38 HAINESPORT, NJ 080362730	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LEGACY TREATMENT SERVICES FOUND 1289 ROUTE 38 HAINESPORT, NJ 080362730	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
THE LEGACY TREATMENT SERVICES FOUND 1289 ROUTE 38 HAINESPORT, NJ 080362730	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	60
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MASTERWORK CHORUS INC PO BOX 2167 MORRISTOWN, NJ 079622167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
THE MATTHEW LARSON FOUNDATION FOR P P O BOX 836 FRANKLIN LAKES, NJ 07417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MATTHEW LARSON FOUNDATION FOR P 965 LILY POND LN FRANKLIN LKS, NJ 074171056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE MONTCLAIR KIMBERLEY ACADEMY 201 VALLEY ROAD MONTCLAIR, NJ 07042	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE OASIS HAVEN FOR WOMEN & CHILDRE 59 MILL STREET PATERSON, NJ 07501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
THE OCEANVILLE VOLUNTEER FIRE COMPA PO BOX 326 OCEANVILLE, NJ 082310326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE PARENT PROJECT FOR MUSCULAR DYS 401 HACKENSACK AVENUE 9TH FLOOR HACKENSACK, NJ 07601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARENT PROJECT FOR MUSCULAR DYS 401 HACKENSACK AVENUE 9TH FLOOR HACKENSACK, NJ 07601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE PARENT PROJECT FOR MUSCULAR DYS 401 HACKENSACK AVENUE 9TH FLOOR HACKENSACK, NJ 07601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE RED OAKS SCHOOL INC 21 CUTLER ST MORRISTOWN, NJ 079602958	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY1738 RT 37 EAST TOMS RIVER, NJ 08753	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	350
THE SANDY HOOK FOUNDATION INC 84 MERCER ROAD FORT HANCOCK, NJ 07732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE SCHOOL DISTRICT OF THE CHATHAMS 259 LAFAYETTE AVENUE CHATHAM, NJ 07928	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHOOL DISTRICT OF THE CHATHAMS 259 LAFAYETTE AVENUE CHATHAM, NJ 07928	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
THE SCHOOL DISTRICT OF THE CHATHAMS 54 FAIRMOUNT AVENUE CHATHAM, NJ 079282313	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,855
THE SEEING EYE INCPO BOX 375 MORRISTOWN, NJ 07963	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
THE SHAKESPEARE THEATRE OF NEW JERS 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHAKESPEARE THEATRE OF NEW JERS 3 VREELAND ROAD FLORHAM PARK, NJ 07932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE SUMMIT MEDICAL GROUP FOUNDATION 890 MOUNTAIN AVE NEW PROVIDENCE, NJ 07974	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,122
THE TRUSTEES OF THE STEVENS INSTITU DEVELOPMENT DIVISION - 8 FL 1 CASTLE POINT TER HOBOKEN, NJ 07030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRUSTEES OF THE STEVENS INSTITU DEVELOPMENT DIVISION - 8 FL 1 CASTLE POINT TER HOBOKEN, NJ 07030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE UNITED WAY OF SALEM COUNTY INC PO BOX 127 SALEM, NJ 080790127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE VILLAGE SCHOOL 100 W PROSPECT ST WALDWICK, NJ 07463	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WILLIAM PATERSON UNIVERSITY OF 300 POMPTON RD HOBART MANOR WAYNE, NJ 074702103	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
THE WILLIAM PATERSON UNIVERSITY OF 300 POMPTON RD HOBART MANOR WAYNE, NJ 074702103	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
THE WINSTON SCHOOL30 EAST LANE SHORT HILLS, NJ 070783243	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THIRUVALLUVAR TAMIL SCHOOL INC 3 UNIVERSAL AVE EDISON, NJ 088202408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TOASTMASTERS INTERNATIONAL 9 PIERCE ROAD EAST WINDSOR, NJ 08520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TOMMY SHINE FOUNDATION PO BOX 2666 SECAUCUS, NJ 070962666	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 076011915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 076011915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 076011915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMORROWS CHILDRENS FUND INC 30 PROSPECT AVE HACKENSACK, NJ 076011915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TORAH ACADEMY OF BERGEN COUNTY 1600 QUEEN ANNE ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
TORAH ACADEMY OF BERGEN COUNTY 1600 QUEEN ANNE ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TORAH ACADEMY OF BERGEN COUNTY 1600 QUEEN ANNE ROAD TEANECK, NJ 07666	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TRENTON ANIMALS ROCK 1977 N OLDEN AVE 553 TRENTON, NJ 08609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
TRENTON CHILDRENS CHORUS PO BOX 7220 TRENTON, NJ 086280220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY SCHOLARSHIP FUND 14 WEST MAIN STREET MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
TRI-COUNTY SCHOLARSHIP FUND 14 WEST MAIN STREET MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRI-COUNTY SCHOLARSHIP FUND 14 WEST MAIN STREET MENDHAM, NJ 07945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 072070259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TRINITAS HEALTH FOUNDATION PO BOX 259 ELIZABETH, NJ 072070259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
TRINITY HALL101 CORREGIDOR ROAD TINTON FALLS, NJ 07724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	409
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPLE NEGATIVE BREAST CANCERFOUNDA PO BOX 204 NORWOOD, NJ 076480204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRUE MENTORSPO BOX 6264 HOBOKEN, NJ 07030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
TRUE MENTORSPO BOX 6264 HOBOKEN, NJ 07030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF NEWARK ACADEMY 91 S ORANGE AVENUE LIVINGSTON, NJ 07039	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085440001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,584
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085420291	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 291 PRINCETON, NJ 085440001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 085435357	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 154 PRINCETON, NJ 085406242	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TURNER SYNDROME FOUNDATION INC PO BOX 726 HOLMDEL, NJ 07733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
TWO HAWKS FOUNDATION INC 214 EMMONS RD SOUTHAMPTON, NJ 080883411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWO RIVER THEATRE COMPANY 21 BRIDGE AVE RED BANK, NJ 077011105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
UIH FAMILY PARTNERS INC UIH FAMILY PARTNERS TRENTON, NJ 086081702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
UIH FAMILY PARTNERS INC UIH FAMILY PARTNERS TRENTON, NJ 086081702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNCHAINED AT LAST 208 LENOX AVE NO 189 WESTFIELD, NJ 070905120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
UNCHAINED AT LAST 208 LENOX AVE NO 189 WESTFIELD, NJ 070905120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
UNCHAINED AT LAST 208 LENOX AVE NO 189 WESTFIELD, NJ 070905120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION COUNTY ECONOMIC DEVELOPMENT C 75 CHESTNUT STREET CRANFORD, NJ 07016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNION COUNTY ECONOMIC DEVELOPMENT C 75 CHESTNUT STREET CRANFORD, NJ 07016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
UNITED CHURCH OF CHRIST 8 EAST MAIN STREET - BOX 490 BROOKSIDE, NJ 07926	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CHURCH OF CHRIST 8 EAST MAIN STREET - BOX 490 BROOKSIDE, NJ 07926	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
UNITED FUND OF WESTFIELD NJ 301 NORTH AVE WEST WESTFIELD, NJ 070901431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED GIVERS PLAN OF PACK A NACK L PO BOX 1835 WAYNE, NJ 074741835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED GIVERS PLAN OF PACK A NACK L PO BOX 1835 WAYNE, NJ 074741835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES CONFERENCE OF CATHOLI 631 MARKET STREET CAMDEN, NJ 081021103	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,725
UNITED STATES CONFERENCE OF CATHOLI 631 MARKET STREET CAMDEN, NJ 081021103	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	398
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BERGEN COUNTY 6 FOREST AVENUE SUITE 220 PARAMUS, NJ 07652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
UNITED WAY OF CENTRAL JERSEY INC 32 FORD AVE MILLTOWN, NJ 08850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	476
UNITED WAY OF CENTRAL JERSEY INC 32 FORD AVE MILLTOWN, NJ 08850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	381
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL JERSEY INC 32 FORD AVE MILLTOWN, NJ 08850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	73
UNITED WAY OF CENTRAL JERSEY INC 32 FORD AVE MILLTOWN, NJ 08850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
UNITED WAY OF ESSEX AND WEST HUDSON 60 PARK PLACE SUITE 1400 NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ESSEX AND WEST HUDSON 60 PARK PLACE SUITE 1400 NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF ESSEX AND WEST HUDSON 60 PARK PLACE SUITE 1400 NEWARK, NJ 07102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT RD THOROFARE, NJ 08086	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT RD THOROFARE, NJ 08086	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,650
UNITED WAY OF GLOUCESTER COUNTY 454 CROWN POINT RD THOROFARE, NJ 08086	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
UNITED WAY OF GREATER MERCER COUNTY 3150 BRUNSWICK PIKE STE 230 LAWRENCEVILLE, NJ 086482420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER MERCER COUNTY 3150 BRUNSWICK PIKE STE 230 LAWRENCEVILLE, NJ 086482420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,191
UNITED WAY OF GREATER MERCER COUNTY 3150 BRUNSWICK PIKE STE 230 LAWRENCEVILLE, NJ 086482420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,570
UNITED WAY OF GREATER MERCER COUNTY 3150 BRUNSWICK PIKE STE 230 LAWRENCEVILLE, NJ 086482420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	307
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER UNION COUNTY 33 WEST GRAND ST ELIZABETH, NJ 07202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF HUDSON COUNTY 857 BERGEN AVE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD STE 401 FLEMINGTON, NJ 088224669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD STE 401 FLEMINGTON, NJ 088224669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD STE 401 FLEMINGTON, NJ 088224669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HUNTERDON COUNTY 4 WALTER FORAN BLVD STE 401 FLEMINGTON, NJ 088224669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	324
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	229
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MONMOUTH AND OCEAN CO 4814 OUTLOOK DRIVE SUITE 107 WALL, NJ 07753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF NORTHERN NEW JERSEY I PO BOX 6835 BRIDGEWATER, NJ 08807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	87
UNITED WAY OF NORTHERN NEW JERSEY I PO BOX 6835 BRIDGEWATER, NJ 08807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHERN NEW JERSEY I PO BOX 6835 BRIDGEWATER, NJ 08807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
UNITED WAY OF NORTHERN NEW JERSEY I PO BOX 6835 BRIDGEWATER, NJ 08807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23
URBAN LEAGUE OF ESSEX COUNTY 508 CENTRAL AVENUE NEWARK, NJ 071071430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PROMISE ACADEMY PO BOX 1479 CAMDEN, NJ 081050479	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
URBANPROMISE INTERNATIONAL INC PO BOX 156 PENNSAUKEN, NJ 081100156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,857
URBANPROMISE TRENTON 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBANPROMISE TRENTON INC 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
URBANPROMISE TRENTON INC 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
URBANPROMISE TRENTON INC 801 W STATE ST TRENTON, NJ 086185325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALERIE FUND2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
VALLALAR TAMIL SCHOOL INC 51 ASHFORD DR PLAINSBORO, NJ 085363638	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
VALLEY CHABAD INC100 OVERLOOK DR WOODCLIFF LAKE, NJ 076778124	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	6,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CHABAD INC100 OVERLOOK DR WOODCLIFF LAKE, NJ 076778124	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
VALLEY HOSPITAL FOUNDATION 223 N VAN DIEN AVE RIDGEWOOD, NJ 074502726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
VEDANTA CULTURAL FOUNDATION USA INC 500 CROSSFIELDS LN SOMERSET, NJ 088736012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VEDANTA CULTURAL FOUNDATION USA INC 500 CROSSFIELDS LN SOMERSET, NJ 088736012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VISIONS AND PATHWAYS A NJ NONPROFIT P O BOX 6871 BRIDGEWATER, NJ 088070871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
VISIONS AND PATHWAYS A NJ NONPROFIT P O BOX 6871 BRIDGEWATER, NJ 088070871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISIONS AND PATHWAYS A NJ NONPROFIT P O BOX 6871 BRIDGEWATER, NJ 088070871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
VISIONS AND PATHWAYS A NJ NONPROFIT P O BOX 6871 BRIDGEWATER, NJ 088070871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
VISIONS AND PATHWAYS A NJ NONPROFIT P O BOX 6871 BRIDGEWATER, NJ 088070871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF CENTR 23 MAIN STREET HOLMDEL, NJ 07733	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
VISITING NURSE ASSOCIATION OF CENTR SUITE D1 HOLMDEL, NJ 07733	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
VISITING NURSE ASSOCIATION OF CENTR SUITE D1 HOLMDEL, NJ 07733	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,805
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,825
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	416
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	730
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,251
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	834
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VT SEVA222 DEY ROAD SUITE B CRANBURY, NJ 085122607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,768
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VT SEVAP O BOX 406 PRINCETON JUNCTION, NJ 08550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
W E B DUBOIS SCHOLARS INSTITUTE INC 174 NASSAU STREET SUITE 360 PRINCETON, NJ 08542	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
WAFA HOUSE INC 23 HOWE AVENUE 2ND FL PASSAIC, NJ 07055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAFA HOUSE INC 23 HOWE AVENUE 2ND FL PASSAIC, NJ 07055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON TOWNSHIP YOUTH ASSOCIATI PO BOX 163 WASHINGTON, NJ 078820163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WAYNE CONSERVATIVE JEWISH CONGREGAT 30 HINCHMAN AVENUE WAYNE, NJ 07470	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,195
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYNE INTERFAITH NETWORK PO BOX 3341 WAYNE, NJ 07470	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,470
WC PARENTS INC 600 BUSINESS PARK DRIVE FREEHOLD, NJ 07728	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
WE WIN A NEW JERSEY NOT FOR PROFIT 588 SANDERLING CT SECAUCUS, NJ 070942220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST ESSEX FOUNDATION FOR EDUCATION 2 KENWOOD CT N CALDWELL, NJ 070064138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WEST MORRIS AREA YMCA 14 DOVER CHESTER RD RANDOLPH, NJ 078691203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WEST WINDSOR PLAINSBORO BABE RUTH PO BOX 605 WEST WINDSOR, NJ 085500000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST WINDSOR VOLUNTEER FIRE CO NO 1 153 S MILL RD PRINCETON JCT, NJ 085502021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WEST WINDSOR VOLUNTEER FIRE CO NO 1 153 S MILL RD PRINCETON JCT, NJ 085502021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WEST WINDSOR-PLAINSBORO EDUCATION F PO BOX 280 WEST WINDSOR, NJ 085500280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST WINDSOR-PLAINSBORO EDUCATION F PO BOX 280 PRINCETON JCT, NJ 085500280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WEST WINDSOR-PLAINSBORO EDUCATION F PO BOX 280 WEST WINDSOR, NJ 085500280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTFIELD HISTORICAL SOCIETY P O BOX 613 WESTFIELD, NJ 070910613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER FOUNDATION PRINCETON NE 174 NASSAU STREET NO 124 PRINCETON, NJ 09542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WESTMINSTER FOUNDATION PRINCETON NE 174 NASSAU STREET NO 124 PRINCETON, NJ 09542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WETLANDS INSTITUTE 1075 STONE HARBOR BLVD STONE HARBOR, NJ 082471424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WETLANDS INSTITUTE 1075 STONE HARBOR BLVD STONE HARBOR, NJ 082471424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WHARTON INSTITUTE FOR THE PERFORMIN 60 LOCUST AVENUE BERKELEY HEIGHTS, NJ 07922	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
WHEATON ARTS AND CULTURAL CENTER IN 1501 GLASSTOWN RD MILLVILLE, NJ 083321566	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHERE ANGELS PLAY FOUNDATION 158 BUCKNELL AVE WOODBRIDGE, NJ 070953604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WHITEHOUSE FIRE COMPANY NUMBER ONE PO BOX 215 WHITE HSE STA, NJ 088890215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WILDLIFE CENTER FRIENDS INC PO BOX 161 TITUSVILLE, NJ 085600161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE CENTER FRIENDS INC PO BOX 161 TITUSVILLE, NJ 085600161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILDLIFE CENTER FRIENDS INC PO BOX 161 TITUSVILLE, NJ 085600161	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WILLIAM ANNIN MIDDLE SCHOOL PARENT 70 QUINCY RD BASKING RIDGE, NJ 079202245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINN FELINE FOUNDATION INC 637 WYCKOFF AVE STE 336 WYCKOFF, NJ 074811438	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	52
WOMANSPACE INC 1530 BRUNSWICK AVE LAWRENCEVILLE, NJ 086484657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMANSPACE INC 1530 BRUNSWICK AVE LAWRENCEVILLE, NJ 086484657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMANSPACE INC 1530 BRUNSWICK AVE LAWRENCEVILLE, NJ 086484657	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
WOMENRISING INC 270 FAIRMOUNT AVENUE JERSEY CITY, NJ 07306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WORLD MISSION SOCIETY CHURCH OF GOD 305 GODWIN AVE RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD MISSION SOCIETY CHURCH OF GOD 305 GODWIN AVE RIDGEWOOD, NJ 07450	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
WYCKOFF FAMILY YMCA 691 WYCKOFF AVE WYCKOFF, NJ 074811524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,187
WYCKOFF FAMILY YMCA 691 WYCKOFF AVE WYCKOFF, NJ 074811524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	254
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYCKOFF FAMILY YMCA 691 WYCKOFF AVE WYCKOFF, NJ 074811524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,175
Y M C A OF WESTFIELD N J 220 CLARK ST WESTFIELD, NJ 070904029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Y M C A OF WESTFIELD N J 220 CLARK ST WESTFIELD, NJ 070904029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Y M C A OF WESTFIELD N J 220 CLARK ST WESTFIELD, NJ 070904029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Y M C A OF WESTFIELD N J 220 CLARK ST WESTFIELD, NJ 070904029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
YAD HENNA SARA INC 10 UNDERWOOD PLACE SUITE 15 CLIFTON, NJ 07013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YAVNEH ACADEMY155 FARVIEW AVE PARAMUS, NJ 07652	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
YAVNEH ACADEMY155 FARVIEW AVE PARAMUS, NJ 07652	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,195
YAVNEH ACADEMY155 FARVIEW AVE PARAMUS, NJ 07652	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA KTANA OF PASSAIC 1 MAIN AVENUE PASSAIC, NJ 07055	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
YESHIVA OF NORTH JERSEY 666 KINDERKAMACK RD RIVER EDGE, NJ 076612152	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,600
YESHIVA OF NORTH JERSEY 666 KINDERKAMACK RD RIVER EDGE, NJ 076612152	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA ORCHOS CHAIM INC 410 OBERLIN AVENUE SOUTH LAKEWOOD, NJ 08701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,495
YESHIVA ORCHOS CHAIM INC 410 OBERLIN AVENUE SOUTH LAKEWOOD, NJ 08701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
YINGHUA INTERNATIONAL SCHOOL A NJ N 25 LAUREL AVENUE KINGSTON, NJ 08528	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,790
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	308
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	154
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
YMCA OF METUCHEN NJ 483 MIDDLESEX AVENUE METUCHEN, NJ 08840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,561
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,051
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	316
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
YOGA SANGEETA INC1 BUNTING CT CRANBURY, NJ 08512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,553
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,228
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
YOUGIVEGOODS FOUNDATION INC 88 E MAIN ST SUITE 406 MENDHAM, NJ 07945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,543
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG AUDIENCES OF NEW JERSEY 200 FORRESTAL ROAD PRINCETON, NJ 085406605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
YOUNG AUDIENCES OF NEW JERSEY 200 FORRESTAL ROAD PRINCETON, NJ 085406605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YOUNG MENS CHRISTIAN ASSOCIATION OF 111 KINGS RD MADISON, NJ 079402122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 111 KINGS RD MADISON, NJ 079402122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
YOUNG MENS CHRISTIAN ASSOCIATION OF 111 KINGS RD MADISON, NJ 079402122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
YOUNG MENS CHRISTIAN ASSOCIATION OF 111 KINGS RD MADISON, NJ 079402122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG SCHOLARS INSTITUTE INC 349 W STATE ST TRENTON, NJ 086185705	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 214 STATE STREET HACKENSACK, NJ 07601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ZUFALL HEALTH CENTER INC 71 FOURTH STREET SOMERVILLE, NJ 08876	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A NEW DAY INC 2305 RENARD PLACE SE SUITE 200 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
A NEW DAY INC 2305 RENARD PLACE SE SUITE 200 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ABQSTAGES 13170 CENTRAL AVE SE SUITE B104 ALBUQUERQUE, NM 871235549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
ACCION INC2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
ALBUQUERQUE ACADEMY HCSR 6400 WYOMING BLVD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE BARBERSHOP COMMUNITY CO 32 EL GALLO CEDAR CREST, NM 870089489	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ALBUQUERQUE CHRISTIAN CHILDRENS HOM 5700 WINTER HAVEN DR NW ALBUQUERQUE, NM 871202643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,728
ALBUQUERQUE COMMUNITY FOUNDATION PO BOX 25266 ALBUQUERQUE, NM 871255266	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBUQUERQUE MEALS ON WHEELS INC PO BOX 92614 ALBUQUERQUE, NM 871992614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
ALBUQUERQUE MUSEUM FOUNDATION INC PO BOX 7006 ALBUQUERQUE, NM 87194	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALL FAITHS1709 MOON ST NE ALBUQUERQUE, NM 87112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 413 ROSWELL, NM 882020413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 413 ROSWELL, NM 882020413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
AMERICAN NATIONAL RED CROSS 2121 OSUNA RD NE ALBUQUERQUE, NM 87113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2121 OSUNA RD NE ALBUQUERQUE, NM 87113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2309 RENARD PL SE SUITE 105 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2309 RENARD PL SE SUITE 105 ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HUMANE ASSOCIATION OF NEW ME 615 VIRGINIA ST SE ALBUQUERQUE, NM 871084228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ARGOS - A SHELTER DOG RESCUE PO BOX 92014 ALBUQUERQUE, NM 87199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 877310248	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMAND HAMMER UNITED WORLD COLLEGE PO BOX 248 MONTEZUMA, NM 877310248	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
ASOMBRO INSTITUTE FOR SCIENCE EDUCA PO BOX 891 LAS CRUCES, NM 880040891	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASRT FOUNDATION 15000 CENTRAL AVE SE ALBUQUERQUE, NM 871233909	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF ALBUQUERQUE IN ASSISTANCE LEAGUE OF ALBUQUERQUE ALBUQUERQUE, NM 871765910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ATLETICO NEW MEXICO FUTBOL CLUB 824 LOMA PINON LOOP NE RIO RANCHO, NM 871440586	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ATLETICO NEW MEXICO FUTBOL CLUB 824 LOMA PINON LOOP NE RIO RANCHO, NM 871440586	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS-BIG SISTERS OF CENTRAL 2500 LOUISIANA BLVD NE STE 200 ALBUQUERQUE, NM 871103144	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	146
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	689
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF CENTRAL NEW ME 3333 TRUMAN ST NE ALBUQUERQUE, NM 871101853	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	92
BRAIN INJURY ASSOCIATION OF NEW MEX 6121 INDIAN SCHOOL RD NE STE 210 ALBUQUERQUE, NM 871103179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
BRAIN INJURY ASSOCIATION OF NEW MEX 6121 INDIAN SCHOOL RD NE STE 210 ALBUQUERQUE, NM 871103179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN INJURY ASSOCIATION OF NEW MEX 6121 INDIAN SCHOOL RD NE STE 210 ALBUQUERQUE, NM 871103179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BRAIN INJURY ASSOCIATION OF NEW MEX 6121 INDIAN SCHOOL RD NE STE 210 ALBUQUERQUE, NM 871103179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CASA OF LEA COUNTY501 N LINAM ST HOBBS, NM 882405715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA Q INCPO BOX 36168 ALBUQUERQUE, NM 87176	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES 2010 BRIDGE BLVD SW ALBUQUERQUE, NM 87105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES GALLUP INC 503 W HIGHWAY 66 AVE SUITE C GALLUP, NM 87301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL NEW MEXICO COMMUNITY COLLEG 525 BUENA VISTA DR SE ALBUQUERQUE, NM 871064023	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
CEREBRAL PALSY PARENT ASSOCIATION PO BOX 27718 ALBUQUERQUE, NM 871257718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHAVES COUNTY CASA PROGRAM 500 N MAIN ST STE 310 ROSWELL, NM 882014765	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHERISHED K-9 ALL BREED RESCUE PO BOX 13385 LAS CRUCES, NM 880133385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CHERISHED K-9 ALL BREED RESCUE PO BOX 13385 LAS CRUCES, NM 880133385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CHERISHED K-9 ALL BREED RESCUE PO BOX 13385 LAS CRUCES, NM 880133385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER FUND OF NEW MEXICO 112 14TH ST SW ALBUQUERQUE, NM 871022822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS CANCER FUND OF NEW MEXICO 112 14TH ST SW ALBUQUERQUE, NM 871022822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS GRIEF CENTER OF NEW MEXIC 3001 TRELLIS DRIVE NW ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF GOD MINISTRIES INC 3601 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CHURCH OF GOD MINISTRIES INC 3601 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CHURCH OF GOD MINISTRIES INC 3601 MONTGOMERY BLVD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CIELO AZUL ELEMENTARY 1550 34TH AVENUE RIO RANCHO, NM 87124	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	146
CIELO AZUL ELEMENTARY 1550 34TH AVENUE RIO RANCHO, NM 87124	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	189
CIELO AZUL ELEMENTARY 1550 34TH AVENUE RIO RANCHO, NM 87124	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS FOR WOMEN 805 TIJERAS AVE NW ALBUQUERQUE, NM 871023099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CULTURAL SANCTUARIES FOUNDATION PO BOX 31628 SANTA FE, NM 875941628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	271
DREAMSPRING2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAMSPRING2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DREAMSPRING2000 ZEARING AVE NW ALBUQUERQUE, NM 871042045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DYSLEXIA INSTITUTE OF SOUTHERN NEW 2376 CHEYENNE DRIVE LAS CRUCES, NM 88011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST MOUNTAIN HIGH SCHOOL FOUNDATIO PO BOX 1852 SANDIA PARK, NM 87047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	276
EAST MOUNTAIN HIGH SCHOOL FOUNDATIO PO BOX 1852 SANDIA PARK, NM 87047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
EAST MOUNTAIN HIGH SCHOOL FOUNDATIO PO BOX 1852 SANDIA PARK, NM 87047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN NEW MEXICO UNIVERSITY FOUND ENMU STATION 8 PORTALES, NM 881300000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ENLACE COMUNITARIO 2425 ALAMO AVE SE ALBUQUERQUE, NM 87106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ESPANOLA VALLEY HUMANE SOCIETY 108 HAMM PARKWAY ESPANOLA, NM 875329655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPLORA SCIENCE CENTER & CHILDRENS 1701 MOUNTAIN ROAD NW ALBUQUERQUE, NM 87104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
FATHERS BUILDING FUTURES 2705 PAN AMERICAN FREEWAY NE SUITE B ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FATHERS BUILDING FUTURES 2705 PAN AMERICAN FREEWAY NE SUITE B ALBUQUERQUE, NM 87107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 875074107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 875074107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 875074107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD DEPOT1222 A SILER ROAD SANTA FE, NM 875074107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF NEW MEXICO FISHER HOUSE 8804 CAMINO OSITO NE ALBUQUERQUE, NM 871111407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GUS WINTER ROSWELL ROTARY FOUNDATIO PO BOX 2930 ROSWELL, NM 882022930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUS WINTER ROSWELL ROTARY FOUNDATIO PO BOX 2930 ROSWELL, NM 882022930	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY 4900 MENAUL NE ALBUQUERQUE, NM 87110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 2910 N DALMONT HOBBS, NM 88240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADING HOMEPO BOX 27636 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA AVE SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	338
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA AVE SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA AVE SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
HEART AND SOUL ANIMAL SANCTUARY 369 MONTEZUMA AVE SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HIGH DESERT HUMANE SOCIETY PO BOX 1973 SILVER CITY, NM 88062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWORKSPO BOX 27258 ALBUQUERQUE, NM 871257258	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
INTERFAITH COMMUNITY SHELTER GROUP PO BOX 22653 SANTA FE, NM 875022653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEMEZ VALLEY ANIMAL AMIGOS PO BOX 333 JEMEZ SPRINGS, NM 870250333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW MEXICO IN 4700 LINCOLN ROAD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
JUNIOR ACHIEVEMENT OF NEW MEXICO IN 4700 LINCOLN ROAD NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
KITCHEN ANGELS INC1222 SILER ROAD SANTAFE, NM 875074106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEA COUNTY HUMANE SOCIETY PO BOX 1192 HOBBS, NM 88241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEA COUNTY HUMANE SOCIETY PO BOX 1192 HOBBS, NM 88241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEA COUNTY HUMANE SOCIETY PO BOX 1192 HOBBS, NM 88241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOS ALAMOS VISITING NURSE SERVICE I 109 CENTRAL PARK SQUARE LOS ALAMOS, NM 87544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MAKE-A-WISH FOUNDATION OF NEW MEXIC 7400 TIBURON ST NE ALBUQUERQUE, NM 87109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MESILLA VALLEY COMMUNITY OF HOPE IN 999 W AMADOR LAS CRUCES, NM 88004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DANCE INSTITUTE NEW MEXICO 1140 ALTO STREET SANTA FE, NM 87501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
NATIONAL DANCE INSTITUTE NEW MEXICO 1140 ALTO STREET SANTA FE, NM 87501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
NEW MEXICO BIOPARK SOCIETY INC 903 10TH ST SW ALBUQUERQUE, NM 871024029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO BIOPARK SOCIETY INC 903 10TH ST SW ALBUQUERQUE, NM 871024029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEW MEXICO BIOPARK SOCIETY INC 903 10TH ST SW ALBUQUERQUE, NM 871024029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NEW MEXICO MILITARY INSTITUTE FOUND 101 W COLLEGE BLVD ROSWELL, NM 882015100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO PHILHARMONIC INC PO BOX 21428 ALBUQUERQUE, NM 87154	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,310
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	80
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW MEXICO STATE UNIVERSITY FOUNDAT PO BOX 3590 LAS CRUCES, NM 88003	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20
OPERA SOUTHWESTPO BOX 27671 ALBUQUERQUE, NM 871257671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PECOS VALLEY JAZZ AND ARTS FESTIVAL 400 W 3RD ST ROSWELL, NM 882014627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE ASSISTING THE HOMELESS INC 520 HYDRO PLANT RD FARMINGTON, NM 874015961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PHILMONT STAFF ASSOCIATION INC 17 DEER RUN RD CIMARRON, NM 87714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN MEDICAL SERVICES 1422 PASEO DE PERALTA SANTA FE, NM 87501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
PROJECT 40 31 INC 112 WEST TAYLOR STREET HOBBS, NM 88240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,508
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,495
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	495
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ROADRUNNER FOOD BANK INC 5840 OFFICE BLVD NE ALBUQUERQUE, NM 871095863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1011 YALE BLVD NE ALBUQUERQUE, NM 871063825	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ROSWELL AREA ARTS COUNCIL 400 WEST THIRD STREET ROSWELL, NM 88201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ROSWELL AREA ARTS COUNCIL 400 WEST THIRD STREET ROSWELL, NM 88201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL MUSEUM AND ART CENTER FOUND 400 N PENNSYLVANIA AVENUE SUITE 220 ROSWELL, NM 882014754	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
ROSWELL MUSEUM AND ART CENTER FOUND 400 N PENNSYLVANIA AVENUE SUITE 220 ROSWELL, NM 882014754	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
SAINT ELIZABETH SHELTER CORPORATION 804 ALARID ST SANTA FE, NM 875053040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT ELIZABETH SHELTER CORPORATION 804 ALARID ST SANTA FE, NM 875053040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
SARANAM LLC1028 EUBANK NE SUITE F ALBUQUERQUE, NM 87112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
SILVER HORIZON NEW MEXICO INC PO BOX 6879 ALBUQUERQUE, NM 87197	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST SYMPHONY INC PO BOX 101 HOBBS, NM 88241	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
SPENCER THEATER FOR THE PERFORMING 108 SPENCER DR ALTO, NM 883129559	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ST BONAVENTURE SCHOOLPOBOX 610 THOREAU, NM 87323	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FELIX PANTRY INC 4020 BARBARA LOOP SE RIO RANCHO, NM 871241023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ST PIUS X HIGH SCHOOL FOUNDATION 5301 ST JOSEPH DRIVE NW ALBUQUERQUE, NM 87120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
ST PIUS X HIGH SCHOOL FOUNDATION 5301 ST JOSEPH DRIVE NW ALBUQUERQUE, NM 87120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X HIGH SCHOOL FOUNDATION 5301 ST JOSEPH DRIVE NW ALBUQUERQUE, NM 87120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SUPPORTIVE HOUSING COALITION OF NEW PO BOX 27459 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
SUPPORTIVE HOUSING COALITION OF NEW PO BOX 27459 ALBUQUERQUE, NM 87125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENDERLOVE COMMUNITY CENTER POBOX 65156 ALBUQUERQUE, NM 87193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE CENTER FOR CONTEMPORARY ARTS OF 1050 OLD PECOS TRAIL SANTA FE, NM 87505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
THE COMMUNITY FOUNDATION OF SOUTHER 2600 EL PASEO RD LAS CRUCES, NM 88001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANTA FE OPERAPO BOX 2408 SANTA FE, NM 875042408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TUTTI BAMBINI300 EL MOLINO BLVD LAS CRUCES, NM 880052975	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	890
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	679
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF CENTRAL NEW MEXICO 2340 ALAMO AVE SE FLR 2 ALBUQUERQUE, NM 871063202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	339
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CHAVES COUNTY PO BOX 301 ROSWELL, NM 882020301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE TWO WOODWARD CENTER STE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE TWO WOODWARD CENTER STE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE TWO WOODWARD CENTER STE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF NEW MEXICO FOUNDATION 700 LOMAS BLVD NE TWO WOODWARD CENTER STE 108 ALBUQUERQUE, NM 871022568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VILLA THERESE CATHOLIC CLINIC 219 CATHEDRAL PL SANTA FE, NM 875010000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VITALANT1515 UNIVERSITY BLVD NE ALBUQUERQUE, NM 87102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WILDEARTH GUARDIANS 301 N GUADALUPE ST STE 201 SANTA FE, NM 875012933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WOMENS ECONOMIC SELF-SUFFICIENCY TE 609 BROADWAY BLVD NE ALBUQUERQUE, NM 871020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS ECONOMIC SELF-SUFFICIENCY TE 609 BROADWAY BLVD NE ALBUQUERQUE, NM 871020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YES HOUSING INC 901 PENNSYLVANIA ST NE ALBUQUERQUE, NM 87110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ADVOCATES TO END DOMESTIC VIOLENCE PO BOX 2529 CARSON CITY, NV 89702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 5190 S VALLEY VIEW BLVD 104 LAS VEGAS, NV 89118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
ALZHEIMERS DISEASE AND RELATED DISO 5190 S VALLEY VIEW BLVD 104 LAS VEGAS, NV 89118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 6165 S RAINBOW BLVD LAS VEGAS, NV 89118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 6165 S RAINBOW BLVD LAS VEGAS, NV 89118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 6165 S RAINBOW BLVD LAS VEGAS, NV 89118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN LUNG ASSOCIATION 3552 W CHEYENNE AVE STE 130 NORTH LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 444 EAST WARM SPRINGS RD STE 100 LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 444 EAST WARM SPRINGS RD STE 100 LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN WHEELCHAIR FOUNDATION 2505 ANTHEM VILLAGE DRIVE STE E602 HENDERSON, NV 890525505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3191 E WARM SPRINGS RD LAS VEGAS, NV 89120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3191 E WARM SPRINGS RD LAS VEGAS, NV 89120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ANDERSON ELEMENTARY SCHOOL 1055 BERRUM LANE RENO, NV 89509	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSISTANCE LEAGUE OF LAS VEGAS 6446 W CHARLESTON BLVD LAS VEGAS, NV 891461165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
BEST BUDDIES INTERNATIONAL INC 6655 W SAHARA AVE SUITE A110 LAS VEGAS, NV 89146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BEST BUDDIES INTERNATIONAL INC 6655 W SAHARA AVE SUITE A110 LAS VEGAS, NV 89146	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF REGENTS NEVADA SYSTEM OF H UNIVERSITY OF NEVADA RENO MS 294 RENO, NV 89557	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BOARD OF REGENTS NEVADA SYSTEM OF H 4505 MARYLAND PARKWAY LAS VEGAS, NV 891545083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 7220 S PARADISE RD LAS VEGAS, NV 891194403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 500 DOUBLE EAGLE CT RENO, NV 89511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BOY SCOUTS OF AMERICA 500 DOUBLE EAGLE CT RENO, NV 89511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 500 DOUBLE EAGLE CT RENO, NV 89511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF MASON VALLEY I PO BOX 534 YERINGTON, NV 894470534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF SOUTHERN NEVA 2850 LINDELL ROAD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BOYS & GIRLS CLUBS OF SOUTHERN NEVA 2850 LINDELL ROAD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTHERN NEVA 2850 LINDELL ROAD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUB OF TRUCKEE MEAD 2680 E 9TH STREET RENO, NV 895123231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUB OF TRUCKEE MEAD 2680 E 9TH STREET RENO, NV 895123231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF WESTERN 1870 RUSSELL WAY CARSON CITY, NV 897062785	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
BREAKAWAY CYCLING INC 1016 EMERALD TINT CT LAS VEGAS, NV 891441662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
BUILD OUR CENTERPO BOX 54 RENO, NV 895040054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANDLELIGHTERS FOR CHILDHOOD CANCER 8990 SPANISH RIDGE AVE STE 100 LAS VEGAS, NV 891481324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
CANDLELIGHTERS FOR CHILDHOOD CANCER 8990 SPANISH RIDGE AVE STE 100 LAS VEGAS, NV 891481324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
CANINE REHABILITATION CENTER AND SA 555 US HIGHWAY 395 N WASHOE VALLEY, NV 897048577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CATHOLIC CHARITIES OF SOUTHERN NEVA 1501 LAS VEGAS BLVD NORTH LAS VEGAS, NV 891011120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHANNEL 5 PUBLIC BROADCASTING INC 1670 N VIRGINIA ST RENO, NV 89503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COUNTY PUBLIC EDUCATION FOUND 4350 S MARYLAND PARKWAY LAS VEGAS, NV 89119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CLARK COUNTY PUBLIC EDUCATION FOUND 4350 S MARYLAND PARKWAY LAS VEGAS, NV 89119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CLASSICAL MUSIC EDUCATION FOUNDATIO 1003 PARADISE VIEW ST HENDERSON, NV 890523937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CLUB CHRIST MINISTRIES PO BOX 71445 LAS VEGAS, NV 89170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF NEVADA 8350 W SAHARA AVE STE 110 LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITIES IN SCHOOLS OF NEVADA 8350 W SAHARA AVE STE 110 LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
COMMUNITY FOUNDATION OF WESTERN NEV 50 WASHINGTON ST SUITE 300 RENO, NV 89509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGREGATION NER TAMID 55 N VALLE VERDE DR HENDERSON, NV 890741757	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	196
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
DISCOVERY CHILDRENS MUSEUM 360 PROMENADE PL LAS VEGAS, NV 89106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
DRESS FOR SUCCESS SOUTHERN NEVADA PO BOX 94194 LAS VEGAS, NV 891934194	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDDY HOUSE3455 YOSEMITE PLACE RENO, NV 895036207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FAITH LUTHERAN JUNIOR SENIOR HIGH S 2015 S HUALAPAI WAY LAS VEGAS, NV 891176949	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
FAITH LUTHERAN MIDDLE SCHOOL & HIGH 2015 S HUALAPAI WAY LAS VEGAS, NV 891176949	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FATHER FLANAGANS BOYS HOME 821 N MOJAVE LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
FATHER FLANAGANS BOYS HOME 821 N MOJAVE LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
FATHER FLANAGANS BOYS HOME 821 N MOJAVE LAS VEGAS, NV 89101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST NV2620 GOLFSIDE DRIVE LAS VEGAS, NV 891348808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FOLDED FLAG FOUNDATION INC 1550 S PAVILION CENTER CIRCLE LAS VEGAS, NV 89135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
FOLDED FLAG FOUNDATION INC 1550 S PAVILION CENTER CIRCLE LAS VEGAS, NV 89135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOLDED FLAG FOUNDATION INC 1550 S PAVILION CENTER CIRCLE LAS VEGAS, NV 89135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FOLDED FLAG FOUNDATION INC 1550 S PAVILION CENTER CIRCLE LAS VEGAS, NV 89135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
FOLDED FLAG FOUNDATION INC 1550 S PAVILION CENTER CIRCLE LAS VEGAS, NV 89135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER KINSHIP 4344 WEST CHEYENNE AVENUE LAS VEGAS, NV 89032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FOUNDATION FOR AN INDEPENDENT TOMOR 1931 STELLA LAKE STREET LAS VEGAS, NV 89106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FRIENDS FOR LAS VEGAS METROPOLITAN 400 SOUTH MARTIN LUTHER KING BLVD BUILDING B LAS VEGAS, NV 89106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF NEVADA WILDERNESS PO BOX 9754 RENO, NV 895079754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE HENDERSON DISTRICT P 280 S GREEN VALLEY PKWY HENDERSON, NV 890122301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FULFILLMENT FUND LAS VEGAS 3850 ANNIE OAKLEY DR LAS VEGAS, NV 89121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODIE TWO SHOES FOUNDATION 10620 SOUTHERN HIGHLANDS PKWAY 110-474 LAS VEGAS, NV 89141	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GPAA OF NORTHERN NEVADA RENO PO BOX 3373 SPARKS, NV 894323373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREATER LAS VEGAS INNER-CITY GAMES 8485 W SUNSET ROAD SUITE 106 LAS VEGAS, NV 89113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN OUR PLANET 6795 EDMOND STREET 3RD FLOOR LAS VEGAS, NV 89118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 4580 W SAHARA SUITE 120 LAS VEGAS, NV 891023634	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
HELP OF SOUTHERN NEVADA 1640 E FLAMINGO ROAD 100 LAS VEGAS, NV 89119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M PERFECT INC1124 VIA APPIANNA HENDERSON, NV 890523945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
I M PERFECT INC1124 VIA APPIANNA HENDERSON, NV 890523945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
I M PERFECT INC1124 VIA APPIANNA HENDERSON, NV 890523945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I M PERFECT INC1124 VIA APPIANNA HENDERSON, NV 890523945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
I M PERFECT INC1124 VIA APPIANNA HENDERSON, NV 890523945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
IRREGULAR4CHRIST MUSIC MINISTRY INC 1000 N GREEN VALLEY PKY STE 440-319 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRREGULAR4CHRIST MUSIC MINISTRY INC 1000 N GREEN VALLEY PKY STE 440-319 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
IRREGULAR4CHRIST MUSIC MINISTRY INC 1000 N GREEN VALLEY PKY STE 440-319 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
IRREGULAR4CHRIST MUSIC MINISTRY INC 1000 N GREEN VALLEY PKY STE 440-319 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	665
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 5542 S FORT APACHE ROAD SUITE 100 LAS VEGAS, NV 89148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOBS FOR NEVADAS GRADUATES INC 4045 S BUFFALO DR STE A101 128 LAS VEGAS, NV 891477480	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF NORTHERN NEVA 1575 DELUCCHI LN STE 207A RENO, NV 895026563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF NORTHERN NEVA 1575 DELUCCHI LN STE 207A RENO, NV 895026563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NORTHERN NEVA 1575 DELUCCHI LN STE 207A RENO, NV 895026563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF SOUTHERN NEVA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
JUNIOR ACHIEVEMENT OF SOUTHERN NEVA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 1575 DELUCCHI LN STE 207A RENO, NV 89502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JUNIOR ACHIEVEMENT USA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
JUNIOR ACHIEVEMENT USA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT USA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	459
JUNIOR ACHIEVEMENT USA 1921 NORTH RAINBOW BLVD 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
JUNIOR ACHIEVEMENT USA 1921 NORTH RAINBOW 2ND FLOOR LAS VEGAS, NV 89108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	756
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST ONE PROJECT1541 W OAKEY LAS VEGAS, NV 89102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
JUST ONE PROJECT1541 W OAKEY LAS VEGAS, NV 89102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
JUST ONE PROJECT1541 W OAKEY LAS VEGAS, NV 89102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE TAHOE CONSERVATION FUND 948 INCLINE WAY INCLINE VILLAGE, NV 89451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
LAKE TAHOE CONSERVATION FUND 948 INCLINE WAY INCLINE VILLAGE, NV 89451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,621
LAS VEGAS ACADEMY OF INT'L STUDIES 315 SOUTH 7TH STREET LAS VEGAS, NV 89101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAS VEGAS CHILDREN FOUNDATION 4867 ENCHANTED VIEW ST LAS VEGAS, NV 89149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LAS VEGAS RESCUE MISSION 480 W BONANZA RD LAS VEGAS, NV 891063227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LAS VEGAS RESCUE MISSION 480 W BONANZA RD LAS VEGAS, NV 891063227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATIN CHAMBER OF COMMERCE COMMUNITY 10613 BRIANHURST AVENUE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LEADERS IN TRAINING 900 N LAMB BLVD SUITE 130 LAS VEGAS, NV 89110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LEGACIES ALIVE 222 KAREN AVE UNIT 3404 LAS VEGAS, NV 89109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID CENTER OF SOUTHERN NEVADA 725 E CHARLESTON BLVD LAS VEGAS, NV 89104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LOVEWINS 9484 W FLAMINGO RD STE 205 LAS VEGAS, NV 891475745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LUTHERAN SOCIAL SERVICES OF NEVADA 4323 BOULDER HIGHWAY LAS VEGAS, NV 89121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LVPMSA CHARITABLE FOUNDATION 801 S RANCHO DR LAS VEGAS, NV 891063854	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MACULAR DEGENERATION FOUNDATION INC PO BOX 531313 HENDERSON, NV 890531313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MACULAR DEGENERATION FOUNDATION INC PO BOX 531313 HENDERSON, NV 890531313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MACULAR DEGENERATION FOUNDATION INC PO BOX 531313 HENDERSON, NV 890531313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MACULAR DEGENERATION FOUNDATION INC PO BOX 531313 HENDERSON, NV 890531313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF SOUTHERN 9950 COVINGTON CROSS DRIVE LAS VEGAS, NV 89144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MARTY HENNESSY INSPIRING CHILDREN F PO BOX 60953 BOULDER CITY, NV 890060953	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MEADOWS SCHOOL8601 SCHOLAR LN LAS VEGAS, NV 891287302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWS SCHOOL8601 SCHOLAR LN LAS VEGAS, NV 891287302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	84
MEADOWS SCHOOL8601 SCHOLAR LN LAS VEGAS, NV 891287302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
NATHAN ADELSON HOSPICE INC 4141 SWENSON ST LAS VEGAS, NV 891196718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CACA COMMUNITY INVOLVEMENT 145 BOGEY CROSSING STREET HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,269
NEIGHBORHOOD HOUSING SERVICES OF SO 1849 CIVIC CENTER DRIVE NORTH LAS VEGAS, NV 89030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NEVADA BENEFITS FOUNDATION 9505 HILLWOOD DR STE 100 LAS VEGAS, NV 891340514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA H A N D INC 295 E WARM SPRINGS ROAD SUITE 101 LAS VEGAS, NV 891194212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NEVADA HOMES FOR YOUTH INC 525 S 13TH ST LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NEVADA HOMES FOR YOUTH INC 525 S 13TH ST LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA HOMES FOR YOUTH INC 525 S 13TH ST LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NEVADA MUSEUM OF ART INC 160 W LIBERTY ST RENO, NV 895011916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEVADA MUSEUM OF ART INC 160 W LIBERTY ST RENO, NV 895011916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA MUSEUM OF ART INC 160 W LIBERTY ST RENO, NV 895011916	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
NEVADA PARALYZED VETERANS OF AMERIC 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	10,000
NEVADA PARTNERSHIP FOR HOMELESS YOU PO BOX 20135 LAS VEGAS, NV 89112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA PUBLIC RADIO 1289 S TORREY PINES DR LAS VEGAS, NV 891461004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
NEVADA SOCIETY FOR THE PREVENTION O 4800 W DEWEY DR LAS VEGAS, NV 891182207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NORTHERN NEVADA HIV OUTPATIENT PROG 580 WEST 5TH ST RENO, NV 89503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY VILLAGE ASSOCIATION FOR 6300 W OAKEY BLVD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPPORTUNITY VILLAGE FOUNDATION 6300 W OAKEY BLVD LAS VEGAS, NV 89146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
PREGNANCY COUNSELING CENTER INC 853 HASKELL ST RENO, NV 895091716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILDING TOGETHER SOUTHERN NEVADA 611 SOUTH NINTH STREET LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
REBUILDING TOGETHER SOUTHERN NEVADA 611 SOUTH NINTH STREET LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
RENO PHILHARMONIC ASSOCIATION INC 925 RIVERSIDE DR STE 3 RENO, NV 89503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENO RODEO FOUNDATION 59 DAMONTE RANCH PARKWAY NO B-441 RENO, NV 895211907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ROTARY CLUB OF RENO CENTRAL CHARITA 924 S VIRGINIA ST RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
ROTARY CLUB OF RENO CENTRAL CHARITA 924 S VIRGINIA ST RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF RENO CENTRAL CHARITA 924 S VIRGINIA ST RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROTARY CLUB OF RENO CENTRAL CHARITA 924 S VIRGINIA ST RENO, NV 89502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
S A F E HOUSE INC STOP ABUSE IN THE 921 AMERICAN PACIFIC DR 300 HENDERSON, NV 890147901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE NEST TEMPORARY ASSISTANCE FOR 3900 MEADOWS LANE LAS VEGAS, NV 89107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SCARLETS LEGACY EQUINE RESCUE HC 60 BOX 197 WELLS, NV 898359802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SCARLETS LEGACY EQUINE RESCUE HC 60 BOX 197 WELLS, NV 898359802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE CORPS OF RETIRED EXECUTIVES 300 S 4TH ST STE 400 LAS VEGAS, NV 891016202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SIERRA KIDS FOUNDATION INC 348 MILL ST RENO, NV 895011537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SOUTHERN NEVADA PUBLIC TELEVISION 3050 E FLAMINGO RD LAS VEGAS, NV 891214427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC SUITE 160 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPREAD THE WORD NEVADA 1065 AMERICAN PACIFIC SUITE 160 HENDERSON, NV 89074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ST ROSE DOMINICAN HEALTH FOUNDATION 3001 ST ROSE PARKWAY HENDERSON, NV 890523839	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10,000
ST ROSE DOMINICAN HEALTH FOUNDATION 3001 ST ROSE PARKWAY HENDERSON, NV 890523839	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ROSE DOMINICAN HEALTH FOUNDATION 3001 ST ROSE PARKWAY HENDERSON, NV 890523839	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
STEP 23700 SAFE HARBOR WAY RENO, NV 89512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 1091 S CIMARRON RD A4 LAS VEGAS, NV 89145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 1091 S CIMARRON RD A4 LAS VEGAS, NV 89145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
TEACH FOR AMERICA INC 701 E BRIDGER AVENUE SUITE 750 LAS VEGAS, NV 89101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TECH IMPACT 330 W WASHINGTON AVENUE SUITE 105 LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TECH IMPACT 330 W WASHINGTON AVENUE SUITE 105 LAS VEGAS, NV 89106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE FOOD BANK OF NORTHERN NEVADA IN 550 ITALY DRIVE SPARKS, NV 894375400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
THE FOOD BANK OF NORTHERN NEVADA IN 550 ITALY DRIVE SPARKS, NV 894375400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOOD BANK OF NORTHERN NEVADA IN 550 ITALY DRIVE SPARKS, NV 894375400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE SHADE TREE INCORPORATED 1 WEST OWENS AVENUE LAS VEGAS, NV 89030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE SHADE TREE INCORPORATED 1 WEST OWENS AVENUE LAS VEGAS, NV 89030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHADE TREE INCORPORATED 1 WEST OWENS AVENUE LAS VEGAS, NV 89030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
THE SHADE TREE INCORPORATED 1 WEST OWENS AVENUE LAS VEGAS, NV 89030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
THE SHADE TREE INCORPORATED 1 WEST OWENS AVENUE LAS VEGAS, NV 89030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS O'ROARKE ELEMENTARY SCHOOL 8455 OHARE RD LAS VEGAS, NV 89131	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	32
THOMAS O'ROARKE ELEMENTARY SCHOOL 8455 OHARE RD LAS VEGAS, NV 89131	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	4
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	157
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THREE SQUARE4190 N PECOS RD LAS VEGAS, NV 891150187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,150
TRUCKEE MEADOWS COMMUNITY COLLEGE F 7000 DANDINI BLVD RDMT 200 RENO, NV 895123901	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
UNITED STATES FLOORBALL ASSOCIATION 839 JENNIFER STREET INCLINE VILLAGE, NV 89451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES VETERANS INITIATIVE 7321 W CHARLESTON BLVD LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED WAY OF NORTHERN NEVADA AND T 639 ISBELL RD SUITE 460 RENO, NV 895094979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	209
UNITED WAY OF NORTHERN NEVADA AND T 639 ISBELL RD SUITE 460 RENO, NV 895094979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NORTHERN NEVADA AND T 639 ISBELL RD SUITE 460 RENO, NV 895094979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF SOUTHERN NEVADA INC 5830 W FLAMINGO RD LAS VEGAS, NV 891032301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	656
UNITED WAY OF SOUTHERN NEVADA INC 5830 W FLAMINGO RD LAS VEGAS, NV 891032301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	507
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHERN NEVADA INC 5830 W FLAMINGO RD LAS VEGAS, NV 891032301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
UNITED WAY OF SOUTHERN NEVADA INC 5830 W FLAMINGO RD LAS VEGAS, NV 891032301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	348
UNITED WAY OF SOUTHERN NEVADA INC 5830 W FLAMINGO RD LAS VEGAS, NV 891032301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,412
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NEVADA LAS VEGAS FOUN 4505 S MARYLAND PKWY BOX 451006 LAS VEGAS, NV 89154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNIVERSITY OF NEVADA-RENO FOUNDATIO MAILSTOP 162 RENO, NV 895570001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NEVADA-RENO FOUNDATIO MAILSTOP 162 RENO, NV 895570001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
WESTERN NEVADA COLLEGE FOUNDATION 2201 WEST COLLEGE PARKWAY CARSON CITY, NV 89703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	15,000
WOMENS DEVELOPMENT CENTER INC 7530 WEST SAHARA 105 LAS VEGAS, NV 89117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYLIE ANIMAL RESCUE FOUNDATION PO BOX 5364 INCLINE VILLAGE, NV 89450	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
YMCA OF SOUTHERN NEVADA 4141 MEADOWS LANE LAS VEGAS, NV 89107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YOUTH LEADERSHIP AUTHORITY INC 448 INTREPID COURT BOULDER CITY, NV 89005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
11 DAY POWER PLAY INCPO BOX 4 TONAWANDA, NY 14223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
11 DAY POWER PLAY INCPO BOX 4 TONAWANDA, NY 14223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
11 DAY POWER PLAY INCPO BOX 4 TONAWANDA, NY 14223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
350 ORG20 JAY ST STE 732 BROOKLYN, NY 112018352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
350 ORG20 JAY ST STE 732 BROOKLYN, NY 112018352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
350 ORG20 JAY ST STE 732 BROOKLYN, NY 112018352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
47TH STREET VOLUNTEERS OF HATZOLAH 580 5TH AVE RM 531 NEW YORK, NY 100363302	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
A BETTER CHANCE INC 253 WEST 35TH ST 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
A BETTER CHANCE INC 253 WEST 35TH ST 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A BETTER CHANCE INC 253 WEST 35TH ST 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
A CHANCE IN LIFE INC 250 E 63RD ST STE 204 NEW YORK, NY 100657662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
A J WILLIAMS-MEYERS AFRICAN ROOTS C PO BOX 2203 KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A J WILLIAMS-MEYERS AFRICAN ROOTS C PO BOX 2203 KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
A J WILLIAMS-MEYERS AFRICAN ROOTS C PO BOX 2203 KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
A J WILLIAMS-MEYERS AFRICAN ROOTS C PO BOX 2203 KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,169
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,275
A LEG TO STAND ON INC 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,250
A LITTLE HOPE INC 20 STERLING ROAD S ARMONK, NY 10504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A TORAH INFERTILITY MEDIUM OF EXCHA 1310 48TH ST STE 406 BROOKLYN, NY 112193161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ABDUL SATTAR EDHI INTERNATIONAL FOU 45-11 NATIONAL STREET CORONA, NY 11368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ABILITIES FIRST INC 167 MYERS CORNERS ROAD SUITE 202 WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILITIES FIRST INC 167 MYERS CORNERS ROAD SUITE 202 WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ABRAHAM FUND INITIATIVES THE ABRAHAM INITIATIVES NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ACCION EAST INC 80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCION EAST INC 80 MAIDEN LANE SUITE 903 NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	604
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	810
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ACHILLES INTERNATIONAL INC 42 W 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACKERMAN INSTITUTE FOR THE FAMILY 936 BROADWAY 2ND FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACORN SCHOOL330 E 26TH ST NEW YORK, NY 100101904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	153
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACTION AGAINST HUNGER USA 1 WHITEHALL ST 2ND FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
ACUMEN FUND INC 40 WORTH ST RM 303 NEW YORK, NY 100133196	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,145
ADAMS STREET FOUNDATION INC 283 ADAMS ST BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ADAPTIVE SPORTS FOUNDATION INC PO BOX 266 WINDHAM, NY 12496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAPTIVE SPORTS FOUNDATION INC PO BOX 266 WINDHAM, NY 12496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ADAPTIVE SPORTS FOUNDATION INC PO BOX 266 WINDHAM, NY 12496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
ADELPHI UNIVERSITY 1 SOUTH AVE NEXUS 200 GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADELPHI UNIVERSITY 1 SOUTH AVE NEXUS 200 GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ADIRONDACK FOUNDATIONPO BOX 288 LAKE PLACID, NY 12946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,180
ADIRONDACK MOUNTAIN CLUB INC 814 GOGGINS RD LAKE GEORGE, NY 128454117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
ADIRONDACK TRAIL IMPROVEMENT PO BOX 565 KEENE VALLEY, NY 12943	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ADVOCAT RESCUE INC 7025 YELLOWSTONE BVLD APT 18Y FOREST HILLS, NY 113750000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AEOLIAN CHAMBER PLAYERS INC 173 RIVERSIDE DR NEW YORK, NY 100241615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AEOLIAN CHAMBER PLAYERS INC 173 RIVERSIDE DR NEW YORK, NY 100241615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AFRICAN LEADERSHIP FOUNDATION PO BOX 7408 NEW YORK, NY 101507408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFS-USA INC 120 WALL STREET 4TH FLOOR NEW YORK, NY 10005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AFS-USA INC 120 WALL STREET 4TH FLOOR NEW YORK, NY 10005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
AFS-USA INC 120 WALL STREET 4TH FLOOR NEW YORK, NY 10005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFS-USA INC 120 WALL STREET 4TH FLOOR NEW YORK, NY 10005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AFS-USA INC 120 WALL STREET 4TH FLOOR NEW YORK, NY 10005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AIDS COMMUNITY RESOURCES 627 WEST GENESEE STREET SYRACUSE, NY 13204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKTIV AGAINST CANCER INC 207 FRONT STREET 3RD FLOOR NEW YORK, NY 100382106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ALBANY ANDHRA ASSOCIATION 7 WINDSOR CT SLINGERLANDS, NY 121593713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
ALBANY CITY ROCKS INC 374 BROADWAY 1 ALBANY, NY 122072903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY CITY ROCKS INC 374 BROADWAY 1 ALBANY, NY 122072903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
ALBANY CITY ROCKS INC 374 BROADWAY 1 ALBANY, NY 122072903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
ALBANY FOOD AND WINE FESTIVAL INC PO BOX 8775 ALBANY, NY 122080775	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY INSTITUTE OF HISTORY AND ART 125 WASHINGTON AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,130
ALBANY LAW SCHOOL 80 NEW SCOTLAND AVE ALBANY, NY 122083434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE ALBANY, NY 122083412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALBANY MEDICAL CENTER 449 ROUTE 146 SUITE 101 CLIFTON PARK, NY 12065	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVENUE MC 119 ALBANY, NY 122083412	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
ALBANY PRO MUSICA INC 30 SECOND STREET TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
ALBERTUS MAGNUS HIGH SCHOOL 798 ROUTE 304 BARDONIA, NY 109541622	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALDEA ADVANCING LOCAL DEVELOPMENT T 1732 1ST AVENUE 26867 NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALEPH SOCIETY INC 25 W 45TH ST STE 1405 NEW YORK, NY 100364902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALFRED UNIVERSITYONE SAXON DRIVE ALFRED, NY 148020000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALFRED-ALMOND ALUMNI ASSOCIATION PO BOX 1134 ALFRED, NY 148020134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ALI FORNEY CENTER 224 WEST 35TH STREET SUITE 1500 NEW YORK, NY 100012507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,700
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	89
ALL BASSETS CHERISHED BASSET HOUND PO BOX 272 BUFFALO, NY 14225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE THEATER FESTIVAL INC 1650 BROADWAY SUITE 1210 NEW YORK, NY 10019	NONE	509(A)	PROGRAM/OPERATING SUPPORT	250
ALL STARS PROJECT INC 543 W 42ND STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALLEN-STEVENSON SCHOOL 132 EAST 78TH STREET NEW YORK, NY 10075	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEN-STEVENSON SCHOOL 132 EAST 78TH STREET NEW YORK, NY 10075	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,296
ALLEYKATTZ INC104 LONGWORTH AVE WOODMERE, NY 115981320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ALLEYWAY THEATRE INC 1 CURTAIN UP ALLEY BUFFALO, NY 14202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHAPOINTE87-46 123RD ST RICHMOND HILL, NY 11418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALUMNI ASSOC OF STATE U ALBANY 1400 WASHINGTON AVE ALUMNI HOUSE ALBANY, NY 12222	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ALUMNI ASSOC OF STATE U ALBANY 1400 WASHINGTON AVE ALUMNI HOUSE ALBANY, NY 12222	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALUMNI COUNCIL OF UNION COLLEGE INC UNION COLLEGE SCHENECTADY, NY 12308	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84,000
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH ST NEW YORK, NY 100194402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	272
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 435 E HENRIETTA RD ROCHESTER, NY 146204629	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
ALZHEIMERS DISEASE AND RELATED DISO 6215 SHERIDAN DRIVE SUITE 100 AMHERST, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS DISEASE AND RELATED DISO 6215 SHERIDAN DRIVE SUITE 100 AMHERST, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALZHEIMERS DISEASE AND RELATED DISO 2649 SOUTH RD 101 POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 441 W KIRKPATRICK ST SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ALZHEIMERS DISEASE AND RELATED DISO 4 PINE WEST PLAZA STE 405 ALBANY, NY 122055515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
ALZHEIMERS DISEASE AND RELATED DISO 2649 SOUTH RD 101 POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 60 E 42ND ST 2240 NEW YORK, NY 10165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,339
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 60 E 42ND ST 2240 NEW YORK, NY 10165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 300 BROADHOLLOW RD SUITE LL100 MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 360 LEXINGTON AVE FL 3 NEW YORK, NY 100176567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ALZHEIMERS DISEASE AND RELATED DISO 60 E 42ND ST 2240 NEW YORK, NY 10165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2649 SOUTH RD 101 POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE RESOURCECENTER I 45 PARK AVENUE BAY SHORE, NY 11706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALZHEIMERS DRUG DISCOVERY FOUNDATIO 57 W 57TH ST STE 904 NEW YORK, NY 100192822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVENUE 7TH FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	346
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	393
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ALZHEIMERS FOUNDATION OF AMERICA IN 322 EIGHTH AVE STE 16 FL NEW YORK, NY 100018001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	502
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICA NEEDS YOU 260 W 39TH STREET SUITE 701 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
AMERICA SHARE U S A INC C/O MICATO SAFARIS 15 WEST 26TH ST 11TH FLOOR NEW YORK, NY 100100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN ASSOCIATES BEN-GURION UNIV 1001 AVENUE OF THE AMERICAS FL 19 NEW YORK, NY 100185460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ASSOCIATES OF THE NATIONAL 247 W 30TH ST 8F NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 131-07 40TH RD STE E28 FLUSHING, NY 11354	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 131-07 40TH ROAD SUITE E28 FLUSHING, NY 11354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,075
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2 LYON PL WHITE PLAINS, NY 106015402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1200 SOUTH AVENUE 305 STATEN ISLAND, NY 10314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	161
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 110 LOMOND CT UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,170
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1200 SOUTH AVENUE 305 STATEN ISLAND, NY 10314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	268
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,525
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY INC 13 BEECH ST JOHNSON CITY, NY 13790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 1120 SOUTH GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 110 LOMOND CT UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,530
AMERICAN CANCER SOCIETY INC 6725 LYONS ST E SYRACUSE, NY 130579332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 503 5TH AVE SUITE 2A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,962
AMERICAN CANCER SOCIETY INC 1200 SOUTH AVENUE 305 STATEN ISLAND, NY 10314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1120 S GOODMAN ST ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
AMERICAN CANCER SOCIETY INC 1 PENNY LANE LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 75 DAVIDS DR HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
AMERICAN CANCER SOCIETY INC 132 W 32ND ST NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN CANCER SOCIETY OF BALTIMOR 1324 FOREST AVENUE SUITE 420 STATEN ISLAND, NY 10302	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY OF MARYLAND 1324 FOREST AVE STE 420 STATEN ISLAND, NY 10302	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	158
AMERICAN CANCER SOCIETY OF MARYLAND 1324 FOREST AVE STE 420 STATEN ISLAND, NY 10302	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,850
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,798
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	633
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	309
AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD ST 18TH FL NEW YORK, NY 100042454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	735
AMERICAN COMMITTEE FOR THE WEIZMANN 633 3RD AVE FL 20 NEW YORK, NY 100178156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CORPORATE PARTNERS 140 E 45TH ST SUITE 19A NEW YORK, NY 100173144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
AMERICAN COUNCIL ON GERMANY INC 14 E 60TH ST SUITE 1000 NEW YORK, NY 100221006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
AMERICAN COUNCIL ON SCIENCE AND HEA 110 E 42ND ST RM 1300 NEW YORK, NY 100178532	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	186
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN DIABETES ASSOCIATION INC PINE WEST PLAZA BUILDING 2 SUITE 204 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 5 PINE WEST PLAZA STE 505 ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN DIABETES ASSOCIATION INC 880 3RD AVE12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 160 ALLENS CREEK RD BLD 160 ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC PINE WEST PLAZA BUILDING 2 SUITE 204 WASHINGTON AVENUE EXTENSION ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AMERICAN DIABETES ASSOCIATION INC 5 PINE WEST PLAZA STE 505 ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,070
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER ST 11TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,020
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,010
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER ST 11TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,286
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER ST 11TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,925
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR SUICIDE PRE 199 WATER STREET 11TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42 ST 1519 NEW YORK, NY 10168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	410
AMERICAN FRIENDS OF ALYN HOSPITAL I 122 E 42 ST 1519 NEW YORK, NY 10168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF I D C 142W 57TH STREET 11TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W 36TH ST SUITE 1100 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W 36TH ST SUITE 1100 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF MAGEN DAVID ADO 20 W 36TH ST SUITE 1100 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
AMERICAN FRIENDS OF MEIR PANIM 5316 NEW UTRECHT AVE BROOKLYN, NY 11219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
AMERICAN FRIENDS OF MEIR PANIM 5316 NEW UTRECHT AVE BROOKLYN, NY 11219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF SHALVA ISRAEL I 315 5TH AVE FL 6 NEW YORK, NY 100166510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
AMERICAN FRIENDS OF SHALVA ISRAEL I 315 5TH AVE FL 6 NEW YORK, NY 100166510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN FRIENDS OF SHEBA MEDICAL C 575 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FRIENDS OF THE ARTS IN IRE 299 BROADWAY SUITE 1305 NEW YORK, NY 100071901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN FRIENDS OF THE HEBREW UNIV ONE BATTERY PARK PLAZA 25TH FL NEW YORK, NY 100041405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN FRIENDS OF THE PARENTS CIR 1425 RXR PLAZA EAST TOWER 15TH FLOOR UNIONDALE, NY 11556	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,200
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,150
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,395
AMERICAN HEART ASSOCIATION INC 125 BUSINESS PARK DRIVE SUITE 106 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2 CLINTON SQUARE SUITE 305 - PO BOX 3049 SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,565
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,140
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10 EAST 40TH STREET 11TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
AMERICAN HEART ASSOCIATION INC 125 EAST BETHPAGE ROAD SUITE 100 PLAINVIEW, NY 118034228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
AMERICAN INDIA FOUNDATION 216 E 45TH STREET 7TH FL NEW YORK, NY 100173304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN INDIA FOUNDATION 216 E 45TH STREET 7TH FL NEW YORK, NY 100173304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 100222709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN JEWISH JOINT DISTRIBUTION 220 EAST 42ND STREET NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	227
AMERICAN KIDNEY FUND INC 145 PINELAWN ROAD SUITE 320N MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN KIDNEY FUND INC 145 PINELAWN ROAD SUITE 320N MELVILLE, NY 11747	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN LEBANESE SYRIAN ASSOC CHAR 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN LEBANESE SYRIAN ASSOC CHAR 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LIVER FOUNDATION 39 BROADWAY FL 27 NEW YORK, NY 100063054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 39 BROADWAY FL 27 NEW YORK, NY 100063054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN LUNG ASSOCIATION 21 WEST 38TH ST 3RD FL NEW YORK, NY 100182254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 100245192	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 33 EVERETT ROAD ALBANY, NY 12205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 74 WARREN STREET GLENS FALLS, NY 12801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 33 EVERETT ROAD ALBANY, NY 12205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
AMERICAN NATIONAL RED CROSS 33 EVERETT ROAD ALBANY, NY 12205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1415 GENESEE ST UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
AMERICAN NATIONAL RED CROSS 520 WEST 49TH STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN NATIONAL RED CROSS 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1415 GENESEE ST UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	119
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	198
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN PARKINSON DISEASE ASSOC 135 PARKINSON AVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR TECHNION-ISRA 55 EAST 59TH STREET NEW YORK, NY 100221112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,625
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,767
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	951
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,264
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,835
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,787
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,840
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,091
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,239
AMERICAN SOCIETY FOR THE PREVENTION 424 E 92ND ST NEW YORK, NY 101286804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN UNIVERSITY OF PARIS FOUND 18 CURLEY ST LONG BEACH, NY 11561	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
AMERICAS VETDOGS THE VETERANS K9 CO 371 E JERICHO TURNPIKE SMITHTOWN, NY 117872906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAS VETDOGS THE VETERANS K9 CO 371 E JERICHO TURNPIKE SMITHTOWN, NY 117872906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAS VETDOGS THE VETERANS K9 CO 371 EAST JERICHO TURNPIKE SMITHTOWN, NY 11787	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMNESTY INTERNATIONAL OF THE USA IN 5 PENN PLAZA 16TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMORE OPERA INCP O BOX 231368 NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMORE OPERA INCP O BOX 231368 NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMREF HEALTH AFRICA INC 75 BROAD STREET SUITE 703 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMUDIM COMMUNITY RESOURCES INC 11 BROADWAY SUITE 1076 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,186
AMYOTROPHIC LATERAL SCLEROSIS ASSN 42 BROADWAY SUITE 1724 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 135 OLD COVE RD SUITE 213 LIVERPOOL, NY 13090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 116 JOHN STREET SUITE 1304 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AN CLAIDHEAMH SOLUIS INC 553 W 51ST ST NEW YORK, NY 100195004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ANCHOR PROGRAM FUND INC 630 LIDO BLVD LIDO BEACH, NY 115615219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL FOOD EAST INCCPO BOX 3813 KINGSTON, NY 12402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ANIMAL CANCER FOUNDATION 1129 NORTHERN BLVD STE 404 MANHASSET, NY 11030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ANIMAL CANCER FOUNDATION 1129 NORTHERN BLVD STE 404 MANHASSET, NY 11030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL HAVEN INC 200 CENTRE STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ANIMAL PROTECTIVE FOUNDATION OF SCH 53 MAPLE AVE SCOTIA, NY 123024613	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ANIMAL RESCUE FUND OF THE HAMPTONS PO BOX 901 WAINSCOTT, NY 119750901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,830
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NEW YORK, NY 10158	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,625
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE 9TH FLOOR NEW YORK, NY 101583560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANTI-DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP FULTON J SHEEN CENTER IN 18 BLEECKER ST NEW YORK, NY 100122404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARCHBISHOP MOLLOY HIGH SCHOOL 8353 MANTON ST BRIARWOOD, NY 11435	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ARCHBISHOP MOLLOY HIGH SCHOOL 83-53 MANTON ST BRIARWOOD, NY 11435	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP MOLLOY HIGH SCHOOL 83-53 MANTON ST BRIARWOOD, NY 11435	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ARISE FOUNDATION AMERICA INC 600 THIRD AVE 2ND FL NEW YORK, NY 100161919	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50,000
ARISE FOUNDATION AMERICA INC 600 THIRD AVE 2ND FL NEW YORK, NY 100161919	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMENIAN GENERAL BENEVOLENT UNION 55 E 59TH ST NEW YORK, NY 100221112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ARS NOVA THEATER I INC 511 WEST 54TH STREET NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ARS NOVA THEATER I INC 511 W 54TH ST NEW YORK, NY 100195014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART COUNCIL INC 45 MAIN STREET SUITE 515 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ARTISTS UNLIMITED INCPO BOX 26766 ROCHESTER, NY 14626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ARTISTS UNLIMITED INCPO BOX 26766 ROCHESTER, NY 14626	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS CENTER AND THEATER OF SCHENECT 432 STATE STREET SCHENECTADY, NY 123052391	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASCENT-INNER DIMENSIONS OF JEWISH L 383 KINGSTON AVE RM 28 BROOKLYN, NY 11213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHES ADVOCATING SAFETY IN HEALTHCA PO BOX 309 TANNERSVILLE, NY 124850309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
ASHES ADVOCATING SAFETY IN HEALTHCA PO BOX 309 TANNERSVILLE, NY 124850309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
ASIAN AMERICANS FOR EQUALITY INC 2 ALLEN STREET 7TH FLOOR NEW YORK, NY 10002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASPIRE OF WESTERN NEW YORK INC 2356 N FOREST RD GETZVILLE, NY 140681224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ASSOCIATES OF THE UNIVERSITY OF TOR 58 WEST 84TH STREET 2F NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASSOCIATION FOR NEIGHBORHOOD & HOUS 50 BROAD ST STE 1402 NEW YORK, NY 100042699	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF ART MUSEUM DIRECTORS 120 EAST 56TH SUITE 520 NEW YORK, NY 10029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ASSOCIATION OF COMMUNITY EMPLOYMENT 3030 NORTHERN BLVD STE B100 LONG ISLAND CITY, NY 11101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,258
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	193
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,241
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ASSOCIATION OF GRADUATES OF THE UNI 698 MILLS RD WEST POINT, NY 10996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
ATHLIFE FOUNDATION INC 273 MAIN STREET - 2ND FLOOR HUNTINGTON, NY 11743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF NEW YORK STATE I 120 DEFREEST DRIVE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AUDUBON SOCIETY OF NEW YORK STATE I 120 DEFREEST DRIVE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AUTISM SOCIETY OF AMERICA 433 STATE STREET SCHENECTADY, NY 123051707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AUTISM SOCIETY OF AMERICA 433 STATE STREET 4TH FLOOR SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,993
AUTISM SPEAKS INC 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	264
AUTISM UP INC50 SCIENCE PKWY ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BABYLON BREAST CANCER COALITION INC 218 N WELLWOOD AVENUE SUITE 2 LINDENHURST, NY 11757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BALLET TECH FOUNDATION INC 890 BROADWAY NEW YORK, NY 100031211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BALLET THEATRE FOUNDATION INC 890 BROADWAY 3RD FLOOR NEW YORK, NY 100031211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLSTON SPA SENIOR HIGH SCHOOL 220 BALLSTON AVE BALLSTON SPA, NY 120203691	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	120
BALLSTON SPA SENIOR HIGH SCHOOL 220 BALLSTON AVE BALLSTON SPA, NY 120203691	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
BALLSTON SPA SENIOR HIGH SCHOOL 220 BALLSTON AVE BALLSTON SPA, NY 120203691	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAND OF PARENTS INCPO BOX 335 DEWITTVILLE, NY 147280335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BANK STREET COLLEGE OF EDUCATION 610 W 112TH STREET NEW YORK, NY 100251898	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BARD HIGH SCHOOL EARLY COLLEGE QUEE 30 CAMPUS RD PO BOX 5000 ANNANDALEONHUDSON, NY 125045000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 100276909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BARNARD COLLEGE3009 BROADWAY NEW YORK, NY 100276909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,105
BATTERY PARK CITY SCHOOL 55 BATTERY PL NEW YORK, NY 10011	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BCT BROOKLYN CHILDRENS THEATRE 540 PRESIDENT STREET SUITE 1D BROOKLYN, NY 11215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BCT BROOKLYN CHILDRENS THEATRE 540 PRESIDENT STREET SUITE 1D BROOKLYN, NY 11215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BCT BROOKLYN CHILDRENS THEATRE 540 PRESIDENT STREET SUITE 1D BROOKLYN, NY 11215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BE A FRIEND PROGRAM INC 100 RIVER ROCK DRIVE SUITE 104 BUFFALO, NY 142072170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BE A FRIEND PROGRAM INC 100 RIVER ROCK DRIVE SUITE 104 BUFFALO, NY 142072170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BEDFORD HISTORICAL SOCIETY PO BOX 491 BEDFORD, NY 105060491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEDFORD HISTORICAL SOCIETY PO BOX 491 BEDFORD, NY 105060491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
BEDFORD STUYVESANT RESTORATION CORP 1368 FULTON STREET BROOKLYN, NY 112165372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BEFREEGLE FOUNDATIONPO BOX 705 PUTNAM VALLEY, NY 105790705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEHIND THE BOOK INC 216 W 135TH STREET GROUND FLOOR NEW YORK, NY 10030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BEHIND THE BOOK INC 216 W 135TH STREET GROUND FLOOR NEW YORK, NY 10030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
BEIT RABBAN DAY SCHOOL 15 WEST 86TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEROSE VILLAGE FIRE DEPARTMENT F 50 SUPERIOR RD BELLROSE VILLAGE, NY 110014125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BELMONT HOUSING RESOURCES FOR WNY I 1195 MAIN STREET BUFFALO, NY 142092196	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BERKELEY CARROLL SCHOOL 152 STERLING PLACE BROOKLYN, NY 11215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKELEY CARROLL SCHOOL 152 STERLING PLACE BROOKLYN, NY 11215	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
BETH HATALMUD RABBINICAL INSTITUTE 2127 82ND ST BROOKLYN, NY 112142509	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BETHANY HOUSE OF NASSAU COUNTY CORP 102 WHITEHOUSE AVE ROOSEVELT, NY 115751337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	217
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL WOODS CENTER FOR THE ARTS IN PO BOX 222 LIBERTY, NY 127540222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIDEAWEE INC410 E 38TH ST NEW YORK, NY 100162702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
BIG APPLE INSTITUTE INC 524 LAKE STREET BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
BIG APPLE INSTITUTE INC 2114 BROWN ST BROOKLYN, NY 112295113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG APPLE INSTITUTE INC 524 LAKE STREET BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
BIG APPLE INSTITUTE INC 524 LAKE STREET BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
BIG APPLE INSTITUTE INC 524 LAKE STREET BROOKLYN, NY 11223	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG APPLE INSTITUTE INC 2114 BROWN ST BROOKLYN, NY 112295113	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
BIG APPLE PERFORMING ARTS INC 561 SEVENTH AVE SUITE 803 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	244
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF NEW 40 RECTOR STREET FL 11 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BIG BROTHERS BIG SISTERS OF THE CAP 1698 CENTRAL AVENUE ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS OF THE SOU 14 W NOTRE DAME ST GLENS FALLS, NY 128013608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF LONG IS 25 CARLE ROAD WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS-BIG SISTERS OF LONG IS 25 CARLE ROAD WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
BIKE PHIFTY33 EAST AVE SARATOGA SPGS, NY 128661721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIOBUS INC 1361 AMSTERDAM AVENUE SUITE 340 NEW YORK, NY 10027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
BIRCH WATHEN LENOX SCHOOL 210 EAST 77TH STREET NEW YORK, NY 10075	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
BIRTHRIGHT OF THE PECONIC INC 99 W MONTAUK HWY HAMPTON BAYS, NY 119464001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP KEARNEY HIGH SCHOOL 125 KINGS HIGHWAY SOUTH ROCHESTER, NY 146175502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
BISHOP KEARNEY HIGH SCHOOL 2202 60TH ST BROOKLYN, NY 11204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
BISHOP LOUGHLIN MEMORIAL HIGH SCHOO 357 CLERMONT AVENUE BROOKLYN, NY 112381001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP LOUGHLIN MEMORIAL HIGH SCHOO 357 CLERMONT AVENUE BROOKLYN, NY 112381001	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BISHOP TIMON-ST JUDE HIGH SCHOOL 601 MCKINLEY PKWY BUFFALO, NY 14220	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
BISHOP TIMON-ST JUDE HIGH SCHOOL 601 MCKINLEY PKWY BUFFALO, NY 14220	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIVONA CHILD ADVOCACY CENTER ONE MOUNT HOPE AVENUE ROCHESTER, NY 146201059	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BLUE CARD INC 171 MADISON AVE SUITE 1405 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BLUE CARD INC 171 MADISON AVE SUITE 1405 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE MOUNTAIN MIDDLE SCHOOL 7 FURNACE WOODS ROAD CORTLANDT MANOR, NY 10567	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	128
BLUE MOUNTAIN MIDDLE SCHOOL 7 FURNACE WOODS ROAD CORTLANDT MANOR, NY 10567	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	160
BLUE MOUNTAIN MIDDLE SCHOOL 7 FURNACE WOODS ROAD CORTLANDT MANOR, NY 10567	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLYTHEDALE CHILDRENS HOSPITAL 95 BRADHURST AVE VALHALLA, NY 105951637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BLYTHEDALE CHILDRENS HOSPITAL 95 BRADHURST AVE VALHALLA, NY 105951637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BNAI BRITH HILLEL FOUNDATION AT QUE 65-30 KISSENA BLVD SU 206 FLUSHING, NY 113671575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BNAI BRITH HILLEL FOUNDATION AT QUE 65-30 KISSENA BLVD SU 206 FLUSHING, NY 113671575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
BNOS MALKA ACADEMY7102 113TH ST FOREST HILLS, NY 113754654	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	610
BOA EDITIONS LTD 250 N GOODMAN ST STE 306 ROCHESTER, NY 146071198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOARD OF JEWISH EDUCATION INC 520 EIGHTH AVENUE NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
BOBBI AND THE STRAYS INC 107-57 100TH STREET OZONE PARK, NY 11417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOC CAPITAL CORP85 S OXFORD ST BROOKLYN, NY 112171607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOILERMAKER ROAD RACE INC PO BOX 512 UTICA, NY 135030512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BONEI OLAM INC1755 46TH STREET BROOKLYN, NY 11204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOOK FAIRIES INC 70 NORTH MAIN STREET FREEPORT, NY 115202245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOKS FOR KIDS FOUNDATION 1441 BROADWAY SUITE 6008 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BOOMER ESIASON FOUNDATION 200 B ARMSTRONG ROAD GARDEN CITY PARK, NY 11040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
BOSNIAK YOUTH OF NEW YORK INC 12032 83RD AVE APT SUPER KEW GARDENS, NY 114151359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOUNDLESS THEATRE COMPANY INC 4121 42ND ST APT 6D SUNNYSIDE, NY 111042728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
BOUNDLESS THEATRE COMPANY INC 4121 42ND ST APT 6D SUNNYSIDE, NY 111042728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
BOWERY MISSION FOUNDATION INC 355 LEXINGTON AVENUE 19TH FLOOR NEW YORK, NY 10017	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWERY RESIDENTS COMMITTEE INC 131 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOWERY RESIDENTS COMMITTEE INC 131 WEST 25TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	218
BOY SCOUTS OF AMERICA 1401 GENESEE ST UTICA, NY 135014343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 41 SAW MILL RIVER RD HAWTHORNE, NY 105321519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOY SCOUTS OF AMERICA 2860 GENESEE STREET BUFFALO, NY 142252691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 544 BROADWAY MASSAPEQUA, NY 117585010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 201 EAST MAIN STREET BATAVIA, NY 140202205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 475 RIVERSIDE DRIVE SUITE 600 NEW YORK, NY 10115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 475 RIVERSIDE DRIVE SUITE 600 NEW YORK, NY 10115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1401 GENESEE ST UTICA, NY 135014343	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 2803 BREWERTON RD SYRACUSE, NY 13211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 544 BROADWAY MASSAPEQUA, NY 117585010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF ELMA MARILLA & 2080 GIRDLE RD ELMA, NY 140599224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF ELMA MARILLA & 2080 GIRDLE RD ELMA, NY 140599224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
BOYS & GIRLS CLUB OF HARLEM INC 521 WEST 145TH STREET NEW YORK, NY 100315209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF HARLEM INC 521 WEST 145TH STREET NEW YORK, NY 100315209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUB OF KINGSTON INC 139 GREENKILL AVENUE KINGSTON, NY 12402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BOYS & GIRLS CLUB OF OYSTER BAY-EA 1 PINE HOLLOW RD OYSTER BAY, NY 117714701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF OYSTER BAY-EA 1 PINE HOLLOW RD OYSTER BAY, NY 117714701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,981
BOYS & GIRLS CLUB OF OYSTER BAY-EA 1 PINE HOLLOW RD OYSTER BAY, NY 117714701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,067
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,668
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK ST BUFFALO, NY 14210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE AVE EAST AURORA, NY 140522308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE AVE EAST AURORA, NY 140522308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS CLUB OF EAST AURORA INC 24 PAINE STREET EAST AURORA, NY 140522308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	424
BOYS CLUB OF EAST AURORA INC 24 PAINE STREET EAST AURORA, NY 140522308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF EAST AURORA INC 24 PAINE STREET EAST AURORA, NY 140522308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
BOYS CLUB OF EAST AURORA INC 24 PAINE STREET EAST AURORA, NY 140522308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
BOYS CLUB OF NEW YORK INC 287 EAST 10TH STREET NEW YORK, NY 100094816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS TOWN OF ITALY 250 E 63RD ST STE 204 NEW YORK, NY 100657662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
BOYS TOWN OF ITALY 250 E 63RD ST STE 204 NEW YORK, NY 100657662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRAHMA KUMARIS WORLD SPIRITUAL ORGA 46 SOUTH MIDDLE NECK ROAD GREAT NECK, NY 11021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAHMA KUMARIS WORLD SPIRITUAL ORGA 46 SOUTH MIDDLE NECK ROAD GREAT NECK, NY 11021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
BRAILLE GROUP OF BUFFALO INCORPORAT PO BOX 342 GETZVILLE, NY 140680342	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BRANDON W SMITH FOUNDATION INC 17LINK CT NEW CITY, NY 10956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 100287902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 100287902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,250
BREARLEY SCHOOL 610 EAST 83RD STREET NEW YORK, NY 100287902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
BREAST CANCER RESEARCH FOUNDATION I 25 W 43RD ST STE 609 NEW YORK, NY 100367422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAST CANCER RESEARCH FOUNDATION I 25 W 43RD ST STE 609 NEW YORK, NY 100367422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BREAST CANCER RESEARCH FOUNDATION I 25 W 43RD ST STE 609 NEW YORK, NY 100367422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
BREAST CANCER RESEARCH FOUNDATION I 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES IMPACT FOUNDATION 21 WEST 46TH STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
BRIGHTER CHILDREN INC 23 BRENNAN ST HUNTINGTON, NY 117435517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
BROADWAY BACH ENSEMBLE LTD 41 DISBROW CIR NEW ROCHELLE, NY 108042503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROADWAY BACH ENSEMBLE LTD 41 DISBROW CIR NEW ROCHELLE, NY 108042503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,225
BROADWAY CARES-EQUITY FIGHTS AIDS I 165 W 46TH ST STE 1300 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BRONX RIVER ALLIANCE INC 1 BRONX RIVER PARKWAY BRONX, NY 104622869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRONXVILLE ADULT SCHOOL INC PO BOX 334 BRONXVILLE, NY 107080334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
BRONXVILLE SCHOOL FOUNDATION INC 177 PONDFIELD RD BRONXVILLE, NY 107084829	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BRONXWORKS INC 60 E TREMONT AVENUE NEW YORK, NY 10453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRONXWORKS INC 60 E TREMONT AVENUE NEW YORK, NY 10453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
BRONXWORKS INC 60 E TREMONT AVENUE NEW YORK, NY 10453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
BRONXWORKS INC 60 E TREMONT AVENUE NEW YORK, NY 10453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKHAVEN MEMORIAL HOSPITAL MEDICA 101 HOSPITAL RD PATCHOGUE, NY 11772	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BROOKHAVEN MEMORIAL HOSPITAL MEDICA 101 HOSPITAL RD PATCHOGUE, NY 117724870	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BROOKLYN ACADEMY OF MUSIC INC 30 LAFAYETTE AVENUE BROOKLYN, NY 112171430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN BOTANIC GARDEN CORPORATION 1000 WASHINGTON AVENUE BROOKLYN, NY 112251008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BROOKLYN BOTANIC GARDEN CORPORATION 1000 WASHINGTON AVENUE BROOKLYN, NY 112251008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	196
BROOKLYN BOULDERS FOUNDATION 280 DOUGLASS ST BROOKLYN, NY 112173114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN CHILDRENS MUSEUM CORP 145 BROOKLYN AVENUE BROOKLYN, NY 11213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BROOKLYN FREE SPACE298 6TH AVE BROOKLYN, NY 112152906	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 112013706	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 112013706	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
BROOKLYN FRIENDS SCHOOL 375 PEARL ST BROOKLYN, NY 112013706	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BROOKLYN INSTITUTE OF ARTS AND SCIE 200 EASTERN PKWY BROOKLYN, NY 112386052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN LATIN SCHOOL (THE) 223 GRAHAM AVE BROOKLYN, NY 11206	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	880
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,806
BROOKLYN LAW SCHOOL 250 JORALEMON ST BROOKLYN, NY 112013700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN, NY 11238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BROOKLYN TECH ALUMNI FOUNDATION INC 29 FORT GREENE PL BROOKLYN, NY 112171203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BROOKLYN TECH ALUMNI FOUNDATION INC 29 FORT GREENE PL BROOKLYN, NY 112171203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROOKLYN TECHNICAL HIGH SCHOOL PARE 29 FORT GREENE PLACE BROOKLYN, NY 112170000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BROOKLYN TECHNICAL HIGH SCHOOL PARE 29 FORT GREENE PLACE BROOKLYN, NY 112170000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BROOKLYN YOUTH SPORTS CLUB INC 9 WYCKOFF ST BROOKLYN, NY 112016304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROTHERS OF MERCY INC 4520 RANSOM ROAD CLARENCE, NY 14031	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
BROWNING SCHOOL 52 EAST 62ND STREET NEW YORK, NY 10065	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BUBBAS BEDS FOR SHELTER FRIENDS 7627 ACEE LN WHITESBORO, NY 134924205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUBBAS BEDS FOR SHELTER FRIENDS 7627 ACEE LN WHITESBORO, NY 134924205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
BUBBAS BEDS FOR SHELTER FRIENDS 7627 ACEE LN WHITESBORO, NY 134924205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
BUBBAS BEDS FOR SHELTER FRIENDS 7627 ACEE LN WHITESBORO, NY 134924205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKLEY SCHOOL113 E 73RD STREET NEW YORK, NY 100213536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
BUCKLEY SCHOOL113 E 73RD STREET NEW YORK, NY 100213536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
BUFFALO - NIAGARA HONOR FLIGHT INC PO BOX 426 CLARENCE, NY 140310426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO FINE ARTS ACADEMY 1285 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BUFFALO NIAGARA PARTNERSHIP FOUNDAT 257 W GENESEE ST BUFFALO, NY 14202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO NIAGARA WATERKEEPER INC 721 MAIN ST BUFFALO, NY 14203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO NIAGARA WATERKEEPER INC 721 MAIN ST BUFFALO, NY 14203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BUFFALO OLMSTED PARKS CONSERVANCY I 84 PARKSIDE AVENUE BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
BUFFALO PHILHARMONIC ORCHESTRA SOCI 786 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO PREP INC 18 ACHESON ANNEX UNIVERSITY AT BUFFALO BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO PREP INC 18 ACHESON ANNEX UNIVERSITY AT BUFFALO BUFFALO, NY 14214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BUFFALO SOCIETY OF NATURAL SCIENCES 1020 HUMBOLDT PKWY BUFFALO, NY 142110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO STATE COLLEGE FOUNDATION IN 1300 ELMWOOD AVENUE CLEV 305 BUFFALO, NY 142221004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BURCHFIELD-PENNEY ART CENTER 1300 ELMWOOD AVENUE BUFFALO, NY 14222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BUSHWICK STARR 207 STARR STREET 2-2 BROOKLYN, NY 11237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUSINESS COUNCIL FOR PEACE INC 50 HILL STREET 257 SOUTHAMPTON, NY 11968	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CABRINI OF WESTCHESTER 115 BROADWAY DOBBS FERRY, NY 105222835	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
CALHOUN SCHOOL 433 WEST END AVENUE NEW YORK, NY 10024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY FUND INC 1740 EASTCHESTER ROAD BRONX, NY 104612300	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	678
CALVARY HOSPITAL INC 1740 EASTCHESTER RD BRONX, NY 104612322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CALVARY HOSPITAL INC 1740 EASTCHESTER RD BRONX, NY 104612322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY HOSPITAL INC 1740 EASTCHESTER RD BRONX, NY 104612322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAMP DORA GOLDING 5515 NEW UTRECHT AVE BROOKLYN, NY 112194630	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,050
CAMP DUDLEY INC126 DUDLEY RD WESTPORT, NY 129930000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CAMP GOOD DAYS & SPECIAL TIMES INC 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP GOOD DAYS & SPECIAL TIMES INC 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	92
CAMP GOOD DAYS & SPECIAL TIMES INC 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CAMP GOOD DAYS & SPECIAL TIMES INC 1332 PITTSFORD-MENDON ROAD MENDON, NY 14506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPHILL VILLAGE COPAKE FOUNDATIONI 84 CAMP HILL RD COPAKE, NY 125161400	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
CAMPHILL VILLAGE U S A INC 84 CAMPHILL ROAD COPAKE, NY 12516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
CANANDAIGUA COMFORT CARE HOME 5160 PARRISH ST EXTENSION CANANDAIGUA, NY 14424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANANDAIGUA COMFORT CARE HOME 5160 PARRISH ST EXTENSION CANANDAIGUA, NY 14424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CANANDAIGUA COMFORT CARE HOME 5160 PARRISH ST EXTENSION CANANDAIGUA, NY 14424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CANCER ACTION INC 255 ALEXANDER ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER ACTION INC 255 ALEXANDER ST ROCHESTER, NY 14607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
CANCER CARE INC275 7TH AVE FL 22 NEW YORK, NY 100016754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESEARCH FUND OF THE DAMON R 55 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CANCER RESEARCH FUND OF THE DAMON R 55 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CANCER RESEARCH FUND OF THE DAMON R 55 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESEARCH FUND OF THE DAMON R 55 BROADWAY STE 302 NEW YORK, NY 100063720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	927
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER RESEARCH INSTITUTE INC 29 BROADWAY 4TH FLOOR NEW YORK, NY 100063111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CANCER SUPPORT TEAM INC 2900 WESTCHESTER AVENUE SUITE 103 PURCHASE, NY 10577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 286 MIDDLE ISLAND ROAD MEDFORD, NY 11763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CANISIUS COLLEGE 2001 MAIN ST GM203 BUFFALO, NY 14208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,550
CANISIUS COLLEGE 2001 MAIN ST GM203 BUFFALO, NY 14208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANISIUS COLLEGE 2001 MAIN ST GM203 BUFFALO, NY 14208	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	425
CANISIUS HIGH SCHOOL 1180 DELAWARE AVENUE BUFFALO, NY 14209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,050
CANTALICIAN CENTER FOR LEARNING 2049 GEORGE URBAN BLVD DEPEW, NY 140431823	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CAPITAL CITY GOSPEL MISSION 259 SOUTH PEARL ST ALBANY, NY 12201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
CAPITAL DISTRICT GAY & LESBIAN COMM 332 HUDSON AVE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL DISTRICT RECOVERY CENTER IN 45 COLVIN AVE 2ND FL ALBANY, NY 12206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CAPITAL REGION SPONSOR SCHOLAR INC 1 UNITED WAY ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL ROOTS INC594 RIVER ST TROY, NY 121801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CARAMOOR CENTER FOR MUSIC & THE ART PO BOX 816 KATONAH, NY 10536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CARBONFUND ORG FOUNDATION 853 MAIN ST EAST AURORA, NY 140521905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARBONFUND ORG FOUNDATION 853 MAIN ST EAST AURORA, NY 140521905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CARCINOID CANCER FOUNDATION INC 333 MAMARONECK AVE 492 WHITE PLAINS, NY 106051440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CARDINAL SPELLMAN HIGH SCHOOL ONE CARDINAL SPELLMAN BRONX, NY 10466	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL SPELLMAN HIGH SCHOOL ONE CARDINAL SPELLMAN BRONX, NY 10466	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
CARE NET PREGNANCY CENTER OF CENTRA PO BOX 460 NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAREERS THROUGH CULINARY ARTS PROGR 505 8TH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525,000
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 100193210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500,000
CASA BELVEDERE THE ITALIAN CULTURAL 79 HOWARD AVENUE STATEN ISLAND, NY 103014404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHEDRAL CHURCH OF ST JOHN THE DIV 1047 AMSTERDAM AVE / CATHEDRAL COMMUNITY CARES NEW YORK, NY 100251747	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHEDRAL SCHOOL OF ST JOHN THE DIV 1047 AMSTERDAM AVE NEW YORK, NY 100251747	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
CATHEDRAL SCHOOL OF ST JOHN THE DIV 1047 AMSTERDAM AVE NEW YORK, NY 100251747	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,750
CATHOLIC BIG SISTERS & BIG BROTHERS 137 EAST 2ND STREET 2ND FLOOR NEW YORK, NY 10009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES COMMUNITY SERVIC 1011 FIRST AVENUE NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
CATHOLIC CHARITIES COMMUNITY SERVIC 1011 FIRST AVENUE NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF ALBANY & RENS 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF ALBANY & RENS 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CATHOLIC CHARITIES OF ALBANY & RENS 40 NORTH MAIN AVENUE ALBANY, NY 12203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 90 CHERRY LN HICKSVILLE, NY 118016232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CATHOLIC FAMILY CENTER OF THE DIOCE 87 N CLINTON AVE ROCHESTER, NY 146041407	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
CATHOLIC FOREIGN MISSION SOCIETY OF PO BOX 302 MARYKNOLL, NY 10545	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,112
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC MEDICAL MISSION BOARD INC 100 WALL STREET 9TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	650
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CATHOLIC MINISTRIES APPEAL PO BOX 4000 ROCKVILLE CENTRE, NY 115714000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC NEAR EAST WELFARE ASSOC IN 1011 FIRST AVENUE NEW YORK, NY 100224195	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,400
CATHOLIC SCHOOLS OF BROOME COUNTY 70 SEMINARY AVENUE BINGHAMTON, NY 13905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
CATIE HOCH FOUNDATION 67 CATHERINE STREET SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 130351085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CEKPET 2381 BRAGG STREET 1ST FLOOR BROOKLYN, NY 11229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CEKPET 2381 BRAGG STREET 1ST FLOOR BROOKLYN, NY 11229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENT FOR URBAN COMMUNITY SVCS 198 EAST 121ST STREET 6TH FLOOR NEW YORK, NY 100353523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR CONSTITUTIONAL RIGHTS IN 666 BROADWAY FL 7 NEW YORK, NY 100122317	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	498
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTER FOR DISABILITY SERVICES INC 314 SOUTH MANNING BOULEVARD ALBANY, NY 122081708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR ECONOMIC GROWTH 41 STATE STREET SUITE 705 ALBANY, NY 12207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,120
CENTER FOR ECONOMIC GROWTH 41 STATE STREET SUITE 705 ALBANY, NY 12207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,880
CENTER FOR ECONOMIC GROWTH 41 STATE STREET SUITE 705 ALBANY, NY 12207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY SUITE 1604 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CENTER FOR MARINE EDUCATION & RECRE 1 W END AVE OYSTER BAY, NY 117711202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET SUITE A BROOKLYN, NY 11237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET SUITE A BROOKLYN, NY 11237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CENTER FOR REPRODUCTIVE RIGHTS INC 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR REPRODUCTIVE RIGHTS INC 199 WATER STREET 22ND FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CENTER FOR SAFETY & CHANGE INC 9 JOHNSONS LANE NEW CITY, NY 109564730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CENTER FOR YOUTH SERVICES INC 905 MONROE AVE ROCHESTER, NY 146201707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL CITY CHORUS INC 552 W END AVE NEW YORK, NY 100242707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CENTRAL NEW YORK COMMUNITY FOUNDATI 431 EAST FAYETTE ST SUITE 100 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL NEW YORK COMMUNITY FOUNDATI 431 EAST FAYETTE ST SUITE 100 SYRACUSE, NY 13202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL NEW YORK CONSERVANCY 1641 GENESEE STREET - PO BOX 8224 UTICA, NY 13505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,745
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
CENTRAL PARK CONSERVANCY INC 14 EAST 60TH STREET NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRO CIVICO OF AMSTERDAM 143-145 EAST MAIN STREET AMSTERDAM, NY 12010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CEREBRAL PALSY ALLIANCE RESEARCH FO 142 W 57TH ST 11TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
CEREBRAL PALSY ALLIANCE RESEARCH FO 142 W 57TH ST 11TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,015
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEREBRAL PALSY ALLIANCE RESEARCH FO 142 W 57TH ST 11TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHABAD LUBAVITCH CENTER 784 EASTERN PKWY BROOKLYN, NY 112133409	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHABAD LUBAVITCH OF ROCKLAND 315 N MAIN ST NEW CITY, NY 109564307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD LUBAVITCH OF ROCKLAND 315 N MAIN ST NEW CITY, NY 109564307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,260
CHABAD LUBAVITCH OF ROCKLAND 315 N MAIN ST NEW CITY, NY 109564307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	420
CHABAD LUBAVITCH OF ROCKLAND 315 N MAIN ST NEW CITY, NY 109564307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD LUBAVITCH OF ROCKLAND 315 N MAIN ST NEW CITY, NY 109564307	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	420
CHABAD OF EASTERN QUEENS INC 211-05 UNION TURNPIKE HOLLIS HILLS, NY 11364	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	693
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	355
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF FOREST HILLS NORTH INC 110-40 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AV HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,100
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AV HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AV HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	860
CHABAD OF HEWLETT JEWISH CENTER INC 44 EVERIT AV HEWLETT, NY 11557	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	960
CHABAD OF INWOOD INC 577 ISHAM ST APT 2E NEW YORK, NY 100342039	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	666
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,090
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
CHABAD OF NORTHEASTERN QUEENS INC 21212 26TH AVE BAYSIDE, NY 113601944	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF REGO PARK CORONA INC 9717 64TH RD REGO PARK, NY 113742232	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CHABAD OF REGO PARK CORONA INC 9717 64TH RD REGO PARK, NY 113742232	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CHABAD-LUBAVITCH OF THE UPPER EAST 1365 YORK AVE 5E NEW YORK, NY 10021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,007
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD-LUBAVITCH OF THE UPPER EAST 1365 YORK AVE 5E NEW YORK, NY 10021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,993
CHABAD-LUBAVITCH OF THE UPPER EAST 1365 YORK AVE 5E NEW YORK, NY 10021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,695
CHAI LIFELINE INC151 W 50TH STREET NY, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
CHAI LIFELINE INC151 W 50TH STREET NY, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
CHAI LIFELINE INC151 W 50TH STREET NY, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
CHAI LIFELINE INC151 W 30TH ST NEW YORK, NY 100014007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	541
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHALLENGER MIRACLE FIELD OF WNY PO BOX 826 WEBSTER, NY 145804401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 115010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 115010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,550
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	850
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 115010000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CHAMINADE DEVELOPMENT FUND INC 340 JACKSON AVE MINEOLA, NY 11501	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,100
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
CHAPIN SCHOOL LTD 100 EAST END AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,721
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,385
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	407
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	721
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
CHARITY GLOBAL INC 40 WORTH ST SUITE 330 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES L BRIEANT COMMUNITY CENTER 2 TODD PLACE OSSINING, NY 105620429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE NEW HARTFORD, NY 134130709	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHARLOTTE SIDWAY SCHOOL 2451 BASELINE ROAD GRAND ISLAND, NY 140721460	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAUTAUQUA COUNTY HUMANE SOCIETY 2825 STRUNK ROAD JAMESTOWN, NY 14701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
CHAUTAUQUA INSTITUTIONBOX 28 CHAUTAUQUA, NY 147220028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CHAUTAUQUA REGION COMMUNITY FOUNDAT 418 SPRING ST JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAUTAUQUA REGION COMMUNITY FOUNDAT 418 SPRING ST JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
CHAUTAUQUA REGIONAL YOUTH BALLET IN 21 E THIRD STREET SUITE 300 JAMESTOWN, NY 147010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
CHAUTAUQUA REGIONAL YOUTH BALLET IN 21 E THIRD STREET SUITE 300 JAMESTOWN, NY 147010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAUTAUQUA REGIONAL YOUTH BALLET IN 21 E THIRD STREET SUITE 300 JAMESTOWN, NY 147010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHAUTAUQUA REGIONAL YOUTH BALLET IN 21 E THIRD STREET SUITE 300 JAMESTOWN, NY 147010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHEER QUEST PARENTS ASSOCIATION PO BOX 857 PINE BUSH, NY 125660857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEER QUEST PARENTS ASSOCIATION PO BOX 857 PINE BUSH, NY 125660857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	231
CHEER QUEST PARENTS ASSOCIATION PO BOX 857 PINE BUSH, NY 125660857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	39
CHELSEA SYMPHONY INC 245 EIGHTH AVE STE 134 NEW YORK, NY 100111607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHHAYA COMMUNITY DEVELOPMENT 37-43 77TH ST 2ND FLOOR JACKSON HEIGHTS, NY 113720000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHHAYA COMMUNITY DEVELOPMENT 37-43 77TH ST 2ND FLOOR JACKSON HEIGHTS, NY 113720000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHILD CARE RESOURCES OF ROCKLAND IN 235 NORTH MAIN STREET SUITE 11 SPRING VALLEY, NY 109770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD MIND INSTITUTE INC 445 PARK AVENUE NEW YORK, NY 100220000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDREN AND SCREENS-INSTITUTE OF D 100 JERICHO QUADRANGLE SUITE 220 JERICHO, NY 11753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHILDREN AND SCREENS-INSTITUTE OF D 100 JERICHO QUADRANGLE SUITE 220 JERICHO, NY 11753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF ARMENIA FUND INC 149 5TH AVENUE - SUITE 500 NEW YORK, NY 100106801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,050
CHILDREN OF BULGARIA INC 36 HARRISON DR LARCHMONT, NY 105382531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
CHILDREN OF BULGARIA INC 36 HARRISON DR LARCHMONT, NY 105382531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF PROMISE STABLE INC PO BOX 656 NANUET, NY 10954	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CHILDRENS BRAIN TUMOR FOUNDATION IN 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
CHILDRENS HOME OF POUGHKEEPSIE NY 10 CHILDRENS WAY POUGHKEEPSIE, NY 126011437	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE INDIA INC 7 EDGEMERE DRIVE ALBERTSON, NY 11507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
CHILDRENS HOPE INDIA INC 7 EDGEMERE DRIVE ALBERTSON, NY 11507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HOPE INDIA INC 7 EDGEMERE DRIVE ALBERTSON, NY 11507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOPE INDIA INC 7 EDGEMERE DRIVE ALBERTSON, NY 11507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDRENS MEDICAL RESEARCH FOUNDATI 1501 BROADWAY SUITE 1808 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CHILDRENS MUSEUM AT SARATOGA 69 CAROLINE STREET SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TUMOR FOUNDATION 370 LEXINGTON AVENUE SUITE 2100 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CHILDRENS VILLAGE OF JERUSALEM INC 132 NASSAU ST 725 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHINATOWN HEALTH CLINIC FOUNDATION 268 CANAL STREET NEW YORK, NY 100133599	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	830
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOOSE LOVE INC45 W 36TH ST FL 6 NEW YORK, NY 100187635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHRIST THE KING ELEMENTARY SCHOOL 2 LAMARCK DRIVE AMHERST, NY 142264513	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	640
CHRISTEE OYSTER SLOOP PRESERVATION PO BOX 386 OYSTER BAY, NY 11771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS ACADEMY 12 AIRLINE DR ALBANY, NY 122051004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN HERALD ASSN INC 355 LEXINGTON AVENUE FLOOR 19 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
CHURCH OF ST IGNATIUS LOYOLA 980 PARK AVE NEW YORK, NY 100280805	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,200
CHURCH OF THE HOLY APOSTLES 296 NINTH AVENUE NEW YORK, NY 10001	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF THE HOLY APOSTLES 296 NINTH AVENUE NEW YORK, NY 10001	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHURCHILL SCHOOL AND CENTER 301 E 29TH ST NEW YORK, NY 100168301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,500
CHURCHILL SCHOOL AND CENTER 301 E 29TH ST NEW YORK, NY 100168301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCHILL SCHOOL AND CENTER 301 E 29TH ST NEW YORK, NY 100168301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
CHURCHILL SCHOOL AND CENTER 301 E 29TH ST NEW YORK, NY 100168301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
CITIES FOR FINANCIAL EMPOWERMENT FU 44 WALL ST 605 NEW YORK, NY 100052401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65,000
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
CITIZENS COMMITTEE FOR NEW YORK CIT 77 WATER STREET SUITE 202 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY AND COUNTRY SCHOOL INC 146 WEST 13TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CITY AND COUNTRY SCHOOL INC 146 WEST 13TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
CITY COLLEGE FUND160 CONVENT AVE NEW YORK, NY 100319101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	924
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,628
CITY HARVEST INC 6 EAST 32ND STREET 5TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HONORS FOUNDATION 186 E NORTH STREET BUFFALO, NY 14204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY MISSION OF SCHENECTADY 425 HAMILTON ST SCHENECTADY, NY 123052608	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
CITY MISSION OF SCHENECTADY 425 HAMILTON ST SCHENECTADY, NY 123052608	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
CITY MISSION SOCIETY INC 100 E TUPPER STREET BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CITY PARKS FOUNDATION INC 830 FIFTH AVENUE NEW YORK, NY 10065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY PARKS FOUNDATION INC PO BOX 1044 FORT GEORGE STATION NEW YORK, NY 10040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CITY YEAR INC2495 MAIN STREET BUFFALO, NY 14214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CITY YEAR INC 55 BROAD ST 24TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	673
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	256
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,673
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,803
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	183
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	352
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE THIRD FLOOR NEW YORK, NY 100176603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CIVIL RIGHTS FOUNDATION INC 561 SEVENTH AVENUE 14TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CLARKSON UNIVERSITY 8 CLARKSON AVENUE BOX 5510 POTSDAM, NY 136990001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,200
CLASSICAL SINGING AND NEW YORK IN J 370 RIVERSIDE DRIVE 5E NEW YORK, NY 100252179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSICAL SINGING AND NEW YORK IN J 370 RIVERSIDE DRIVE 5E NEW YORK, NY 100252179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CLASSICAL THEATRE OF HARLEM 8 WEST 126 STREET C/O WEWORK NEW YORK, NY 10027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
CLEARVIEW SCHOOL DAY TREATMENT 480 ALBANY POST ROAD BRIARCLIFF MANOR, NY 105102436	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLIMATE SCIENCE LEGAL DEFENSE FUND 475 RIVERSIDE DRIVE SUITE 244 NEW YORK, NY 10115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CLUBBED THUMB INC 440 LAFAYETTE ST 4TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CNY FAMILY BICYCLE GIVEAWAY INC 8398 OSWEGO ROAD LIVERPOOL, NY 13090	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,104
COALITION FOR THE HOMELESS INC 129 FULTON STREET NEW YORK, NY 100382716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLEL CHABAD806 EASTERN PKWY BROOKLYN, NY 112133502	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	613
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,100
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	976
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY ALUMNI CORPORATI 13 OAK DR HAMILTON, NY 133461338	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	113
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	126
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	84
COLGATE UNIVERSITY TREASURERS OFFIC 13 OAK DR HAMILTON, NY 133461338	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	42
COLLATERAL REPAIR PROJECT PO BOX 23146 BROOKLYN, NY 112023146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	682
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF MOUNT SAINT VINCENT 6301 RIVERDALE AVENUE RIVERDALE, NY 104711046	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
COLLEGE OF SAINT ROSE 432 WESTERN AVENUE ALBANY, NY 122031490	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGIATE SCHOOL INC 301 FREEDOM PLACE SOUTH NEW YORK, NY 10069	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COLON CANCER CHALLENGE FOUNDATION 10 MIDLAND AVE SUITE M-06 PORT CHESTER, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
COLON CANCER CHALLENGE FOUNDATION 10 MIDLAND AVE STE M-06 PORT CHESTER, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA BUSINESS SCHOOL CLUB OF NY 3022 BROADWAY NEW YORK, NY 10027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
COLUMBIA ENGINEERING SCHOOL ALUMNI 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 WEST 93RD STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 WEST 93RD STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 WEST 93RD STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
COLUMBIA GRAMMAR & PREPARATORY SCHO 5 WEST 93RD STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS CITIZENS FOUNDATION INC 8 E 69TH ST NEW YORK, NY 100214906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
COMIC RELIEF INC 28 LIBERTY ST 35TH FL NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,303
COMIC RELIEF INC 28 LIBERTY ST 35TH FL NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMING HOME ANIMAL SANCTUARY INC PO BOX 5 CANDOR, NY 137430005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMITTEE TO PROTECT JOURNALISTS IN 330 7TH AVE 11TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMITTEE TO PROTECT JOURNALISTS IN 330 7TH AVE 11TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES ACTING TO HEIGHTEN AWAR 540 WILLOW AVE UNIT A CEDARHURST, NY 115162211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,550
COMMUNITY ACTION SOUTHOLD TOWN INC 316 FRONT STREET GREENPORT, NY 119440159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COMMUNITY ACTION SOUTHOLD TOWN INC 316 FRONT STREET GREENPORT, NY 119440159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY CAREGIVERS INC 2021 WESTERN AVE STE 104 ALBANY, NY 122035069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY CENTER OF NORTHERN WESTCH 84 BEDFORD ROAD KATONAH, NY 105362102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
COMMUNITY CHEST OF PORT WASHINGTON 382 MAIN STREET STE 105 PORT WASHINGTON, NY 11050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DEVELOPMENT CORPORATION O 2100 MIDDLE COUNTRY ROAD CENTEREACH, NY 11720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
COMMUNITY FOUNDATION FOR GREATER BU 726 EXCHANGE ST STE 525 BUFFALO, NY 142101469	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	522
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF HERKIMER AN 2608 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY FOUNDATION OF ORANGE COUN 30 SCOTTS CORNER DRIVE SUITE 203 MONTGOMERY, NY 12549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	264
COMMUNITY FOUNDATION OF ORANGE COUN 30 SCOTTS CORNER DRIVE SUITE 203 MONTGOMERY, NY 12549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH ACTION OF STATEN I 56 BAY STREET STATEN ISLAND, NY 103012563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY HEALTH ACTION OF STATEN I 56 BAY STREET STATEN ISLAND, NY 103012563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMUNITY HEALTH ACTION OF STATEN I 56 BAY STREET STATEN ISLAND, NY 103012563	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY HEALTH PROJECT INC 356 W 18TH ST NEW YORK, NY 100114401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
COMMUNITY HELP IN PARK SLOPE INC 200 FOURTH AVE BROOKLYN, NY 11217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY HOUSING INNOVATIONS INC 55 MEDFORD AVE SUITE B PATCHOGUE, NY 11772	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
COMMUNITY LOAN FUND OF THE CAPITAL 255 ORANGE STREET ALBANY, NY 122102400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,000
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY OF THE FRANCISCAN FRIARS 421 E 155TH ST BRONX, NY 104551205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
COMMUNITY SERVICE SOCIETY OF NEW YO 633 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,135
COMMUNITY SOLUTIONS INTERNATIONAL I 60 BROAD STREET 2510A NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPEER ROCHESTER INC 259 MONROE AVE ROCHESTER, NY 146073632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COMPEER ROCHESTER INC 259 MONROE AVE ROCHESTER, NY 146073632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
CONCERN WORLDWIDE U S INC 355 LEXINGTON AVE FL 16 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCERTS IN MOTION INC PO BOX 231097 NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CONGREGATION LEV BAIS YAAKOV 3574 NOSTRAND AVE BET V AND W BROOKLYN, NY 11229	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
CONSUMER CREDIT COUNSELING SERVICE 40 GARDENVILLE PARKWAY SUITE 300 WEST SENECA, NY 14224	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTRACTORS FOR KIDS INC 1316 MOTOR PKWY ISLANDIA, NY 117495225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	599
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CONVENT OF THE SACRED HEART 1 EAST 91ST STREET NEW YORK, NY 101280605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 3RD FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,850
COOPER UNION FOR THE ADVANCEMENT OF 30 COOPER SQUARE 3RD FLOOR NEW YORK, NY 100037120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
COOPERATIVE EXTENSION ASSOCIATION I 232 PLAZA ROAD KINGSTON, NY 124012937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COOPERATIVE EXTENSION ASSOCIATION I 3542 TURNER ROAD JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COPTIC ORTHODOX CHURCH OF VIRGIN MA 190 MAIN ST STATEN ISLAND, NY 103071229	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
CORLEARS SCHOOL324 W 15TH ST NEW YORK, NY 100115901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800,000
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600,000
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 1300 YORK AVENUE BOX 314 NEW YORK, NY 10065	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,315
CORNELL UNIVERSITY 130 E SENECA ST 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	90
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	44
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,750
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	39
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CORNELL UNIVERSITY 159 SAPSUCKER WOODS RD ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
CORNELL UNIVERSITY 130 E SENECA ST 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,550
CORNELL UNIVERSITY CORNELL LAW SCHOOL 206 MYRON TAYLOR HALL ITHACA, NY 14853	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY 130 E SENECA STREET STE 400 ITHACA, NY 14850	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
CORNELL UNIVERSITY FOUNDATION 130 E SENECA ST STE 400 ITHACA, NY 148504353	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
CORNING COMFORT CARE INC PO BOX 965 CORNING, NY 14830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
CORTLAND COLLEGE ALUMNI ASS INC PO BOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORTLAND COLLEGE FOUNDATION INC POBOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORTLAND COLLEGE FOUNDATION INC POBOX 2000 CORTLAND, NY 130450900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COUNCIL FOR ECONOMIC EDUCATION 122 EAST 42ND STREET SUITE 1012 NEW YORK, NY 10168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNCIL FOR ECONOMIC EDUCATION 122 EAST 42ND STREET SUITE 1012 NEW YORK, NY 10168	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125,000
COUNCIL ON THE ENVIRONMENT INC PO BOX 2327 NEW YORK, NY 10272	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
COUNTRY DANCE & SONG SOCIETY INC 27 ADRIANCE AVE POUGHKEEPSIE, NY 12601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNTRY DANCE & SONG SOCIETY INC 27 ADRIANCE AVE POUGHKEEPSIE, NY 12601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
COUNTRY KIDS FOOD PANTRY INC 2 FATHER TIERNEY CIRLCE WASHINGTONVLE, NY 109921115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	424
COUNTRY KIDS FOOD PANTRY INC 2 FATHER TIERNEY CIRLCE WASHINGTONVLE, NY 109921115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COUNTRY KIDS FOOD PANTRY INC 2 FATHER TIERNEY CIRLCE WASHINGTONVLE, NY 109921115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
COURT APPOINTED SPECIAL ADVOCATES I 48 WALL STREET FL 11 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
COVE ANIMAL RESCUE CORPORATION 40 SHORE ROAD GLEN COVE, NY 11542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVE ANIMAL RESCUE CORPORATION 40 SHORE ROAD GLEN COVE, NY 11542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,405
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,173
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	177
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,585
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,700
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	331
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	938
COVENANT HOUSE 460 WEST 41ST STREET NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREATIVE ARTS TEAM INC 101 WEST 31ST STREET 6TH FLOOR NEW YORK, NY 100013507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CRISIS PREGNANCY SERVICES INC 2024 W HENRIETTA RD STE 6D ROCHESTER, NY 146231361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CRISIS TEXT LINE 24 WEST 25TH ST 6TH FL NEW YORK, NY 100102728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,875
CRISTO REY BROOKLYN HIGH SCHOOL 710 E 37TH ST BROOKLYN, NY 112035604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	938
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,192
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,620
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	299
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	532
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	82
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CROHNS & COLITIS FOUNDATION INC 733 3RD AVE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,553
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	543
CROHNS & COLITIS FOUNDATION INC 733 3RD AVE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	517
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 5 NEW YORK, NY 100173204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	771
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CROHNS & COLITIS FOUNDATION INC 733 3RD AVE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
CROHNS & COLITIS FOUNDATION INC 733 THIRD AVENUE SUITE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROHNS & COLITIS FOUNDATION INC 733 3RD AVENUE STE 510 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	685
CROSSROADS COMMUNITY SERVICES INC 325 PARK AVE NEW YORK, NY 100226814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CROUSE HEALTH FOUNDATION INC 736 IRVING AVE SYRACUSE, NY 132101687	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROUSE HOSPITAL AUXILIARY INC 736 IRVING AVENUE SYRACUSE, NY 13210	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CROWN HEIGHTS CHEVRA SIMCHAS SHABBO 596 MONTGOMERY ST BROOKLYN, NY 112253130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CULINARY INSTITUTE OF AMERICA 1946 CAMPUS DR HYDE PARK, NY 125381430	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL COUNCIL OF CORTLAND COUNTY PO BOX 5133 CORTLAND, NY 13045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CUREPSP INC 1216 BROADWAY 2ND FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
CUREPSP INC 1216 BROADWAY 2ND FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURTIS HIGH SCHOOL 105 HAMILTON AVE STATEN ISLAND, NY 103011610	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,950
CYPRESS HILLS LOCAL DEVELOPMENT COR 625 JAMAICA AVENUE BROOKLYN, NY 11208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
CYSTIC FIBROSIS FOUNDATION 200 GATEWAY PARK DRIVE BLDG C SYRACUSE, NY 13212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 222 BLOOMINGDALE ROAD STE 210 WHITE PLAINS, NY 10605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 455 PATROON CREEK BLVD STE 108 ALBANY, NY 12206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CYSTIC FIBROSIS FOUNDATION 33 E 33RD STREET SUITE 1101 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 33 E 33RD STREET SUITE 1101 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CYSTIC FIBROSIS FOUNDATION 200 GATEWAY PARK DRIVE BLDG C SYRACUSE, NY 13212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 33 E 33RD STREET SUITE 1101 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CYSTIC FIBROSIS FOUNDATION 455 PATROON CREEK BLVD STE 108 ALBANY, NY 12206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CYSTIC FIBROSIS FOUNDATION 222 BLOOMINGDALE ROAD STE 210 WHITE PLAINS, NY 10605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,420
CYSTIC FIBROSIS FOUNDATION 33 E 33RD STREET SUITE 1101 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CYSTIC FIBROSIS FOUNDATION 100 COLLEGE PARKWAY SUITE 280 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DALHOUSIE UNIVERSITY FOUNDATION INC PO BOX 850 NEW YORK, NY 101160850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALTON SCHOOL108 E 89TH STREET NEW YORK, NY 101281502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,501
DALTON SCHOOL108 E 89TH STREET NEW YORK, NY 101281502	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
DANCING CLASSROOMS INC 1350 AVENUE OF THE AMERICAS 2ND FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DANIELS MUSIC FOUNDATION 1595 LEXINGTON AVE 2ND FL NEW YORK, NY 100296298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,300
DAVIS MEMORIAL FUND INC 25 LAWRENCE AVENUE LAWRENCE, NY 11559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIS MEMORIAL FUND INC 25 LAWRENCE AVENUE LAWRENCE, NY 11559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
DE LA SALLE ACADEMY 332 WEST 43RD STREET NEW YORK, NY 10036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
DE LA SALLE SCHOOL87 PINE STREET FREEPORT, NY 115203615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELIVERING GOOD INC 266 WEST 37TH STREET 22ND FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DELMAR FIRE DEPT145 ADAMS ST DELMAR, NY 120543200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DELTA BETA EXECUTIVE ALUMNI FOUNDAT PO BOX 595 JERICHO, NY 117530595	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEPAUL GROUP INC1931 BUFFALO RD ROCHESTER, NY 146241535	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,250
DEPAUL GROUP INC1931 BUFFALO RD ROCHESTER, NY 146241535	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
DESCENDANTS OF HOLOCAUST SURVIVORS PO BOX 7690 NEW YORK, NY 100220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESTROYER ESCORT HISTORICAL MUSEUM PO BOX 1926 ALBANY, NY 122011926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DESTROYER ESCORT HISTORICAL MUSEUM PO BOX 1926 ALBANY, NY 122011926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DESTROYER ESCORT HISTORICAL MUSEUM PO BOX 1926 ALBANY, NY 122011926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIABETES RESEARCH INSTITUTE FOUNDAT 259 WEST 30TH STREET SUITE 402 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DIABETES RESEARCH INSTITUTE FOUNDAT 259 WEST 30TH STREET SUITE 402 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DIABETES RESEARCH INSTITUTE FOUNDAT 259 WEST 30TH STREET SUITE 402 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIABETES RESEARCH INSTITUTE FOUNDAT 259 WEST 30TH STREET SUITE 402 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DIVYA JYOTI JAGRATI KENDRA INC 8305 HOMELAWN ST JAMAICA ESTATES, NY 114322125	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
DOCTORS OF THE WORLD-USA INC 222 BROADWAY 19TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	431
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
DOE FUND INC232 EAST 84TH STREET NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMINICAN COLLEGE OF BLAUVELT N Y 470 WESTERN HWY ORANGEBURG, NY 109621210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
DOROT INC171 W 85TH ST NEW YORK, NY 100244457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOUBLE H - HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 128463318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
DOUBLE H - HOLE IN THE WOODS RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 128463318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DOULA PROGRAM TO ACCOMPANY AND COMF 55 EXCHANGE PLACE STE 402 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF THE HU PO BOX 161 HOPEWELL JCT, NY 12533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	424
DOWN SYNDROME ASSOCIATION OF THE HU PO BOX 161 HOPEWELL JCT, NY 12533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
DOWNTOWN UNITED SOCCER CLUB INC 69 CHARLTON STREET 2ND FL NEW YORK, NY 100140000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN UNITED SOCCER CLUB INC 69 CHARLTON STREET 2ND FL NEW YORK, NY 100140000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	808
DOWNTOWN UNITED SOCCER CLUB INC 69 CHARLTON STREET 2ND FL NEW YORK, NY 100140000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,190
DREAM BUILDERS FOUNDATION 41 BREWSTER DR MIDDLETOWN, NY 109406022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM CHARTER SCHOOL 1991 2ND AVE NEW YORK, NY 10029	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
DRESS FOR SUCCESS ROCHESTER INC 47 STATE STREET ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DRESS FOR SUCCESS ROCHESTER INC 47 STATE STREET ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS ROCHESTER INC 47 STATE STREET ROCHESTER, NY 14614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
DRESS FOR SUCCESS WORLDWIDE 1256 HERTEL AVENUE BUFFALO, NY 14216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DRUG POLICY ALLIANCE 131 WEST 33RD ST 15TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DWIGHT SCHOOL FOUNDATION 291 CENTRAL PARK WEST NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
DYSAUTONOMIA INTERNATIONAL INC PO BOX 596 EAST MORICHES, NY 119401535	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DYSTROPHIC EPIDERMOLYSIS BULLOSA RE 75 BROAD STREET NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DYSTROPHIC EPIDERMOLYSIS BULLOSA RE 75 BROAD STREET NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
E MONTE MOTION INC 8 W 126TH ST 3RD FL NEW YORK, NY 10027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EAGLE STAR HOUSING INC 330 FRANLEE LANE VICTOR, NY 14564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	801
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAGLE STAR HOUSING INC 330 FRANLEE LANE VICTOR, NY 14564	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
EAGLE STAR HOUSING INC 2620 MAIN ROAD RTE 5 PO BOX 02 EAST PEMBROKE, NY 140560000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
EAST GREENBUSH FIRE COMPANY INC 68 PHILLIPS RD RENSSELAER, NY 121444709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GREENBUSH MIRACLE LEAGUE INC 10 MCDONALD LN RENSSELAER, NY 121449652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
EAST RIVER DEVELOPMENT ALLIANCE INC 12-11 40TH AVENUE LONG ISLAND CITY, NY 11101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
EAST SIDE HOUSE INC 337 ALEXANDER AVENUE BRONX, NY 104541108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST SIDE MIDDLE SCHOOL PARENT TEAC 331 E 91ST ST NEW YORK, NY 101285937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ECMC FOUNDATION INC462 GRIDER ST BUFFALO, NY 142153021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ECMC FOUNDATION INC 462 GRIDER STREET SUITE G-1 BUFFALO, NY 142153021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECONOMIC DEVELOPMENT GROWTH ENTERPR 584 PHOENIX DRIVE ROME, NY 134414105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	195
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
EDEN II SCHOOL FOR AUTISTIC CHILDER 15 BEACH STREET STATEN ISLAND, NY 103042713	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDGEMONT SCHOLARSHIP COUNCIL INC 300 WHITE OAK LN SCARSDALE, NY 105831725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EDGEMONT SCHOLARSHIP COUNCIL INC 300 WHITE OAK LN SCARSDALE, NY 105831725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EDGEMONT SCHOOL FOUNDATION INC PO BOX 1154 SCARSDALE, NY 10583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELAINE KAUFMAN CULTURAL CENTER-LUCY 129 W 67TH ST NEW YORK, NY 100235915	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ELAINE KAUFMAN CULTURAL CENTER-LUCY 129 W 67TH ST NEW YORK, NY 100235915	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ELMWOOD VILLAGE CHARTER SCHOOL 40 DAYS PARK BUFFALO, NY 14201	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMMA WILLARD SCHOOL 285 PAWLING AVE TROY, NY 12180	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
EMMAS HOPE112 PEXTON ST SHERRILL, NY 134611037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
EMPIRE SERVICE DOG PROGRAMINCORPORA PO BOX 3054 ALBANY, NY 122030054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMPIRE STATE YOUTH ORCHESTRA 432 STATE ST SCHENECTADY, NY 12305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EMPOWERED PATHWAYS INC 502 COURT STREET SUITE 234 UTICA, NY 13502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY STE 600 NEW YORK, NY 100361518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENDABUSE4GOOD INC 1710 FIRST AVE STE 125 NEW YORK, NY 101284902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ENDABUSE4GOOD INC 1710 FIRST AVE STE 125 NEW YORK, NY 101284902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ENDABUSE4GOOD INC 1710 FIRST AVE STE 125 NEW YORK, NY 101284902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENGEYE INCPO BOX 11613 ALBANY, NY 122111613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
ENSEMBLE STUDIO THEATRE INC 545 WEST 52ND STREET NEW YORK, NY 100195012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	415
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	637
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENVIRONMENTAL DEFENSE FUND INCORPOR 257 PARK AVE SOUTH NEW YORK, NY 100107304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EPIPHANY COMMUNITY NURSERY SCHOOL 510 E 74TH ST NEW YORK, NY 100213402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
EPIPHANY SCHOOL FOUNDATION INC 234 E 22ND ST NEW YORK, NY 100105601	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,935
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
EPISCOPAL RELIEF AND DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINOX INC500 CENTRAL AVENUE ALBANY, NY 12206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EQUINOX INC500 CENTRAL AVENUE ALBANY, NY 12206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
EQUINOX INC500 CENTRAL AVENUE ALBANY, NY 12206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUINOX INC500 CENTRAL AVENUE ALBANY, NY 12206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,020
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
ERIE COUNTY SPCA300 HARLEM RD WEST SENECA, NY 14224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETHIOPIA EDUCATION INITIATIVES INC 326 E 18TH ST NEW YORK, NY 100032893	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,613
ETHIOPIAN COMMUNITY MUTUAL ASSISTAN ECMAA POB 1349 NEW YORK, NY 10027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EUREKA LODGE NO 36 EDUCATIONAL AND 616 BROWN ST ROCHESTER, NY 146112306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUREKA LODGE NO 36 EDUCATIONAL AND 616 BROWN ST ROCHESTER, NY 146112306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EUREKA LODGE NO 36 EDUCATIONAL AND 616 BROWN ST ROCHESTER, NY 146112306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
EVELYN ALEXANDER WILDLIFE RESCUE CE 228 W MONTAUK HWY HAMPTON BAYS, NY 119463510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	283
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 3886 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 4184 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERYTOWN FOR GUN SAFETY SUPPORT FU PO BOX 3886 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
EXALT YOUTH 17 BATTERY PLACE SUITE 307 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
EXCELSIOR COLLEGE 7 COLUMBIA CIRCLE ALBANY, NY 12203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPANDED SCHOOLS INC 11 W 42ND STREET 3RD FLOOR NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
F F THOMPSON HEALTH SYSTEM INC PO BOX 270032 ROCHESTER, NY 14627	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
F F THOMPSON HOSPITAL FOUNDATION IN PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F F THOMPSON HOSPITAL FOUNDATION IN PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FAIRPORT BAPTIST HOMES CARING MINIS 4646 NINE MILE POINT ROAD FAIRPORT, NY 144501163	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
FAIRVIEW COMMUNITY CORPORATION 32 MANHATTAN AVE WHITE PLAINS, NY 10607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY EQUALITY COUNCIL 475 PARK AVENUE SOUTH SUITE 2100 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
FAMILY EQUALITY COUNCIL 475 PARK AVENUE SOUTH SUITE 2100 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FAMILY JUSTICE CENTER OF ERIE COUNT 438 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
FAMILY OF WOODSTOCK INC PO BOX 3516 KINGSTON, NY 124023516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE LEAGUE INC 790 PARK AVENUE HUNTINGTON, NY 117434516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
FAMILY SERVICE LEAGUE INC 790 PARK AVENUE HUNTINGTON, NY 117434516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	222
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	198
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
FAMILY-TO-FAMILY INCPO BOX 255 HASTINGSONHUDSON, NY 107061904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
FAN 4 KIDS538 CLINTON AVE BROOKLYN, NY 11238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARLEYS FRIENDS INC640 MELVILLE ST ROCHESTER, NY 146095436	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,580
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FARM SANCTUARY INCPO BOX 150 WATKINS GLEN, NY 14891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
FAXTON-ST LUKES HEALTHCARE FOUNDATI 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAXTON-ST LUKES HEALTHCARE FOUNDATI ADDRESS TYPE HOME AND ADDRESSES INDICATOR PREFERRED UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,600
FDNY FOUNDATION 9 METROTECH CENTER 5E-9 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FEARLESS KIDZ CLUBS INC 45 GERALDINE PKWY ROCHESTER, NY 14624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FEEDING WESTCHESTER INC 200 CLEARBROOK ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWSHIP FOR THE PERFORMING ARTS 630 NINTH AVENUE SUITE 1409 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
FIFTH AVENUE COMMITTEE INCORPORATED 621 DEGRAW ST BROOKLYN, NY 112173120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FIGURE SKATING IN HARLEM INC 361 WEST 125TH STREET 4TH FLOOR NEW YORK, NY 100274843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FILM FORUM INC209 W HOUSTON ST NEW YORK, NY 100144837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FILM FORUM INC209 W HOUSTON ST NEW YORK, NY 100144837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
FINANCIAL CLINIC 254 36TH STREET SUITE B321 UNIT 16 BROOKLYN, NY 11232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINGER LAKES CULTURAL & NATURAL HIS 3369 GUYANOGA ROAD BRANCHPORT, NY 14418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FINGER LAKES CULTURAL & NATURAL HIS 3369 GUYANOGA ROAD BRANCHPORT, NY 14418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FINGER LAKES CULTURAL & NATURAL HIS 3369 GUYANOGA ROAD BRANCHPORT, NY 14418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST TEE NEW YORK INC 3545 JEROME AVE BRONX, NY 10467	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FIVE TOWNS KIWANIS CLUB FOUNDATION PO BOX 429 HEWLETT, NY 115570429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FIVE TOWNS KIWANIS CLUB FOUNDATION PO BOX 429 HEWLETT, NY 115570429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FJC520 8TH AVE FL 20 NEW YORK, NY 100186507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLOATING HOSPITAL FOUNDATION INC GRAND CENTRAL STATION PO BOX 3391 NEW YORK, NY 101633391	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
FLOATING HOSPITAL FOUNDATION INC GRAND CENTRAL STATION PO BOX 3391 NEW YORK, NY 101633391	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLORAL PARK CONSERVATION SOCIETY IN 144 ASH ST FLORAL PARK, NY 110013634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
FLOWER CITY OUTREACH INC 54 ENWRIGHT FAIRPORT, NY 144508434	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FOLK ARTS RAJASTHAN INC 314 EAST 84TH ST 11 NEW YORK, NY 10028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,575
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK FOR NEW YORK CITY 39 BROADWAY FL 10 NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	559
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,000
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	217
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
FOOD BANK OF WESTERN NEW YORK INCOR 91 HOLT STREET BUFFALO, NY 14206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FOOD PANTRIES OF THE CAPITAL DIST I 32 ESSEX ST ALBANY, NY 122062027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODLINK INC 1999 MT READ BOULEVARD ROCHESTER, NY 14615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,150
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM PREPARATORY SCHOOL E FORDHAM ROAD BRONX, NY 104585175	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,695
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FORDHAM UNIVERSITY FORDHAM LAW SCHOOL 140 W 62ND ST NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,300
FORDHAM UNIVERSITY 441 E FORDHAM RD PAYROLL DEPT FMH R BRONX, NY 104580000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,025
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
FORDHAM UNIVERSITY 45 COLUMBUS AVENUE 8TH FLOOR NEW YORK, NY 10023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORDHAM UNIVERSITY 441 E FORDHAM RD PAYROLL DEPT FMH R BRONX, NY 104580000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 10019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
FORDHAM UNIVERSITY 441 E FORDHAM RD BRONX, NY 104585149	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGOTTEN FRIENDS OF LONG ISLAND PO BOX 710 PLAINVIEW, NY 118030710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FORGOTTEN FRIENDS OF LONG ISLAND PO BOX 710 PLAINVIEW, NY 118030710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FORGOTTEN FRIENDS OF LONG ISLAND PO BOX 710 PLAINVIEW, NY 118030710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR THE YONKERS PUBLIC L ONE LARKIN CENTER YONKERS, NY 107017076	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	3,500
FOUNDATION FOR THE YONKERS PUBLIC L ONE LARKIN CENTER YONKERS, NY 107017076	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
FOUNDATION OF ORTHOPEDICS AND COMPL 85 BROAD ST STE 18-081 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FOUNDATION OF THE STATE UNIVERSITY PO BOX 6005 BINGHAMTON, NY 139026005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FOUNTAIN HOUSE INC425 W 47TH ST NEW YORK, NY 100362304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	671
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRACTURED ATLAS INCPO BOX 55 HARTSDALE, NY 10530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
FRACTURED ATLAS INCPO BOX 55 HARTSDALE, NY 10530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,890
FRACTURED ATLAS INCPO BOX 55 HARTSDALE, NY 10530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRANKLIN COMMUNITY CENTER INC 10 FRANKLIN ST SARATOGA SPGS, NY 128664020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN UNIVERSITY SWITZERLAND INC 405 LEXINGTON AVE 26TH FLOOR NEW YORK, NY 101742699	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
FRANZISKA RACKER CENTERS INC 3226 WILKINS RD ITHACA, NY 148509568	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FREDONIA COLLEGE FOUNDATION OF STAT 272 CENTRAL AVE FREDONIA, NY 14063	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDONIA COLLEGE FOUNDATION OF STAT 272 CENTRAL AVE FREDONIA, NY 14063	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
FREDONIA COLLEGE FOUNDATION OF STAT 272 CENTRAL AVE FREDONIA, NY 14063	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
FREE ARTS FOR ABUSED CHILDREN OF NE 1431 BROADWAY 7TH FLOOR NEW YORK, NY 100181970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREE TO BE ME RESCUE INC 154 DELAWARE AVE DELMAR, NY 12054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRESH AIR FUND 633 THIRD AVENUE 14TH FL NEW YORK, NY 100178152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
FRICK COLLECTION ONE EAST 70TH STREET NEW YORK, NY 100214967	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS ACADEMY 270 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS ACADEMY 270 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS ACADEMY 270 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	779
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS AND FAMILY OF PS 11 320 W 21ST ST NEW YORK, NY 100113303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FRIENDS OF BEACON DOG PARK INC PO BOX 1287 BEACON, NY 125088287	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BEZALEL ACADEMY OF ARTS 370 LEXINGTON AVE RM 1612 NEW YORK, NY 100176581	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF COLUMBIA SECONDARY SCHOO 603 W 115TH ST 433 NEW YORK, NY 100257722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF CORLEARS HOOK PARK INC 575 GRAND STREET E901 NEW YORK, NY 10002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF FIREFIGHTERS INC 199 VAN BRUNT BROOKLYN, NY 112311496	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF GOOD SHEPHERD SCHOOL-INW 954 LEXINGTON AVENUE 252 NEW YORK, NY 100215013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF GOOD SHEPHERD SCHOOL-INW 954 LEXINGTON AVENUE 252 NEW YORK, NY 100215013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD BOX 719 BREWSTER, NY 105090719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
FRIENDS OF HUDSON RIVER PARK INC 305 SEVENTH AVENUE 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
FRIENDS OF ISRAEL DISABLED VETERANS 1133 BROADWAY STE 232 NEW YORK, NY 100108134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF ISRAEL DISABLED VETERANS 1133 BROADWAY STE 232 NEW YORK, NY 100108134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
FRIENDS OF ISRAEL SCOUTS INC 575 8TH AVE FL 11 NEW YORK, NY 100183549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
FRIENDS OF JCC KRAKOW INC 74 LAFAYETTE AVE STE 101 SUFFERN, NY 10901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF NEVE COLLEGE FOR WOMEN I 111 JOHN STREET SUITE 1720 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
FRIENDS OF OAKWOOD CEMETERY INC 50-101ST STREET TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF PS-IS 187 809 W 181ST ST 130 NEW YORK, NY 100334516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF RHINEBECK CEMETERY INC PO BOX 7 RHINEBECK, NY 12572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF RODEPH SHOLOM SCHOOL INC 168 WEST 79TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
FRIENDS OF RODEPH SHOLOM SCHOOL INC 168 WEST 79TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE AUSTRALIAN KOALA FOU 112 EAST 17TH STREET SUITE 1W NEW YORK, NY 10003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE BAY INC 2 TOWNSEND SQUARE OYSTER BAY, NY 117710564	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF THE BKLYN NEW SCHOOL-BK 610 HENRY ST BROOKLYN, NY 112312612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CHILDREN NEW YORK 204 WEST 115TH ST NEW YORK, NY 10026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
FRIENDS OF THE CHORAL SOCIETY INC 140 CABRINI BLVD APT 38 NEW YORK, NY 100333432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CHORAL SOCIETY INC 140 CABRINI BLVD APT 38 NEW YORK, NY 100333432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE GARDENAERIAL INC 74 BROWNS RACE ROCHESTER, NY 146141006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	286
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ISRAEL DEFENSE FORCE 60 E 42 STREET NEW YORK, NY 101650006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
FRIENDS OF THE MANHATTAN SCHOOL FOR 154 W 93RD ST NEW YORK, NY 10025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF THE NEW YORK TRANSIT MUS 130 LIVINGSTON ST 10TH FLR BOX E BROOKLYN, NY 112015106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE SALK SCHOOL OF SCIEN 320 E 20TH ST NEW YORK, NY 100031804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS OF THE SARATOGA BATTLEFIELD 648 ROUTE 32 STILLWATER, NY 121701604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF THE WILLIAM K SANFORD TO 629 ALBANY SHAKER RD LOUDONVILLE, NY 12211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF UNFPA INC 605 THIRD AVE 4TH FLR NEW YORK, NY 10158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF UNITED HATZALAH INC 300 EAST 51ST STREET STE 8G NEW YORK, NY 100227806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
FRIENDS OF UNITED HATZALAH INC 300 EAST 51ST STREET STE 8G NEW YORK, NY 100227806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF UNITED HATZALAH INC 300 EAST 51ST STREET STE 8G NEW YORK, NY 100227806	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF WHEELS511 W 182ND ST NEW YORK, NY 100335107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 100033790	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 100033790	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 100033790	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
FRIENDS SEMINARY 222 EAST 16TH STREET NEW YORK, NY 100033790	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS WITHOUT A BORDER 1123 BROADWAY STE 1210 NEW YORK, NY 100102007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRONT RUNNERS NEW YORK INC PO BOX 230087 NEW YORK, NY 100230002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	332
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FROST VALLEY YMCA 2000 FROST VALLEY ROAD CLARYVILLE, NY 12725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FUND FOR P S 84 INC32 W 92ND ST NEW YORK, NY 100257632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
FUND FOR PUBLIC HEALTH IN NEW YORK 22 CORTLANDT ST 8FL 802 NEW YORK, NY 100073107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET 305 NEW YORK, NY 10007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
FUND FOR PUBLIC SCHOOLS INC 52 CHAMBERS STREET 305 NEW YORK, NY 10007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
FWA OF NEW YORK INC 25 E 21ST ST 6TH FL NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FWA OF NEW YORK INC 25 E 21ST ST 6TH FL NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GAMES FOR CHANGE INC 16 EAST 34TH STREET 18TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GARDEN CITY FIRE DEPARTMENT INC PO BOX 251 GARDEN CITY, NY 115304529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARDEN OF HOPE INCPO BOX 520048 FLUSHING, NY 11352	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GASKOV CLERGE FOUNDATION PO BOX 4068 GARDEN CITY, NY 115314068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GATESTONE INSTITUTE 14 E 60TH STREET SUITE 705 NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GAY MENS HEALTH CRISIS INC 307 WEST 38TH STREET NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GENERATION CITIZEN INC110 WALL ST NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERATION CITIZEN INC110 WALL ST NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GENESEE AMATEUR HOCKEY ASSOCIATION PO BOX 9 BATAVIA, NY 140210009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GENESEE COUNCIL ON ALCOHOLISM INC 430 E MAIN ST BATAVIA, NY 140202519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESEE COUNTY CASA FOR CHILDREN 1 W MAIN ST BATAVIA, NY 140202019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GENESEE COUNTY CASA FOR CHILDREN 1 W MAIN ST BATAVIA, NY 140202019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GENESEO FOUNDATION INC 1 COLLEGE CIR DOTY HALL 244 GENESEO, NY 14454	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENEVA SCHOOL OF MANHATTAN 138 W 90 ST NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GEORGE EASTMAN MUSEUM 900 EAST AVE ROCHESTER, NY 146072219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
GERARD PLACE HOUSING DEVELOPMENT FU 2515 BAILEY AVE BUFFALO, NY 142153272	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTING OUT AND STAYING OUT INC 75 EAST 116TH STREET NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GEVA THEATRE CENTER INC 75 WOODBURY BLVD ROCHESTER, NY 146071717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
GIGIS PLAYHOUSE INC 372 N GOODMAN ST ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILLAM-GRANT COMMUNTIY CENTER INC 6966 WEST BERGEN ROAD BERGEN, NY 14416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
GILLEN BREWER SCHOOL INC 410 EAST 92ND ST NEW YORK, NY 101286881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
GILLEN BREWER SCHOOL INC 410 EAST 92ND ST NEW YORK, NY 101286881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL RISING 114 WEST 26TH ST 7TH FLR NEW YORK, NY 100016812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
GIRL SCOUT COUNCIL OF GREATER NEW Y 40 WALL STREET SUITE 708 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	367
GIRL SCOUTS HEART OF THE HUDSON INC 2 GREAT OAK LN PLEASANTVILLE, NY 105702110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,831
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NASSAU COUNTY INC 110 RING ROAD WEST GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NASSAU COUNTY INC 110 RING ROAD WEST GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF NASSAU COUNTY INC 110 RING ROAD WEST GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS EDUCATIONAL AND MENTORING SER 298B W 149TH ST NEW YORK, NY 100392801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GIRLS INCORPORATED 120 WALL STREET STE 1800 NEW YORK, NY 100053704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
GIRLS INCORPORATED OF THE GREATER C 962 ALBANY STREET SCHENECTADY, NY 12307	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN N Y C INC 81 PROSPECT STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,465
GIRLS ON THE RUN N Y C INC 81 PROSPECT STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,045
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS WHO CODE INC 28 WEST 23RD ST 4TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GIRLS WRITE NOW INC 247 W 37 ST STE 1000 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
GIRLS WRITE NOW INC 247 W 37 ST STE 1000 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVAT HAVIVA EDUCATIONAL FOUNDATION 601 WEST 26TH STREET STE 325-25 NEW YORK, NY 100011101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,200
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
GIVEDIRECTLY INCPO BOX 3221 NEW YORK, NY 10008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIVING ALTERNATIVE LEARNERS UPLIFTI 8803 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIVING ALTERNATIVE LEARNERS UPLIFTI 8803 70TH ROAD FOREST HILLS, NY 11375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GLAMOURGALS FOUNDATION INC PO BOX 20488 NEW YORK, NY 10075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLEN HIGHLAND FARM INC 242 PEGG ROAD MORRIS, NY 13808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GLOBAL CANINE AND FELINE RESCUE ASS 40 JEFFREY PL MANHASSET HL, NY 110401149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GLOBAL CANINE AND FELINE RESCUE ASS 40 JEFFREY PL MANHASSET HL, NY 110401149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL CANINE AND FELINE RESCUE ASS 40 JEFFREY PL MANHASSET HL, NY 110401149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
GLOBAL CANINE AND FELINE RESCUE ASS 40 JEFFREY PL MANHASSET HL, NY 110401149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
GLOBAL CANINE AND FELINE RESCUE ASS 40 JEFFREY PL MANHASSET HL, NY 110401149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL HEALTH CORPS INC 318 W 39TH STREET FLOOR 9L NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
GLOBAL HUNGER PROJECT 110 WEST 30TH STREET 6TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GLOBAL MEDICAL RELIEF FUND INC 112 MACFARLAND AVE STATEN ISLAND, NY 103054626	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
GLOW YOUNG MENS CHRISTIAN ASSOCIATI 209 E MAIN ST BATAVIA, NY 14020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLYNWOOD CENTER INC PO BOX 157 362 GLYNWOOD RD COLD SPRING, NY 105160157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GO PROJECT INC 50 COOPER SQUARE 3RD FLOOR NEW YORK, NY 100035232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
GO PROJECT INC 50 COOPER SQUARE 3RD FLOOR NEW YORK, NY 100035232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODDARD-RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVE NEW YORK, NY 100241904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS LOVE WE DELIVER INC 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 100182488	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GOOD SHEPHERD HOSPICE 110 BI COUNTY BLVD STE 114 FARMINGDALE, NY 117353923	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
GOODWILL INDUSTRIES OF GREATER NEW 4-21 27TH AVE ASTORIA, NY 11102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOVERNORS ISLAND ALLIANCE INC 10 SOUTH ST SLIP 7 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GOW SCHOOL2491 EMERY RD SOUTH WALES, NY 141399408	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
GRACE INSTITUTE 40 RECTOR ST 14TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAMATAN VILLAGE INC 85 PONDFIELD RD BRONXVILLE, NY 107083818	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
GRAMEEN AMERICA INC 150 WEST 30TH STREET 8TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
GRAMERCY PARK BLOCK ASSOCIATION INC 34 GRAMERCY PARK E NEW YORK, NY 100031731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER BALDWINSVILLE AMBULANCE COR PO BOX 744 BALDWINSVILLE, NY 130270744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GREATER CANANDAIGUA FAMILY YMCA 32 N MAIN ST CANANDAIGUA, NY 144241402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREATER NEW YORK COUNCILS BOY SCOUT 475 RIVERSIDE DRIVE SUITE 600 NEW YORK, NY 10115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER SYRACUSE YOUNG MENS CHRISTI 340 MONTGOMERY ST SYRACUSE, NY 132022015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
GREATER SYRACUSE YOUNG MENS CHRISTI 340 MONTGOMERY ST SYRACUSE, NY 132022015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
GREEK CULTURAL CENTER INC 26-80 30 STREET ASTORIA, NY 111022117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEK ORTHODOX ARCHDIOCESE OF AMERI 8 E 79TH STREET NEW YORK, NY 10021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
GREEN GUERILLAS INC 232 E 11TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GREENBUSH-SCHODACK DEVIL CATS TRAVE PO BOX 604 WYNANTSKILL, NY 121980604	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENE COUNTY WOMENS LEAGUE CANCER GREENE COUNTY WOMENS LEAGUE CANCER PATIENT AID ROUND TOP, NY 12473	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GREYHOUND ACTION LEAGUE OF BUFFALO 214 DEAN RD DEPEW, NY 14043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GREYSTON FOUNDATION INC 21 PARK AVE YONKERS, NY 107033401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYSTONE PROGRAMS INC 700 SOUTH DRIVE STE 203 HOPEWELL JUNCTION, NY 12533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GREYSTONE PROGRAMS INC 700 SOUTH DRIVE STE 203 HOPEWELL JUNCTION, NY 12533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GROUNDWORK HUDSON VALLEY INC 22 MAIN STREET 2ND FLOOR YONKERS, NY 10701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROUNDWORK HUDSON VALLEY INC 22 MAIN STREET 2ND FLOOR YONKERS, NY 10701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GROUNDWORK HUDSON VALLEY INC 22 MAIN STREET 2ND FLOOR YONKERS, NY 10701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GROW BROOKLYN INC 1474 MYRTLE AVE BROOKLYN, NY 112375128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GUIDE DOG FOUNDATION FOR THE BLIND 371 E JERICHO TPKE SMITHTOWN, NY 117879897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	264
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HEIGHTS, NY 10598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
GUIDING EYES FOR THE BLIND INC 611 GRANITE SPRINGS RD YORKTOWN HTS, NY 105983411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GUYANESE GIRLS ROCK FOUNDATION INC 105-24 FARMERS BLVD SAINT ALBANS, NY 11412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY BUFFALO INC 1675 SOUTH PARK AVENUE BUFFALO, NY 14220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY BUFFALO INC 1675 SOUTH PARK AVENUE BUFFALO, NY 14220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 207 SHERIDAN AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN ST FL 23 NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
HABITAT FOR HUMANITY INTERNATIONAL 643 MIDDLE COUNTRY RD MIDDLE ISLAND, NY 119532509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 125 WASHINGTON STREET NEWBURGH, NY 12550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 207 SHERIDAN AVENUE ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
HABITAT FOR HUMANITY INTERNATIONAL 308 OTISCO STREET SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 111 JOHN ST FL 23 NEW YORK, NY 100383101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1400 OLD NORTHERN BLVD ROSLYN, NY 11576	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 755 CULVER ROAD ROCHESTER, NY 146097464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 755 CULVER ROAD ROCHESTER, NY 146097464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 755 CULVER ROAD ROCHESTER, NY 146097464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HACKLEY SCHOOL293 BENEDICT AVE TARRYTOWN, NY 105914327	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
HACKLEY SCHOOL293 BENEDICT AVE TARRYTOWN, NY 105914327	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALLWALLS INC341 DELAWARE AVE BUFFALO, NY 142021871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
HANCOCK COMMUNITY EDUCATION FOUNDAT PO BOX 819 HANCOCK, NY 137831153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HANNAHS HOPE FOR GIANT AXONAL NEURO 19 BLUE JAY WAY REXFORD, NY 12148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARAMBEE USA FOUNDATION 117 EAST 70TH STREET NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HARLEM CHILDRENS ZONE INC 35 EAST 125TH STREET NEW YORK, NY 10035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARLEM EDUCATIONAL ACTIVITIES FUND 2090 ADAM CLAYTON POWELL JR BLVD 10TH FLOOR NEW YORK, NY 10027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARLEM EDUCATIONAL ACTIVITIES FUND 2090 ADAM CLAYTON POWELL JR BLVD 10TH FLOOR NEW YORK, NY 10027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
HARLEM EDUCATIONAL ACTIVITIES FUND 2090 ADAM CLAYTON POWELL JR BLVD 10TH FLOOR NEW YORK, NY 10027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	247
HARLEM JUNIOR TENNIS AND EDUCATION 40 WEST 143RD STREET NEW YORK, NY 10037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
HARLEM RBI INCORPORATED 1991 2ND AVENUE NEW YORK, NY 10029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTWICK COLLEGEPO BOX 4020 ONEONTA, NY 138204023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HARTWICK COLLEGEPO BOX 4020 ONEONTA, NY 138204023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
HARTWICK COLLEGEPO BOX 4020 ONEONTA, NY 138204023	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAUPTMAN-WOODWARD MEDICAL RESEARCH 700 ELLICOTT STREET BUFFALO, NY 142031102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HEALTH AND WELFARE COUNCIL OF LONG 110 WALT WHITMAN ROAD SUITE 101 HUNTINGTON STATION, NY 11746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HEARING HEALTH FOUNDATION 363 7TH AVE FL 10 NEW YORK, NY 100013904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 11426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 11426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 11426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARTH RESCUE GROUP INC 7720 251ST ST BELLEROSE, NY 11426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
HEIM ELEMENTARY SCHOOL 155 HEIM RD WILLIAMSVILLE, NY 142211396	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
HELEN HAYES HOSPITAL FOUNDATION INC 51-55 ROUTE 9W WEST HAVERSTRAW, NY 10993	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELEN HAYES HOSPITAL FOUNDATION INC 51-55 ROUTE 9W WEST HAVERSTRAW, NY 10993	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FLOOR 2 NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELLENIC ROOTS FOUNDATION INC 1854 43RD ST ASTORIA, NY 111051029	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HELP PERU INC C/O MHOLME 418 E59TH STREET NO 19A NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	259
HELPUSADOPT ORG INCPO BOX 787 NEW YORK, NY 10150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPUSADOPT ORG INCPO BOX 787 NEW YORK, NY 10150	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,150
HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 100024808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HERO INCPO BOX 58H SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERO INCPO BOX 58H SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
HERO INCPO BOX 58H SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HERRICKS MUSIC BOOSTERS ASSOCATION 100 SHELTER ROCK RD NEW HYDE PARK, NY 110401356	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEWITT SCHOOL45 E 75TH ST NEW YORK, NY 100212736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIAS INC 411 FIFTH AVENUE SUITE 1006 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HIGH & MIGHTY THERAPEUTIC RIDING AN 71 COUNTY ROUTE 21C GHENT, NY 120751913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	704
HIGH & MIGHTY THERAPEUTIC RIDING AN 71 COUNTY ROUTE 21C GHENT, NY 120751913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH WATER WOMEN FOUNDATION INC 33 WEST 60TH STREET FLOOR 2 NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HIGHLAND HOSPITAL FOUNDATION INC BOX 270032 ROCHESTER, NY 14627	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
HISPANIC FEDERATION INC 55 EXCHANGE PLACE SUITE 501 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC FEDERATION INC 55 EXCHANGE PLACE SUITE 501 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HISTORIC ITHACA INC 212 CENTER STREET ITHACA, NY 148505427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HI-TOR ANIMAL CARE CENTER INC 65 FIREMENS MEMORIAL DR POMONA, NY 109703561	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOBART AND WILLIAM SMITH COLLEGES 300 PULTENEY ST GENEVA, NY 14456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HOFSTRA UNIVERSITY 102 F HOFSTRA HALL HEMPSTEAD, NY 115492050	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
HOFSTRA UNIVERSITY 102 F HOFSTRA HALL HEMPSTEAD, NY 115492050	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOFSTRA UNIVERSITY 1000 FULTON AVENUE HEMPSTEAD, NY 11549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
HOLLAND LODGE HISTORICAL SOCIETY 71 WEST 23 ST NEW YORK, NY 100103510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOLY TRINITY SCHOOL1445 143RD ST WHITESTONE, NY 11357	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME FOR THE AGED OF THE LITTLE SIS 11030 221ST ST QUEENS VILLAGE, NY 11429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HOME HEADQUARTERS INC 538 ERIE BOULEVARD WEST SUITE 100 SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HOME HEADQUARTERS INC 538 ERIE BOULEVARD WEST SUITE 100 SYRACUSE, NY 13204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMECARE & HOSPICE FOUNDATION INC 1225 W STATE ST OLEAN, NY 147602135	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
HOMECARE & HOSPICE FOUNDATION INC 1225 W STATE ST OLEAN, NY 147602135	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVE ALBANY, NY 122062901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS AND TRAVELERS AID SOCIETY 136 CENTRAL AVE ALBANY, NY 122060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOMELESS AND TRAVELERS AID SOCIETY 138 CENTRAL AVE ALBANY, NY 122062901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE IP7 NEW YORK, NY 100323729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HOPE FOR NEW YORK 1166 AVENUE OF THE AMERICAS STE 1610 NEW YORK, NY 100362708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HOPE HALL1612 BUFFALO RD ROCHESTER, NY 146241638	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE INC573 LIVINGSTON AVE ALBANY, NY 12206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE HOUSE INC573 LIVINGSTON AVE ALBANY, NY 12206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOPE HOUSE INC573 LIVINGSTON AVE ALBANY, NY 12206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE PROGRAM INC 1 SMITH ST 4TH FLOOR BROOKLYN, NY 112015111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HOPEFUL WAYS INCPO BOX 1037 GETZVILLE, NY 140685037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEPRINT INCPO BOX 11664 SYRACUSE, NY 13218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	11,250
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,150
HOSPICE & PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT RD NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT RD NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE AND PALLIATIVE CARE ASSOCIA 24 COMPUTER DR WEST STE 104 ALBANY, NY 12205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HOSPICE FOUNDATION OF WESTERN NEW Y 225 COMO PARK BLVD BUFFALO, NY 142271416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,070
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE FOUNDATION OF WESTERN NEW Y 225 COMO PARK BLVD CHEEKTOWAGA, NY 14227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOSPITAL FOR SPECIAL SURGERY FUND I 535 E 70TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HOUR CHILDREN INC 36-11 12TH STREET LOWER LEVEL LONG ISLAND CITY, NY 11106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF SPEAKEASY FOUNDATION 117 E 19TH ST NEW YORK, NY 100032110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HOUSE WITH HEART INC 151 FIRST AVE 74 NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSING AND SERVICES INC 243 W 30TH ST FL 2 NEW YORK, NY 100012812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING PLUS SOLUTIONS INC 4 WEST 43RD ST SECOND FLOOR NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HUDSON GUILDHUDSON GUILD NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUDSON RIVER COMMUNITY SAILING INC PO BOX 20677 NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON RIVER HEALTHCARE FOUNDATION 55 SOUTH BROADWAY TARRYTOWN, NY 10591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUDSON RIVER HEALTHCARE FOUNDATION 55 SOUTH BROADWAY TARRYTOWN, NY 10591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUDSON RIVER MARITIME MUSEUM 50 RONDOUT LNDG KINGSTON, NY 124016092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVE BEACON, NY 12508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HUDSON VALLEY COMMUNITY COLLEGE FOU 80 VANDENBURGH AVENUE TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HUDSON VALLEY SEED INCPO BOX 223 BEACON, NY 125083078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUDSON VALLEY SEED INCPO BOX 223 BEACON, NY 125083078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HUGH OBRIAN YOUTH LEADERSHIP 77 OLD GLENHAM RD 785 GLENHAM, NY 12527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HUMAN RIGHTS WATCH INC 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMAN RIGHTS WATCH INC 350 FIFTH AVENUE 34TH FLOOR NEW YORK, NY 10118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
HUMANE SOCIETY OF NEW YORK 306 E 59TH ST NEW YORK, NY 100222006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HUMANE SOCIETY OF NEW YORK 306 E 59TH ST NEW YORK, NY 100222006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF ROCHESTER AND MON 99 VICTOR ROAD FAIRPORT, NY 14450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HUMANE SOCIETY OF ROCHESTER AND MON 99 VICTOR ROAD FAIRPORT, NY 14450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST 4TH FLR ALBANY, NY 122102101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER ACTION NETWORK OF NEW YORK 275 STATE ST ALBANY, NY 12210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNTER COLLEGE ELEMENTARY SCHOOL PA 71 E 94TH ST NEW YORK, NY 10128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HUNTER COLLEGE ELEMENTARY SCHOOL PA 71 E 94TH ST NEW YORK, NY 10128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTER COLLEGE HIGH SCHOOL ALUMNAE HUNTER COLLEGE EAST ROOM 1313B 695 PARK AVE NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,825
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,525
HUNTER COLLEGE HIGH SCHOOL PARENTS 71 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HUNTERS HOPE FOUNDATION INC PO BOX 643 ORCHARD PARK, NY 141270643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTERS HOPE FOUNDATION INC PO BOX 643 ORCHARD PARK, NY 141270643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HUNTINGTON COMMUNITY FIRST AID SQUA 2 RAILROAD ST HUNTINGTN STA, NY 117461231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
HUNTINGTON DISEASE SOCIETY OF AMERI 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTON HOSPITAL ASSOCIATION 270 PARK AVENUE HUNTINGTON, NY 11743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
HUNTINGTON HOSPITAL ASSOCIATION 270 PARK AVENUE HUNTINGTON, NY 11743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
HUNTINGTON HOSPITAL ASSOCIATION 270 PARK AVENUE HUNTINGTON, NY 11743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	283
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTINGTONS DISEASE SOCIETY OF AMER 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	71
I HAVE A DREAM FOUNDATION - NY 322 8TH AVE STE 202 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICAHN SCHOOL OF MEDICINE AT MOUNT S ONE GUSTAVE L LEVY PLACE BOX 1049 NEW YORK, NY 10029	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ICAHN SCHOOL OF MEDICINE AT MOUNT S 320 EAST 94TH STREET NEW YORK, NY 10128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ICNA RELIEF USA PROGRAMS INC 87-91 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICNA RELIEF USA PROGRAMS INC 87-91 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ICNA RELIEF USA PROGRAMS INC 87-91 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,685
ICNA RELIEF USA PROGRAMS INC 87-91 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICNA RELIEF USA PROGRAMS INC 87-91 144TH ST JAMAICA, NY 114353232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,082
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMENTOR 199 WATER STREET 8TH FLOOR NEW YORK NY 10038 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
IMMIGRATION EQUALITY 40 EXCHANGE PLACE SUITE 1300 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IMPACT100 WESTCHESTERPO BOX 634 HARTSDALE, NY 105300634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDEGO AFRICA PROJECT 21-21 41ST AVENUE LONG ISLAND CITY, NY 11101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
INFINITE VARIETY PRODUCTIONS 3115 21ST AVE APT 2H ASTORIA, NY 111052004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INNER-CITY SCHOLARSHIP FUND INC 1011 FIRST AVENUE 18TH FLOOR NEW YORK, NY 100224106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER-CITY SCHOLARSHIP FUND INC 1011 FIRST AVENUE 18TH FLOOR NEW YORK, NY 100224106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
INNOCENCE PROJECT INC 40 WORTH STREET SUITE 701 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,040
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF CORE ENERGETICS INC 1120 AVENUE OF THE AMERICAS SUITE 4151 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INSTITUTE OF CORE ENERGETICS INC 1120 AVENUE OF THE AMERICAS SUITE 4151 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	285
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
INTERFAITH NUTRITION NETWORK 211 FULTON AVE HEMPSTEAD, NY 11550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HOUSE 500 RIVERSIDE DR NEW YORK, NY 100273916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL HOUSE 500 RIVERSIDE DR NEW YORK, NY 100273916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
INTERNATIONAL HOUSE 500 RIVERSIDE DR NEW YORK, NY 100273916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL HOUSE 500 RIVERSIDE DR NEW YORK, NY 100273916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
INTERNATIONAL PLANNED PARENTHOOD FE 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 100384730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
INTERNATIONAL PLANNED PARENTHOOD FE 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 100384730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL PLANNED PARENTHOOD FE 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 100384730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
INTERNATIONAL PRESCHOOLS 345 EAST 86TH STREET NEW YORK, NY 10028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
INTERNATIONAL PRESCHOOLS 345 EAST 86TH STREET NEW YORK, NY 10028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL PRESCHOOLS 345 EAST 86TH STREET NEW YORK, NY 10028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,918
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,041
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	603
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,265
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	298
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RESCUE COMMITTEE INC 122 E 42ND STREET 12TH FL NEW YORK, NY 101681299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
INTREPID FALLEN HEROES FUND ONE INTREPID SQUARE W 46TH STREET 12TH AVENUE NEW YORK, NY 100361007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
INTREPID FALLEN HEROES FUND 1 INTREPID SQ WEST 46TH STREET 12TH AVENUE NEW YORK, NY 100361007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTREPID MUSEUM FOUNDATION INC ONE INTREPID SQUARE 12TH AVENUE AND 46TH STREET NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150,000
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
IONA COLLEGE715 NORTH AVE NEW ROCHELLE, NY 10801	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IONA PREPARATORY SCHOOL 255 WILMOT ROAD NEW ROCHELLE, NY 10804	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,900
IRVINGTON VOLUNTEER AMBULANCE CORPS PO BOX 101 IRVINGTON, NY 105330101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ISLAND HARVEST LTD 15 GRUMMAN ROAD W STE 1450 BETHPAGE, NY 11714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND HARVEST LTD 15 GRUMMAN ROAD W STE 1450 BETHPAGE, NY 11714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ISLAND HARVEST LTD 15 GRUMMAN ROAD W STE 1450 BETHPAGE, NY 11714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
ISRAEL CANCER RESEARCH FUND INC 52 VANDERBILT AVENUE NY, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,025
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ITHACA COLLEGE953 DANBY RD ITHACA, NY 148507000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
ITHACA NEIGHBORHOOD HOUSING SERVICE 115 WEST CLINTON ST ITHACA, NY 14850	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ITS ABOUT CARING FOR KIDS INC PO BOX 16201 ROCHESTER, NY 14616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IYENGAR YOGA ASSOCIATION OF GREATER 150 WEST 22ND STREET 2ND FLOOR NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JACK MARTIN FUND INCPO BOX 4952 NEW YORK, NY 10185	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
JACKIE ROBINSON FOUNDATION INC 75 VARICK ST FRNT 2 NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACKIE ROBINSON FOUNDATION INC 75 VARICK ST FRNT 2 NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
JACOB BURNS FILM CENTER INC 405 MANVILLE ROAD PLEASANTVILLE, NY 105702846	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
JAIN CENTER OF AMERICA INC 4311 ITHACA ST ELMHURST, NY 113733451	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAIN CENTER OF AMERICA INC 4311 ITHACA ST ELMHURST, NY 113733451	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	402
JAIN CENTER OF AMERICA INC 4311 ITHACA ST ELMHURST, NY 113733451	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,551
JAIN CENTER OF AMERICA INC 4311 ITHACA ST ELMHURST, NY 113733451	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAIN CENTER OF AMERICA INC 4311 ITHACA ST ELMHURST, NY 113733451	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,277
JAMES BLAKE FOUNDATION INC 207 FRONT ST 3RD FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JAPAN SOCIETY INC 333 EAST 47TH STREET NEW YORK, NY 100172301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	830
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAPAN SOCIETY INC 333 EAST 47TH STREET NEW YORK, NY 100172301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JAZZ AT LINCOLN CENTER INC 3 COLUMBUS CIRCLE 12TH FLOOR NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JAZZ FORUM ARTS INCORPORATED 1 DIXON LANE TARRYTOWN, NY 10591	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAZZ FORUM ARTS INCORPORATED 1 DIXON LANE TARRYTOWN, NY 10591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
JBI INTERNATIONAL INC110 E 30TH ST NEW YORK, NY 100167393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
JBI INTERNATIONAL INC110 E 30TH ST NEW YORK, NY 100167393	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JCC OF MID WESTCHESTER INC 999 WILMOT ROAD SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
JCC OF MID WESTCHESTER INC 999 WILMOT ROAD SCARSDALE, NY 10583	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,705
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	585
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	815
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,915
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESSEY ST 28 FL NEW YORK, NY 10281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,050
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 6320 FLY ROAD SUITE 104 EAST SYRACUSE, NY 13057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 331 ALBERTA DRIVE SUITE 106 AMHERST, NY 14226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,070
JDRF INTERNATIONAL 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10821	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JERICHO PROJECT 245 WEST 29TH STREET SUITE 902 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JERICHO PROJECT HOUSING DEVELOPMENT 245 W 29TH ST NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 142131573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
JEWISH CENTER131 W 86 ST NEW YORK, NY 100243412	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF GREATER 2640 N FOREST RD GETZVILLE, NY 140681514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,250
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,451
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	860
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JEWISH NATIONAL FUND -KEREN KAYEMET 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH NATIONAL FUND -KEREN KAYEMET 42 E 69TH ST NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JEWISH RUSSIAN LEARNING CENTER INC 265 HILLBROOK DRIVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
JEWISH RUSSIAN LEARNING CENTER INC 265 HILLBROOK DRIVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH RUSSIAN LEARNING CENTER INC 265 HILLBROOK DRIVE STATEN ISLAND, NY 10305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JEWISH SENIOR LIFE FOUNDATION INC 2021 WINTON RD SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISHGEN INC36 BATTERY PL NEW YORK, NY 102801502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN LEWIS CHILDS SCHOOL 10 ELIZABETH ST FLORAL PARK, NY 11001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
JOHN LEWIS CHILDS SCHOOL 10 ELIZABETH ST FLORAL PARK, NY 11001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	189
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	209
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPHS HOUSE AND SHETER INC 202 4TH ST TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOYCE THEATER FOUNDATION INC 175 8TH AVE NEW YORK, NY 100111694	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
JOYFUL HEART FOUNDATION 25 BROADWAY 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
JUMPSTART FOR YOUNG CHILDREN INC 505 EIGHTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUMPSTART FOR YOUNG CHILDREN INC 505 8TH AVE STE 303 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 290 ELWOOD DAVIS DRIVE SUITE 290 6 LIVERPOOL, NY 13088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	118
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,503
JUNIOR ACHIEVEMENT OF CENTRAL UPSTA 1 SOUTH WASHINGTON ST SUITE 110 ROCHESTER, NY 14614	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF NEW YORK 250 WILLIS AVENUE ROSLYN HEIGHTS, NY 11577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR ACHIEVEMENT OF NORTHEASTERN 743 ALBANY SHAKER ROAD BUILDING 202 LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF NORTHEASTERN 743 ALBANY SHAKER ROAD BUILDING 202 LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 6255 SHERIDAN DRIVE SUITE 210 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 6255 SHERIDAN DRIVE SUITE 210 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	412
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 6255 SHERIDAN DRIVE SUITE 210 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 6255 SHERIDAN DRIVE SUITE 210 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF WESTERN NEW Y 6255 SHERIDAN DRIVE SUITE 210 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	493
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF THE CITY OF NEW YO 130 EAST 80TH ST NEW YORK, NY 10075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
JUST PLAY SOCCER CLUB INC 7 BRYANT POND ROAD PUTNAM VALLEY, NY 10579	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
KALEIDA HEALTH FOUNDATION 1028 MAIN STREET 4TH FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KALEIDA HEALTH FOUNDATION 1028 MAIN STREET 4TH FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
KAPLAN PUBLIC SERVICE FOUNDATION IN 170 WEST 74TH STREET NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
KARUNA-SHECHEN USA 237 W 35TH ST STE 1101 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KASHMIRI OVERSEAS ASSOCIATION INC 303 5TH AVE RM 1007 NEW YORK, NY 100166681	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KATONAH VILLAGE LIBRARY 26 BEDFORD RD KATONAH, NY 105362134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KATONAH VILLAGE LIBRARY 26 BEDFORD RD KATONAH, NY 105362134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	698
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KATONAH VILLAGE LIBRARY 26 BEDFORD RD KATONAH, NY 105362134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	338
KEEP A CHILD ALIVE17 STATE ST NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
KEEPING MEMORIES INC 131 E 23RD STREET NO 6A NEW YORK, NY 100104512	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLENBERG MEMORIAL HIGH SCHOOL 1400 GLENN CURTISS BLVD UNIONDALE, NY 115533703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
KELLYS ANGELS INCPO BOX 2034 WILTON, NY 12831	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KENYA EDUCATION FUND 360 E 72ND ST C-3405 NEW YORK, NY 10021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYA EDUCATION FUND 360 E 72ND ST C-3405 NEW YORK, NY 10021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KICKIN BACK LTD6 CIDER MILL CT PLEASANT VLY, NY 125697389	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
KIDS ESCAPING DRUGS INC 920 HARLEM RD WEST SENECA, NY 142240643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
KIDS IN SEATS INC444 S 6TH STREET LINDENHURST, NY 28117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS OF KIBERA INC 338 ELDERT ST APT 1B BROOKLYN, NY 112376455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KIRTAN WALLAH FOUNDATION INC 35 E 4TH ST APT 1 BROOKLYN, NY 112181088	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
KIWANIS CLUB OF HUNTINGTON CHILDREN PO BOX 251 HUNTINGTON, NY 117430251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KULANU ACADEMYPO BOX 305 CEDARHURST, NY 11516	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LA FUERZA UNIDA COMMUNITY DEVELOPME 34 MUTTONTOWN LANE EAST NORWICH, NY 11732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
LAGUARDIA HIGH SCHOOL PARENTS ASSOC 100 AMSTERDAM AVENUE NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE GEORGE ASSOCIATION INC PO BOX 408 LAKE GEORGE, NY 128450408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE GEORGE JUNIOR-SENIOR HIGH SCHO 381 CANADA ST LAKE GEORGE, NY 128451197	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,217
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
LAMBDA LEGAL DEFENSE AND EDUCATION 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LANCASTER PRESBYTERIAN CHURCH 5461 BROADWAY ST LANCASTER, NY 140862127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDMARK ON MAIN STREET INC 232 MAIN STREET SUITE 1 PORT WASHINGTON, NY 110503262	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LASALLE SCHOOL FOUNDATION 391 WESTERN AVE ALBANY, NY 12203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
LATINO U COLLEGE ACCESS 75 VIRGINIA ROAD 2ND FLOOR WHITE PLAINS, NY 10603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWRENCE WOODMERE ACADEMY 336 WOODMERE BLVD WOODMERE, NY 115982068	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
LE MOYNE COLLEGE 1419 SALT SPRINGS RD SYRACUSE, NY 13214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	335
LEAD THE WAY FUND INC 300 GARDEN CITY PLAZA STE 149 GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP HUNTINGTON FOUNDATION 165 MAIN STREET HUNTINGTON, NY 11743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LEADERSHIP TRAINING INCORPORATED 50 CLINTON ST STE 607 HEMPSTEAD, NY 115504282	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35,000
LEARNING THROUGH AN EXPANDED ARTS P 535 EIGHTH AVE STE 1100 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEARNING THROUGH AN EXPANDED ARTS P 535 8TH AVENUE SUITE 1100 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEARNINGSPRING SCHOOL 247 EAST 20TH STREET NEW YORK, NY 100031801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,500
LEGAL AID SOCIETY199 WATER STREET NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
LELT FOUNDATION INC 243 RIVERSIDE DR APT MZ2 NEW YORK, NY 100256188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LENOX HILL NEIGHBORHOOD HOUSE INC 331 EAST 70TH STREET NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LENOX HILL NEIGHBORHOOD HOUSE INC 331 EAST 70TH STREET NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,587
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,122
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,906
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,519
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	853
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,834
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,017
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,736
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,381
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,015
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LESBIAN AND GAY COMMUNITY SERVICES 208 WEST 13TH STREET NEW YORK, NY 100117702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	434
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LETS BREAKTHROUGH INC 4 W 43RD ST STE 715 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LETS GET READY INC 50 BROADWAY 25TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LETS WIN PANCREATIC CANCER FOUNDATI 422 EAST 72 STREET SUITE 9D NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LETS WIN PANCREATIC CANCER FOUNDATI 422 EAST 72 STREET SUITE 9D NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,750
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,010
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,115
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	655
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,216
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	563
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,640
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	661
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,006
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,509
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,505
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,590
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,575
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	558
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,030
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	956
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,205
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,095
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,650
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	137
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,010
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,650
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,930
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	121
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	206
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	925
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,760
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	134
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,762
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,329
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,754
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,597
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,625
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 105737501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,299
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,155
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,543
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	54
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	249
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	186
LEUKEMIA & LYMPHOMA SOCIETY INC 3 INTERNATIONAL DRIVE SUITE 200 RYE BROOK, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE SERVE YOUTH FOUNDATION 140 WEST END AVENUE 4A NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFE SERVE YOUTH FOUNDATION 140 WEST END AVENUE 4A NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIFELINE NEW YORK 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFES WORC INC 1501 FRANKLIN AVENUE GARDEN CITY, NY 11530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
LIFTING UP WESTCHESTER INC 35 ORCHARD ST WHITE PLAINS, NY 106033351	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LINCOLN CENTER FOR THE PERFORMING A 70 LINCOLN CENTER PLAZA NEW YORK, NY 100236548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY INC 5030 BROADWAY SUITE 641 NEW YORK, NY 10034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITERACY NEW YORK BUFFALO-NIAGARA I 1 LAFAYETTE SQUARE 2ND FLOOR BUFFALO, NY 142031823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LITTLE FLOWER CHILDREN & FAMILY SER 2450 N WADING RIVER RD WADING RIVER, NY 117921402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 39 PENFIELD, NY 14526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LITTLE RED SCHOOL HOUSE INC 272 SIXTH AVENUE NEW YORK, NY 10014	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
LITTLE RED SCHOOL HOUSE INC 272 SIXTH AVENUE NEW YORK, NY 10014	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE RED SCHOOL HOUSE INC 272 SIXTH AVENUE NEW YORK, NY 10014	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
LITTLE SHELTER ANIMAL ADOPTION CENT 33 WARNER RD HUNTINGTON, NY 117435918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
LITTLE SHELTER ANIMAL ADOPTION CENT 33 WARNER RD HUNTINGTON, NY 117435918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SHELTER ANIMAL ADOPTION CENT 33 WARNER RD HUNTINGTON, NY 117435918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LITTLE SHELTER ANIMAL ADOPTION CENT 33 WARNER RD HUNTINGTON, NY 117435918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
LITTLE SISTERS OF THE ASSUMPTION FA 333 E 115TH ST NEW YORK, NY 100292210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING CITIES INC THE NATIONAL COMM 1040 AVENUE OF THE AMERICAS FLOOR 17 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
LIVING CITIES INC THE NATIONAL COMM 1040 AVENUE OF THE AMERICAS FLOOR 17 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175,000
LOCAL INITIATIVES SUPPORT CORPORATI 28 LIBERTY STREET 34TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOCAL INITIATIVES SUPPORT CORPORATI 28 LIBERTY STREET 34TH FLOOR NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300,000
LONG ISLAND CADDIE SCHOLARSHIP FUND 49 KNOLLWOOD ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	286
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,700
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	188
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
LONG ISLAND CARES INC 10 DAVIDS DR HAUPPAUGE, NY 117882039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
LONG ISLAND CHILDRENS MUSEUM 11 DAVIS AVE GARDEN CITY, NY 115306745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND COUNCIL ON ALCOHOLISM I 1025 OLD COUNTRY RD STE 221 WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LONG ISLAND COUNCIL ON ALCOHOLISM I 1025 OLD COUNTRY RD SUITE 221 WESTBURY, NY 11590	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LONG ISLAND HOUSING PARTNERSHIP INC 180 OSER AVENUE SUITE 800 HAUPPAUGE, NY 11788	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND MUSIC HALL OF FAME 1175 WALT WHITMAN RD MELVILLE, NY 117473005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LONG ISLAND ORCHESTRATING FOR NATUR 97 LEXINGTON AVENUE MALVERNE, NY 11565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
LONG ISLAND ORCHESTRATING FOR NATUR 97 LEXINGTON AVENUE MALVERNE, NY 11565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONG ISLAND ORCHESTRATING FOR NATUR 97 LEXINGTON AVENUE MALVERNE, NY 11565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LONG ISLAND UNIVERSITY LIU POST 720 NORTHERN BOULEVARD GREENVALE, NY 11548	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LONGHOUSE RESERVE 133 HANDS CREEK ROAD EAST HAMPTON, NY 11937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWELL SCHOOL2420 PARSONS BLVD WHITESTONE, NY 113573444	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
LOWER EAST SIDE TENEMENT MUSEUM 103 ORCHARD ST NEW YORK, NY 100023132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
LOWER EASTSIDE SERVICE CENTER INC 46 EAST BROADWAY 6TH FLOOR NEW YORK, NY 10002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER HUDSON VALLEY DIAMOND FOUNDAT PO BOX 1193 WHITE PLAINS, NY 10602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOWER HUDSON VALLEY DIAMOND FOUNDAT PO BOX 1193 WHITE PLAINS, NY 106021193	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
LOYOLA SCHOOL980 PARK AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYOLA SCHOOL980 PARK AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
LOYOLA SCHOOL980 PARK AVENUE NEW YORK, NY 10028	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
LULU & LEO FUND 1216 BROADWAY 2ND FL NEW YORK, NY 100014482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS ALLIANCE OF UPSTATE NEW YORK 438 MAIN STREET SUITE 203 BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS RESEARCH ALLIANCE INC 275 MADISON AVENUE 10TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LUTHERAN CHARITIES6540 MAIN ST WILLIAMSVILLE, NY 142215847	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
LUTHERAN DISASTER RESPONSE OF NEW Y 475 RIVERSIDE DR 16TH FLR NEW YORK, NY 101150002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCEE FRANCAIS DE NEW YORK 505 E 75TH ST NEW YORK, NY 100213103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LYMPHOMA RESEARCH FOUNDATION WALL ST PLAZA 88 PINE ST STE 2400 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAC ANGELS FOUNDATION INC 55 SOUTH MAIN STREET 2B PORT CHESTER, NY 10573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
MAC ANGELS FOUNDATION INC 55 S MAIN ST PORT CHESTER, NY 10573	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
MACAULAY HONORS COLLEGE FOUNDATION 35 W 67TH ST NEW YORK, NY 100236203	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADONNA OF THE STREETS INC PO BOX 448 BUFFALO, NY 142150448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE 29TH FLOOR NEW YORK, NY 10110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE FL 29 NEW YORK, NY 101102999	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE 29TH FLOOR NEW YORK, NY 10110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE STE 2900 NEW YORK, NY 10110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE 29TH FLOOR NEW YORK, NY 10110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE STE 2900 NEW YORK, NY 10110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE-A-WISH FOUNDATION OF METRO NEW 500 5TH AVE STE 2900 NEW YORK, NY 10110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
MAKE-A-WISH FOUNDATION OF NORTHEAST 3 WASHINGTON SQUARE ALBANY, NY 12205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE HUDSO 832 S BROADWAY TARRYTOWN, NY 105916602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	424
MAKE-A-WISH FOUNDATION OF THE HUDSO 832 S BROADWAY TARRYTOWN, NY 105916602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
MAKING HEADWAY FOUNDATION INC 115 KING ST CHAPPAQUA, NY 105143460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKING HEADWAY FOUNDATION INC 115 KING ST CHAPPAQUA, NY 105143460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MANAGERS OF THE DIOCESAN MISSIONARY 1047 AMSTERDAM AVENUE NEW YORK, NY 100251747	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,774
MANHATTAN CLASS COMPANY INC 511 WEST 52ND STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN CLASS COMPANY INC 511 WEST 52ND STREET NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
MANHATTAN COLLEGE 4513 MANHATTAN COLLEGE PARKWAY RIVERDALE, NY 104710000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MANHATTAN INSTITUTE FOR POLICY RESE 52 VANDERBILT AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANHATTAN NEW SCHOOL PTA 311 E 82ND STREET NEW YORK, NY 10028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET 8TH FLOOR NEW YORK, NY 100366413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
MANHATTAN THEATRE CLUB INC 311 WEST 43RD STREET 8TH FLOOR NEW YORK, NY 100366413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE ROAD SYRACUSE, NY 132140000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	689
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	147
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DR STE D WOODBURY, NY 117972055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,081
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DR STE D WOODBURY, NY 117972055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DR STE D WOODBURY, NY 117972055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	616
MARC LUSTGARTEN PANCREATIC CANCER F 415 CROSSWAYS PARK DRIVE SUITE D WOODBURY NY 11797 WOODBURY, NY 11797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	202
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	677
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	91
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
MARCH OF DIMES INC 515 MADISON AVE FL 20 NEW YORK, NY 100225455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 40 MARCUS DRIVE STE 204 MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARINE CORPS-LAW ENFORCEMENT FOUNDA 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,050
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	850
MARIST COLLEGE 3399 NORTH RD ADVANCEMENT OFFICE POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY CARIOLA CHILDRENS CENTER INC 1000 ELMWOOD AVE ROCHESTER, NY 146203042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
MARY MCDOWELL FRIENDS SCHOOL 20 BERGEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
MARYMOUNT MANHATTAN COLLEGE 221 E 71ST ST 2ND FLOOR NEW YORK, NY 100214501	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT SCHOOL OF NEW YORK 1026 FIFTH AVENUE NEW YORK, NY 100280106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
MARYMOUNT SCHOOL OF NEW YORK 1026 FIFTH AVENUE NEW YORK, NY 100280106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MARYMOUNT SCHOOL OF NEW YORK 1026 FIFTH AVENUE NEW YORK, NY 100280106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYMOUNT SCHOOL OF NEW YORK 1026 FIFTH AVENUE NEW YORK, NY 100280106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MASBIA1276 47TH ST 3RD FLOOR BROOKLYN, NY 11219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	438
MASBIA1276 47TH ST 3RD FLOOR BROOKLYN, NY 11219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASSAPEQUA KIWANIS FOUNDATION INC PO BOX 195 MASSAPEQUA, NY 117580195	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MASSAPEQUA KIWANIS FOUNDATION INC PO BOX 195 MASSAPEQUA, NY 117580195	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MASTERS SCHOOL49 CLINTON AVENUE DOBBS FERRY, NY 10522	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	73
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTERS SCHOOL49 CLINTON AVENUE DOBBS FERRY, NY 10522	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	109
MASTERS SCHOOL49 CLINTON AVENUE DOBBS FERRY, NY 10522	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	73
MASTERS SCHOOL49 CLINTON AVENUE DOBBS FERRY, NY 10522	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAX CURE FOUNDATION INC 100 WALL STREET SUITE 900 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAX CURE FOUNDATION INC 100 WALL STREET SUITE 900 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
MAYORS ALLIANCE FOR NYCS ANIMALS IN 244 FIFTH AVE STE R290 NEW YORK, NY 100017604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAYORS ALLIANCE FOR NYCS ANIMALS IN 244 FIFTH AVE STE R290 NEW YORK, NY 100017604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	118
MAYORS ALLIANCE FOR NYCS ANIMALS IN 244 FIFTH AVE STE R290 NEW YORK, NY 100017604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
MAYORS ALLIANCE FOR NYCS ANIMALS IN 244 FIFTH AVE STE R290 NEW YORK, NY 100017604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
MCQUAID JESUIT HIGH SCHOOL 1800 CLINTON AVE SOUTH ROCHESTER, NY 14618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	584
MEALS ON WHEELS FOUNDATION OF WESTE 100 JAMES E CASEY BUFFALO, NY 142062368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,439
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,090
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,016
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,070
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,374
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,805
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,775
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	266
MEDECINS SANS FRONTIERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 100061751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL DEBT RESOLUTION INC 80 THEODORE FREMD AVE RYE, NY 10580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,290
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,231
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN KETTERING CANCER CEN 1275 YORK AVE NEW YORK, NY 100656007	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	865
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,595
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,685
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,600
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	14,411
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,660
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,342
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,400
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,950
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	22,806
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,246
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	18,724
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,222
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,550
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	235
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	14,388
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,698
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,920
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	976
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,480
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,075
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	376
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
MEMORIAL SLOAN-KETTERING CANCER CEN PO BOX 27106 NEW YORK, NY 10087	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
MENDED SWORDS LTD19 NANCY LN BREWSTER, NY 105093702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CENTER INC 377 EAST 145TH STREET BRONX, NY 10454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MERCY FLIGHT CENTRAL INC 2420 BRICKYARD ROAD CANANDAIGUA, NY 144247968	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
MERCY FLIGHT CENTRAL INC 2420 BRICKYARD ROAD CANANDAIGUA, NY 144247968	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HAVEN INC 859 CONNETQUOT AVENUE SUITE 10 ISLIP TERRACE, NY 117521400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
MERCY HAVEN INC 859 CONNETQUOT AVENUE SUITE 10 ISLIP TERRACE, NY 117521400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
METROPOLITAN MALTESE RESCUE PO BOX 20721 NEW YORK, NY 10021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN MONTESSORI SCHOOL 325 W 85TH ST NEW YORK, NY 100243801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN MONTESSORI SCHOOL 325 W 85TH ST NEW YORK, NY 100243801	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN OPERA GUILD INC 70 LINCOLN CENTER PLAZA 6TH FLOOR NEW YORK, NY 100236593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	915
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,336
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,935
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,081
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,655
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MICHAEL J FOX FOUNDATION FOR PARKIN GRAND CENTRAL STATION PO BOX 4777 NEW YORK, NY 10163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICHAEL J FOX FOUNDATION FOR PARKIN 111 WEST 33RD ST 10TH FL NEW YORK, NY 10120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICROAID INTERNATIONAL INC 460 E 79TH STREET 18B NEW YORK, NY 10075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MICROAID INTERNATIONAL INC 460 E 79TH STREET 18B NEW YORK, NY 10075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MIDDLE EAST CHILDRENS INSTITUTE INC 63 FOREST AVENUE SUITE 5B LOCUST VALLEY, NY 11560	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-ISLAND Y JEWISH COMMUNITY CENTE 45 MANETTO HILL RD PLAINVIEW, NY 118031317	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,220
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK SCHOOL, NY 125454932	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK SCHOOL, NY 125454932	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILLENIUM TRIBECA HIGH SCHOOL PAREN 75 BROAD ST FL 13 NEW YORK, NY 100043232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MILLYS PANTRYPO BOX 734 PENN YAN, NY 145270734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MILLYS PANTRYPO BOX 734 PENN YAN, NY 145270734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINEOLA VOLUNTEER AMBULANCE CORPS I PO BOX 587 MINEOLA, NY 115010587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
MISASKIM CORP5805 16TH AVE BROOKLYN, NY 112042112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
MISASKIM CORP5805 16TH AVE BROOKLYN, NY 112042112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MJHS HOSPICE AND PALLIATIVE CARE IN 39 BROADWAY 3RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
MJHS HOSPICE AND PALLIATIVE CARE IN 39 BROADWAY 3RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
MODEST NEEDS FOUNDATION 120 E 23 ST FL 5 NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MODEST NEEDS FOUNDATION 120 E 23 ST FL 5 NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	904
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,300
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK AND HUDSON RIVER HUMANE SOCI 3 OAKLAND AVE MENANDS, NY 122042718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
MOHAWK HUDSON LAND CONSERVANCY INC 425 KENWOOD AVE DELMAR, NY 120541805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
MOHAWK HUDSON LAND CONSERVANCY INC 425 KENWOOD AVE DELMAR, NY 120541805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK VALLEY HEALTH SYSTEM 1656 CHAMPLIN AVE NEW HARTFORD, NY 13413	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MOHAWK VALLEY HEALTH SYSTEM FOUNDAT 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
MOHAWK VALLEY HEALTH SYSTEM FOUNDAT 1676 SUNSET AVE UTICA, NY 13502	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOHAWK VALLEY LUNCH CLUB INC 41 NOTRE DAME LN UTICA, NY 13502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MOHONK PRESERVE INCPO BOX 715 NEW PALTZ, NY 125610715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
MOHONK PRESERVE INCPO BOX 715 NEW PALTZ, NY 125610715	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMS OF BLACK BOYS UNITED INC 1825 PARK AVE NEW YORK, NY 100351641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MONROE COMMUNITY COLLEGE FOUNDATION 1057 EAST HENRIETTA ROAD ROCHESTER, NY 14623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE VOLUNTEER AMBULANCE CORPS IN PO BOX 553 MONROE, NY 10949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MONROE VOLUNTEER AMBULANCE CORPS IN PO BOX 553 MONROE, NY 10949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MONROE VOLUNTEER AMBULANCE CORPS IN PO BOX 553 MONROE, NY 10949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE VOLUNTEER AMBULANCE CORPS IN PO BOX 553 MONROE, NY 10949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MONROE VOLUNTEER AMBULANCE CORPS IN PO BOX 553 MONROE, NY 10949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MONSIGNOR FARRELL HIGH SCHOOL 2900 AMBOY RD STATEN ISLAND, NY 103062005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 104672401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MONTEFIORE MEDICAL CENTER 111 E 210TH ST BRONX, NY 104672401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,747
MONTESSORI FAMILY SCHOOLS OF MANHAT 323 E 47TH ST NEW YORK, NY 100172313	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTESSORI FAMILY SCHOOLS OF MANHAT 323 E 47TH ST NEW YORK, NY 100172313	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MONTFORT ACADEMY125 E BIRCH ST MT VERNON, NY 105520000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,500
MORGANS CAT CAFE 35 WEST MARKET STREET STE 1 RED HOOK, NY 125711510	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MORRYS CAMP INC 1 GATEWAY PLAZA SUITE 1D PORT CHESTER, NY 10573	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOTHER AND UNBORN BABYCARE OF LONG 35 E WILLOW ST MASSAPEQUA, NY 117584728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	188
MOTHER AND UNBORN BABYCARE OF LONG 35 E WILLOW ST MASSAPEQUA, NY 117584728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHER AND UNBORN BABYCARE OF LONG 35 E WILLOW ST MASSAPEQUA, NY 117584728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
MOTHER AND UNBORN BABYCARE OF LONG 35 E WILLOW ST MASSAPEQUA, NY 117584728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
MOTHER AND UNBORN BABYCARE OF LONG 35 E WILLOW ST MASSAPEQUA, NY 117584728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
MOTHERS AGAINST DRUNK DRIVING 33 WALT WHITMAN RD SUITE 210W HUNTINGTON STATION, NY 11743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MOUNT SAINT MARY COLLEGE 330 POWELL AVE NEWBURGH, NY 125503412	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT ST MARYS HOSPITAL FOUNDATION 5300 MILITARY RD LEWISTON, NY 140921903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MOUNT ST MARYS HOSPITAL FOUNDATION 5300 MILITARY RD LEWISTON, NY 140921903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MOUNT VERNON STAR SCHOLARS INC 90 BROOKFIELD ROAD MOUNT VERNON, NY 10552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MOVING PICTURES INSTITUTE 375 GREENWICH ST NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MR BONES & COMPANY INC 1123 BROADWAY STE 1003 NEW YORK, NY 100102007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MS 297 PTA75 MORTON STREET NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
MUDDY PAWS RESCUE 28-21 46TH STREET 1ST FL LONG ISLAND CITY, NY 111031209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUNSON-WILLIAMS-PROCTOR INSTITUTE 310 GENESEE ST UTICA, NY 135024764	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
MURRAY HILL INSTITUTE INC 243 LEXINGTON AVE NEW YORK, NY 100164605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MUSCULAR DYSTROPHY ASSOCIATION 11 EAST 44TH ST 17 FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2150 JOSHUAS PATH HAUPPAUGE, NY 11788	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MUSEUM OF CHINESE IN THE AMERICA 215 CENTRE STREET NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,676
MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 100195401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 SOUTH FRANKLIN ST SYRACUSE, NY 13202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	14,000
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 SOUTH FRANKLIN ST SYRACUSE, NY 13202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 SOUTH FRANKLIN ST SYRACUSE, NY 13202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF SCIENCE & TECHNOLOGY FOUN 500 SOUTH FRANKLIN ST SYRACUSE, NY 13202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
MUSEUM OF THE CITY OF NEW YORK 1220 5TH AVE NEW YORK, NY 100295221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MUSEUMS AT MITCHEL1 DAVIS AVE GARDEN CITY, NY 115306743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC FORWARD 1275 PROSPECT AVENUE BROOKLYN, NY 112181355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSICALFARE THEATRE COMPANY INC 4380 MAIN ST STE 123 AMHERST, NY 142263544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,900
MUSICIANS CLUB OF NEW YORK 360 CABRINI BLVD APT 1D NEW YORK, NY 100403636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY MONEY WORKSHOP INC 1202 LEXINGTON AVENUE SUITE 212 NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MY MONEY WORKSHOP INC 1202 LEXINGTON AVENUE SUITE 212 NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MYASTHENIA GRAVIS FOUNDATION OF AME 355 LEXINGTON AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYASTHENIA GRAVIS FOUNDATION OF AME 355 LEXINGTON AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N A A C P LEGAL DEFENSE AND EDUCATI 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
N Y POLICE AND FIRE WIDOWS & CHILDR 156 WEST 56TH STREET SUITE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
N Y POLICE AND FIRE WIDOWS & CHILDR 156 WEST 56TH STREET SUITE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
N Y POLICE AND FIRE WIDOWS & CHILDR 156 WEST 56TH STREET SUITE 901 NEW YORK, NY 10019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
NAF 218 WEST 40TH STREET 5TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NAMI NEW YORK STATE INC 99 PINE STREET SUITE 105 ALBANY, NY 12207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NARDIN ACADEMY 135 CLEVELAND AVENUE BUFFALO, NY 14222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
NARDIN ACADEMY 135 CLEVELAND AVENUE BUFFALO, NY 14222	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
NATIONAL ADVOCATES FOR PREGNANT WOM 875 6TH AVE STE 1807 NEW YORK, NY 100013507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE FOR RESEARCH ON S 747 THIRD AVE 33RD FLOOR NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ALLIANCE FOR RESEARCH ON S 747 THIRD AVE 33RD FLOOR NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NATIONAL ALLIANCE FOR RESEARCH ON S 747 THIRD AVE 33RD FLOOR NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE FOR RESEARCH ON S 747 THIRD AVE 33RD FLOOR NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL ALLIANCE FOR THE MENTALLY 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
NATIONAL ALLIANCE FOR THE MENTALLY 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALLIANCE FOR THE MENTALLY 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
NATIONAL ALLIANCE ON MENTAL ILLNESS 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
NATIONAL ALLIANCE ON MENTAL ILLNESS 505 8TH AVE SUITE 1103 NEW YORK, NY 100184541	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ALZHEIMER CENTER INC 5901 PALISADE AVE RIVERDALE, NY 104711205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
NATIONAL AMPUTATION FOUNDATION 40 CHURCH ST MALVERNE, NY 115651735	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,175
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,390
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,100
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST - 7TH FL NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR HEBREW LANGUAGE 555 8TH AVENUE 1703 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	132
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	132
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NATIONAL CENTER FOR LEARNING DISABI 32 LAIGHT ST 2ND FL NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
NATIONAL CENTER FOR MISSING AND EXP 275 LAKE AVENUE ROCHESTER, NY 14608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR MISSING AND EXP 275 LAKE AVENUE ROCHESTER, NY 14608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL COUNCIL OF YOUNG ISRAEL 7100 YELLOWSTONE BLVD FOREST HILLS, NY 113753540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	377
NATIONAL COUNCIL OF YOUNG ISRAEL 7100 YELLOWSTONE BLVD FOREST HILLS, NY 113753540	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
NATIONAL DOWN SYNDROME SOCIETY 8 E 41ST STREET 8TH FLOOR NEW YORK, NY 100176290	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	361
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NATIONAL EATING DISORDERS ASSOCIATI 1500 BROADWAY STE 1101 NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FEDERATION OF COMMUNITY DE 39 BROADWAY STE 2140 NEW YORK, NY 10006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
NATIONAL FEDERATION OF THE BLIND OF 2175 SHERIDAN DRIVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,105
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	464
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	740
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,920
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	471
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
NATIONAL KIDNEY FOUNDATION INC 1344 UNIVERSITY AVE STE 270 ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,878
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
NATIONAL KIDNEY FOUNDATION INC 30 EAST 33RD STREET 8TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL KIDNEY FOUNDATION INC 1344 UNIVERSITY AVE STE 270 ROCHESTER, NY 14607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,065
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,020
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,714
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FL NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,035
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,855
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,910
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	680
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,510
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,725
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,025
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	940
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	701
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,235
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FL NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	367
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,455
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	428
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	710
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	635
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,235
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,270
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,590
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,835
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	163
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,035
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,504
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	374
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	585
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	553
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,110
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	911
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	660
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,220
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	285
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,145
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,470
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,980
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,200
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	465
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 100173211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL MUSIC THEATRE NETWORK INC 36 WEST 44TH STREET SUITE 1010A NEW YORK, NY 10031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL NETWORK OF ABORTION FUNDS PO BOX 7569 NEW YORK, NY 101507569	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
NATIONAL PARKINSON FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL PARKINSON FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PARKINSON FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL PARKINSON FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
NATIONAL RAMAH COMMISSION INC 3080 BROADWAY NEW YORK, NY 100274650	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL REVIEW INSTITUTE 19 W 44TH ST STE 1701 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL SOCIETY FOR HEBREW DAY SCH 620 FOSTER AVENUE BROOKLYN, NY 11230	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
NATIONAL STUTTERING ASSOCIATION 1460 BROADWAY NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL URBAN LEAGUE INC 80 PINE STREET 9TH FLOOR NEW YORK, NY 100053904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
NATIONAL URBAN LEAGUE INC 80 PINE STREET 9TH FLOOR NEW YORK, NY 100053904	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525,000
NATIVITY OF MARY SCHOOL 8550 MAIN STREET WILLIAMSVILLE, NY 14221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATL SEPT 11 MEMORIAL AND MUSEUM AT 200 LIBERTY ST FL 16 NEW YORK, NY 102812103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	199
NATL SEPT 11 MEMORIAL AND MUSEUM AT 200 LIBERTY ST FL 16 NEW YORK, NY 102812103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	745
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	672
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	910
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	456
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	376
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	186
NATURAL RESOURCES DEFENSE COUNCIL I 40 WEST 20TH STREET NEW YORK, NY 100114211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 322 EIGHTH AVENUE 14TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500,000
NATURE CONSERVANCY 274 N GOODMAN ST SUITE B261 ROCHESTER, NY 14620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NATURE CONSERVANCY 322 EIGHTH AVENUE 14TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 322 EIGHTH AVENUE 14TH FL NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATURE CONSERVANCY 274 N GOODMAN ST SUITE B261 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NAVY LEAGUE OF THE UNITED STATES NE 1 S SST RM/STE 318 NEW YORK, NY 100040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAZARETH COLLEGE OF ROCHESTER DEVELOPMENT OFFICE 4245 EAST AVENUE ROCHESTER, NY 14618	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NAZARETH COLLEGE OF ROCHESTER DEVELOPMENT OFFICE 4245 EAST AVENUE ROCHESTER, NY 14618	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
NAZARETH HOUSING INC 519 EAST 11TH STREET NEW YORK, NY 100094689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD CATS INC 2472 BROADWAY 321 NEW YORK, NY 10025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NEIGHBORHOOD CATS INC 2472 BROADWAY 321 NEW YORK, NY 10025	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEIGHBORHOOD HOUSING SERVICES OF RO 570 SOUTH AVENUE ROCHESTER, NY 146201337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,348
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,600
NEST M PARENT TEACHERS ASSOCIATION 111 COLUMBIA ST NEW YORK, NY 100021947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
NEW ALTERNATIVES FOR CHILDREN INC 37 W 26TH ST NEW YORK, NY 100101006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ALTERNATIVES FOR LGBT HOMELESS 410 W 40TH ST 2ND FLOOR NEW YORK, NY 100181204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEW DESTINY HOUSING CORPORATION 12 WEST 37TH STREET 7TH FLOOR NEW YORK, NY 100187384	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
NEW GROUP INC 240 WEST 35TH STREET SUITE 1200 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW ISRAEL FUND6 E 39TH ST SUITE 1 NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,380
NEW KNOWLEDGE ORGANIZATION LTD 40 EXCHANGE PL STE 1403 NEW YORK, NY 100052738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW WOMEN NEW YORKERS INC 601 W 26TH ST RM 325 99 NEW YORK, NY 100011141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	989
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW WOMEN NEW YORKERS INC 601 W 26TH ST RM 325 99 NEW YORK, NY 100011141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NEW YORK AND PRESBYTERIAN HOSPITAL NYP DEVELOPMENT OFFICE 850 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NEW YORK BLOOD CENTER INC 310 EAST 67TH STREET NEW YORK, NY 10065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BLVD BRONX, NY 10458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW YORK BULLY CREW 1457 MONTAUK HIGHWAY PATCHOGUE, NY 11772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,075
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	813
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY BALLET INC 20 LINCOLN CENTER PLAZA NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
NEW YORK CITY GEOGRAPHIC DISTRICT # 328 W 48TH ST PTA OFFICE NEW YORK, NY 100361302	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
NEW YORK CITY POLICE FOUNDATION INC 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY POLICE FOUNDATION INC 555 FIFTH AVENUE 15TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW YORK CITY RESCUE MISSION 90 LAFAYETTE ST NEW YORK, NY 100134416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NEW YORK CITY RESCUE MISSION 90 LAFAYETTE ST NEW YORK, NY 100134416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CITY STREET TREE CONSORTIU 100 GOLD ST SUITE 3100 NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NEW YORK COMMON PANTRY 8 EAST 109TH ST NEW YORK, NY 100293402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEW YORK COMMON PANTRY 8 EAST 109TH ST NEW YORK, NY 100293402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK CONSERVATION OFFICERS ASSO 1475 BOWEN RD ELMA, NY 14059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NEW YORK DISTRICT KIWANIS FOUNDATIO 9020 KIWANIS ROAD TABERG, NY 13471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEW YORK FOUNDLING CHARITABLE CORPO 590 AVENUE OF THE AMERICAS NEW YORK, NY 100112019	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 100110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 100110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 100110000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 100245152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 100245152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
NEW YORK IMMIGRATION COALITION INC 131 WEST 33RD STREET SUITE 610 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BLVD DESEVERSKY RM 206 OLD WESTBURY, NY 115688000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,043
NEW YORK INTERNATIONAL CHILDRENS FI 225 BROADWAY SUITE 2730 NEW YORK, NY 100071049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NEW YORK INTERNATIONAL CHILDRENS FI 225 BROADWAY SUITE 2730 NEW YORK, NY 100071049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK LAW SCHOOL 185 WEST BROADWAY NEW YORK, NY 10013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
NEW YORK MORTGAGE COALITION INC 85 BROAD STREET FL 17 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
NEW YORK PUBLIC INTEREST RESEARCH G 9 MURRAY ST LOWER LEVEL NEW YORK, NY 100072223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC INTEREST RESEARCH G 9 MURRAY ST LOWER LEVEL NEW YORK, NY 100072223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,090
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	288
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	908
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
NEW YORK PUBLIC RADIO 160 VARICK STREET 9TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	975
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NEW YORK ROAD RUNNERS INC 156 W 56TH ST 5TH FL NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,240
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
NEW YORK SHAKESPEARE FESTIVAL 425 LAFAYETTE ST NEW YORK, NY 100037021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK STATE BALLET CORP PO BOX 201 PITTSFORD, NY 145340201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
NEW YORK STATE ELKS ASSOCIATION MAJ 33 HOLCOMB RD AVERILL PARK, NY 120185000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
NEW YORK STATE ELKS ASSOCIATION MAJ 33 HOLCOMB RD AVERILL PARK, NY 120185000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK STATE ELKS ASSOCIATION MAJ 33 HOLCOMB RD AVERILL PARK, NY 120185000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NEW YORK TIMES NEEDIEST CASES FUND 620 8TH AVE NEW YORK, NY 100181604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
NEW YORK TIMES NEEDIEST CASES FUND 620 8TH AVE NEW YORK, NY 100181604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	190
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	488
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	275
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	685
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
NEW YORK UNIVERSITY 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	301
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	405
NEW YORK UNIVERSITY SCHOOL OF BUSIN 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
NEW YORK UNIVERSITY SCHOOL OF LAW F 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK WOMENS FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW YORK WOMENS FOUNDATION 39 BROADWAY 23RD FLOOR NEW YORK, NY 10006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NEW YORK YACHT CLUB FOUNDATION 37 W 44TH ST NEW YORK, NY 100366613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK YACHT CLUB FOUNDATION 37 W 44TH ST NEW YORK, NY 100366613	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	588
NEW YORK YOUTH SYMPHONY INC 110 W 40TH ST RM 1503 NEW YORK, NY 100188517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NEW YORK YOUTH SYMPHONY INC 110 W 40TH ST RM 1503 NEW YORK, NY 100188517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW YORK YOUTH SYMPHONY INC 110 W 40TH ST RM 1503 NEW YORK, NY 100188517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
NEW YORKERS AGAINST GUN VOILENCE ED 450 LEXINGTON AVE BOX 3354 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEW YORKERS AGAINST GUN VOILENCE ED 450 LEXINGTON AVE BOX 3354 NEW YORK, NY 10163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWBORNS IN NEED INC 6162 EAST AVE NEWFANE, NY 14108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NEWSDAY CHARITIES INC 6 CORPORATE CENTER DRIVE MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NEWSDAY CHARITIES INC 6 CORPORATE CENTER DRIVE MELVILLE, NY 11747	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NIAGARA HOSPICE INC 4675 SUNSET DR LOCKPORT, NY 140941231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
NIAGARA HOSPICE INC 4675 SUNSET DR LOCKPORT, NY 140941231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
NIAGARA HOSPICE INC 4675 SUNSET DR LOCKPORT, NY 140941231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NICHOLS SCHOOL1250 AMHERST ST BUFFALO, NY 14216	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
NIGHTINGALE-BAMFORD SCHOOL 20 EAST 92ND STREET NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
NONPROFIT FINANCE FUND 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH AMERICAN CHINESE CALLIGRAPHER 311 CALHOUN AVE BRONX, NY 10465	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH COUNTRY MINISTRYPO BOX 478 WARRENSBURG, NY 12885	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	386
NORTH COUNTRY MINISTRYPO BOX 478 WARRENSBURG, NY 12885	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTRY MINISTRYPO BOX 478 WARRENSBURG, NY 12885	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	200
NORTH COUNTRY SCHOOL INC 4382 CASCADE ROAD LAKE PLACID, NY 12946	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
NORTH COUNTRY SCHOOL INC 4382 CASCADE ROAD LAKE PLACID, NY 12946	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH COUNTRY SCHOOL INC 4382 CASCADE ROAD LAKE PLACID, NY 12946	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
NORTH GREENBUSH AMBULANCE ASSOCIATI PO BOX 99 WYNANTSKILL, NY 12198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH SHORE ANIMAL LEAGUE AMERICA I 16 LEWYT STREET PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
NORTH SHORE CHILD AND FAMILY GUIDAN 480 OLD WESTBURY RD ROSLYN HTS, NY 115772215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
NORTHEAST BOSTON TERRIER RESCUE INC 68 SHADBLOW LN CLINTON CORS, NY 125142832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST HEALTH FOUNDATION INC SPHP CENTER FOR PHILANTHROPY 310 S MANNING BLVD ALBANY, NY 12208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHEAST THEATRE ENSEMBLE 380 MORRIS ST ALBANY, NY 12208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHERN NEW YORK COMMUNITY FOUNDAT 131 WASHINGTON STREET WATERTOWN, NY 13601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN NEW YORK COMMUNITY FOUNDAT 131 WASHINGTON STREET WATERTOWN, NY 13601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NORTHERN WESTCHESTER HOSPITAL CENTE 400 E MAIN STREET MOUNT KISCO, NY 105493417	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
NORTHERN WESTCHESTER HOSPITAL CENTE 400 E MAIN STREET MOUNT KISCO, NY 105493417	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN WESTCHESTER HOSPITAL CENTE 400 EAST MAIN STREET MOUNT KISCO, NY 10549	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
NORTHERN WESTCHESTER HOSPITAL CENTE 400 E MAIN STREET MOUNT KISCO, NY 105493417	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
NORTHFIELD COMMUNITY LDC OF STATEN 160 HEBERTON AVE STATEN ISLAND, NY 103021403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME ACADEMY HIGH SCHOOL 90 HOWARD AVENUE STATEN ISLAND, NY 10301	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,700
NOUR FOUNDATION322 W 108TH ST NEW YORK, NY 100252756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,435
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
NPOWER INC 55 WASHINGTON STREET SUITE 560 BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTRITION FOR THE ELDERLY IN TOMPKI 2422 N TRIPHAMMER RD ITHACA, NY 148501014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
NUTRITION FOR THE ELDERLY IN TOMPKI 2422 N TRIPHAMMER RD ITHACA, NY 148501014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	112
NUTRITION FOR THE ELDERLY IN TOMPKI 2422 N TRIPHAMMER RD ITHACA, NY 148501014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NUTRITION FOR THE ELDERLY IN TOMPKI 2422 N TRIPHAMMER RD ITHACA, NY 148501014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
NYBDC LOCAL DEVELOPMENT CORPORATION 50 BEAVER STREET ALBANY, NY 122071538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
NYC ACADEMY FOUNDATION PO BOX 436 NEW YORK, NY 100180008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYC YOGA PROJECT INC 158 BUFFALO ST STATEN ISLAND, NY 103063854	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
NYC YOGA PROJECT INC 158 BUFFALO ST STATEN ISLAND, NY 103063854	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
NYS POLICE INVESTIGATORS ASSOCIATIO 1202 TROY SCHENECTADY ROAD BLDG 3 SUITE 104 LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NYSARC INC79 102ND STREET TROY, NY 121801122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NYU LANGONE HOSPITALS 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	304
NYU LANGONE HOSPITALS 25 WEST 4TH STREET 4TH FLOOR NEW YORK, NY 10012	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN CLEANUP NORTH PACIFIC FOUNDAT 8 WEST 40TH STREET 12TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
OCEAN CLEANUP NORTH PACIFIC FOUNDAT 8 WEST 40TH STREET 12TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ODYSSEY HOUSE INC 120 WALL STREET 17TH FLOOR NEW YORK, NY 100051703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLANA PARTNERSHIPPO BOX 199 HUDSON, NY 125340199	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
ON POINT FOR COLLEGE INC 488 WEST ONONDAGA ST SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
ON POINT FOR COLLEGE INC 488 WEST ONONDAGA ST SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ON POINT FOR COLLEGE INC 488 WEST ONONDAGA ST SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ON POINT FOR COLLEGE INC 488 WEST ONONDAGA ST SYRACUSE, NY 13202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ONONDAGA COMMUNITY COLLEGE FOUNDATI 4585 WEST SENECA TURNPIKE SYRACUSE, NY 132154585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN BUFFALO INC 1327 JEFFERSON AVENUE UPPER BUFFALO, NY 142081808	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OPEN CHANNELS NEW YORK INC 161A CHRYSTIE STREET NEW YORK, NY 10002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPEN DOOR MISSION INC 156 PLYMOUTH AVE N ROCHESTER, NY 146140236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPEN DOOR MISSION INC 156 PLYMOUTH AVE N ROCHESTER, NY 146140236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPEN SPACE ALLIANCE FOR NORTH BROOK 79 N 11TH ST BROOKLYN, NY 112491913	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
OPERA AMERICA INC 330 SEVENTH AVENUE 7TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPTIMISTS INC2578 31ST STREET ASTORIA, NY 11102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	316
OPTOMETRIC CENTER OF NEW YORK 33 W 42ND ST NEW YORK, NY 100368005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ORANGE REGIONAL MEDICAL CENTER FOUN 707 E MAIN ST MIDDLETOWN, NY 109402650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORATORIO SOCIETY OF QUEENS INC 50 ASCAN AVE ROOM 105 FOREST HILLS, NY 113756009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ORKESTAI FARM INCPO BOX 653 OYSTER BAY, NY 11771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ORKESTAI FARM INCPO BOX 653 OYSTER BAY, NY 11771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORKESTAI FARM INCPO BOX 653 OYSTER BAY, NY 11771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ORPHANS FUTURES ALLIANCE INC 244 FIFTH AVENUE SUITE 2247 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OSSINING FOOD PANTRYPO BOX 869 OSSINING, NY 105620869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSSINING FOOD PANTRYPO BOX 869 OSSINING, NY 105620869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OSWEGO COLLEGE FOUNDATION INC 215 SHELDON HALL STATE UNIVERSITY OF NEW YORK OSWEGO, NY 131260000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
OSWEGO COLLEGE FOUNDATION INC 215 SHELDON HALL STATE UNIVERSITY OF NEW YORK OSWEGO, NY 131260000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSWEGO COUNTY HUMANE SOCIETY INC 29 W SENECA ST OSWEGO, NY 131261542	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
OUR LADY OF LOURDES HOSPITALITY NOR 107 MICHAELS AVENUE SYRACUSE, NY 13208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OUR LADY OF MERCY ACADEMY 815 CONVENT ROAD SYOSSET, NY 117913867	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PLACE IN NEW YORK INC 40 WALL STREET 60 FL NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
OUT OF THE PITS INCPO BOX 2311 ALBANY, NY 122200311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OUTREACH PROJECT INC 11711 MYRTLE AVE RICHMOND HILL, NY 114181751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ STE 2110 NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ STE 2110 NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ STE 2110 NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ STE 2110 NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
OVARIAN CANCER RESEARCH FUND INC 14 PENN PLZ STE 2110 NEW YORK, NY 101221491	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFORD UNIVERSITY DEVELOPMENT NORTH 500 FIFTH AVENUE 32ND FLOOR NEW YORK, NY 101103299	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
OYSTERPONDS HISTORICAL SOCIETY INC PO BOX 70 ORIENT, NY 119570070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
P E F ISRAEL ENDOWMENT FUNDS INC 630 3RD AVE FLOOR 15 NEW YORK, NY 100175201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P S 101QS PARENTS ASSOCIATION INC 2 RUSSELL PL FOREST HILLS, NY 113755245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
P S 101QS PARENTS ASSOCIATION INC 2 RUSSELL PL FOREST HILLS, NY 113755245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
P S 39 PARENT ASSOCIATION INC 417 SIXTH AVENUE BROOKLYN, NY 112153310	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P S I S 276 PARENT-TEACHER ASSOCIAT 55 BATTERY PLACE NEW YORK, NY 10280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,925
P S I S 276 PARENT-TEACHER ASSOCIAT 55 BATTERY PLACE NEW YORK, NY 10280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
P S I S 276 PARENT-TEACHER ASSOCIAT 55 BATTERY PLACE NEW YORK, NY 10280	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE UNIVERSITY100 SUMMIT LAKE DR VALHALLA, NY 105951339	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
PACE UNIVERSITY100 SUMMIT LAKE DR VALHALLA, NY 105951339	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PACIFICA FOUNDATION INC 388 ATLANTIC AVE BROOKLYN, NY 11217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACKER COLLEGIATE INSTITUTE 170 JORALEMON ST BROOKLYN, NY 112014312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PACKER COLLEGIATE INSTITUTE 170 JORALEMON ST BROOKLYN, NY 112014312	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
PALAZZO STROZZI FOUNDATION USA INC 1 WILLIAM STREET 3RD FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAL-O-MINE EQUESTRIAN INC PAL-O-MINE EQUESTRIAN INC ISLANDIA, NY 11749	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PAN LONG ISLAND CHALLENGE INC 1366 ODELL STREET WANTAGH, NY 11793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PAN LONG ISLAND CHALLENGE INC 1366 ODELL STREET WANTAGH, NY 11793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAN LONG ISLAND CHALLENGE INC 1366 ODELL STREET WANTAGH, NY 11793	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
PANTHERA CORPORATION 8 W 40TH ST FL 18 NEW YORK, NY 100182218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARDESS CENTER FOR JEWISH LIFE INC 15 ASPEN CT FISHKILL, NY 125242600	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT ASSOCIATION OF PS 125 425 W 123RD ST NEW YORK, NY 100275002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
PARENT ASSOCIATION OF WEST END SECO 227 W 61ST ST NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	855
PARENT BOOSTER USA INC 9306 63RD DRIVE REGO PARK, NY 11374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSOCIATION OF LILLI 45 E 81ST ST NEW YORK, NY 100280263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PARENT TEACHER ASSOCIATION OF LILLI 45 E 81ST ST NEW YORK, NY 100280263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARENT TEACHER ASSOCIATION OF LILLI 45 E 81ST ST NEW YORK, NY 100280263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSOCIATION OF PS 45 210 WEST 61ST STREET NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
PARENT TEACHER ASSOCIATION OF PS 45 210 WEST 61ST STREET NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
PARENT TEACHER ASSOCIATION OF PS 45 210 WEST 61ST STREET NEW YORK, NY 10023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT TEACHER ASSOCIATION PS 180 370 W 120TH ST NEW YORK, NY 100275104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,825
PARENT TEACHER ASSOCIATION PS 180 370 W 120TH ST NEW YORK, NY 100275104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	639
PARENTS AND TEACHERS ASSOCIATION IN 292 GREENWICH ST NEW YORK, NY 100071001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS AND TEACHERS ASSOCIATION OF 37 HICKS STREET BROOKLYN, NY 11201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PARENTS ASSOCIATION OF STUYVESANT H 345 CHAMBERS ST ROOM 271 NEW YORK, NY 10282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PARENTS ASSOCIATION OF STUYVESANT H 345 CHAMBERS ST ROOM 271 NEW YORK, NY 10282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS ASSOCIATION OF STUYVESANT H 345 CHAMBERS ST ROOM 271 NEW YORK, NY 10282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
PARENTS ASSOCIATION OF THE BRONX HI 75 W 205TH ST BRONX, NY 104681052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
PARENTS OF PS 9 INCPO BOX 977 NEW YORK, NY 100240000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENTS OF PS 9 INCPO BOX 977 NEW YORK, NY 100240000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,850
PARK SCHOOL OF BUFFALO 4625 HARLEM RD SNYDER, NY 142263814	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PARK SCHOOL OF BUFFALO 4625 HARLEM RD SNYDER, NY 142263814	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	455
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	730
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PARKINSONS FOUNDATION INC 1359 BROADWAY STE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSONS FOUNDATION INC 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PARKINSONS RESEARCH AND EDUCATION F 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PARKINSONS RESEARCH AND EDUCATION F 1359 BROADWAY SUITE 1509 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKS & TRAILS NEW YORK INC 33 ELK ST ALBANY, NY 12207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PARKSIDE SCHOOL48 W 74TH ST NEW YORK, NY 100232401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PARLEY FOR THE OCEANS 187 LAFAYETTE ST FL 5 NEW YORK, NY 100133221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARRISH ART MUSEUM INC 279 MONTAUK HIGHWAY WATER MILL, NY 11976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
PARRISH ART MUSEUM INC 279 MONTAUK HIGHWAY WATER MILL, NY 11976	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PART OF THE SOLUTION INC 2759 WEBSTER AVENUE BRONX, NY 104583708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP FOR A DRUG FREE AMERICA 633 THIRD AVE 19TH FLOOR NEW YORK, NY 100116706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PARTNERSHIP FOR ONTARIO COUNTY INC 5297 PARKSIDE DR STE 307 CANANDAIGUA, NY 144247520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
PARTNERSHIP FOR ONTARIO COUNTY INC 5297 PARKSIDE DR STE 307 CANANDAIGUA, NY 144247520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP WITH CHILDREN INC 299 BROADWAY SUITE 1300 NEW YORK, NY 10007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PATHSTONE CORPORATION 400 EAST AVE ROCHESTER, NY 146071910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHSTONE CORPORATION 30 MILLBANK ST ROCHESTER, NY 146191959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
PATHSTONE CORPORATION 30 MILLBANK ST ROCHESTER, NY 146191959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PATHSTONE CORPORATION 30 MILLBANK ST ROCHESTER, NY 146191959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL R ECKNA MEMORIAL FOUNDATION 68 HUNTINGTON ROAD GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PAUL R ECKNA MEMORIAL FOUNDATION 68 HUNTINGTON ROAD GARDEN CITY, NY 11530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PAUL TAYLOR DANCE FOUNDATION INC 551 GRAND STREET NEW YORK, NY 100024282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS CROSSED ANIMAL RESCUE INC 100 WAREHOUSE LANE SOUTH ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
PAWS CROSSED ANIMAL RESCUE INC 100 WAREHOUSE LANE SOUTH ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PAWS CROSSED ANIMAL RESCUE INC 100 WAREHOUSE LANE SOUTH ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAY AWAY THE LAYAWAY INC 17 SPRUCE HILL LN GOSHEN, NY 109245709	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
PBC ALUMNI ASSOCIATION INC 1286 E 57TH ST BROOKLYN, NY 112343334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PBC ALUMNI ASSOCIATION INC 1286 E 57TH ST BROOKLYN, NY 112343334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PBC ALUMNI ASSOCIATION INC 1286 E 57TH ST BROOKLYN, NY 112343334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PECONIC LAND TRUST INCORPORATED PO BOX 1776 SOUTHAMPTON, NY 11969	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PENCIL INC 30 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 100102011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENCIL INC 30 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 100102011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PENCIL INC 30 WEST 26TH STREET 5TH FLOOR NEW YORK, NY 100102011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PENCILS OF PROMISE INCORPORATED 37 W 28TH ST FL 3 NEW YORK, NY 10002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNPAC INCPO BOX 627 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PEPPERTREE RESCUE INCPO BOX 2396 ALBANY, NY 122200396	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PER SCHOLAS INC 804 EAST 138TH STREET 2ND FLOOR BRONX, NY 10454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERFORMANCE ZONE INC 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
PERFORMANCE ZONE INC 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PETER WESTBROOK FOUNDATION INC GPO BOX 7554 NEW YORK, NY 101160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS ALIVE INC363 DERBY RD MIDDLETOWN, NY 109407294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PETS ALIVE INC363 DERBY RD MIDDLETOWN, NY 109407294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PETS ALIVE INC363 DERBY RD MIDDLETOWN, NY 109407294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS ARE WONDERFUL SUPPORT INC 134 W 29TH STREET STE 802 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PHILHARMONIC-SYMPHONY SOCIETY OF NE 10 LINCOLN CENTER PLZ DAVID GEFFEN HALL NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,215
PHILHARMONIC-SYMPHONY SOCIETY OF NE 10 LINCOLN CENTER PLZ DAVID GEFFEN HALL NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHIPPS NEIGHBORHOODS INC 902 BROADWAY 13TH FLOOR NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PIERPONT MORGAN LIBRARY 225 MADISON AVENUE NEW YORK, NY 100163405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PIERPONT MORGAN LIBRARY 225 MADISON AVENUE NEW YORK, NY 100163405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PILOTS TO THE RESCUE INC 931 MANHATTAN AVE APT 3 BROOKLYN, NY 112221686	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,600
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,110
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,070
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,840
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,400
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	442
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	319
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,211
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	691
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	695
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	337
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD FEDERATION OF 123 WILLIAM STREET-10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD HUDSON PECONIC I 570 TAXTER ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD HUDSON PECONIC I 570 TAXTER ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	624
PLANNED PARENTHOOD HUDSON PECONIC I 570 TAXTER ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD HUDSON PECONIC I 570 TAXTER ROAD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
PLANNED PARENTHOOD MOHAWK HUDSON IN 1040 STATE ST SCHENECTADY, NY 123071508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF CENTRAL AND W 114 UNIVERSITY AVE ROCHESTER, NY 146052929	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NASSAU COUNTY 540 FULTON AVE HEMPSTEAD, NY 115504364	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEECKER ST NEW YORK, NY 100122413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEECKER ST NEW YORK, NY 100122413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NEW YORK CITY 26 BLEECKER ST NEW YORK, NY 100122413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
PLANNED PARENTHOOD OF THE MID-HUDSO 178 CHURCH ST POUGHKEEPSIE, NY 126014165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF THE MID-HUDSO 178 CHURCH ST POUGHKEEPSIE, NY 126014165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE MID-HUDSO 178 CHURCH ST POUGHKEEPSIE, NY 126014165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
PLATTSBURGH ALUMNI ASSOCIATION STAT 113 HAWKINS HALL PLATTSBURGH, NY 129010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
PLATTSBURGH COLLEGE FOUNDATION INC 101 BROAD ST PLATTSBURGH, NY 12901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAY FOR P I N K INC 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
POLICE ATHLETIC LEAGUE INC 34 1/2 EAST 12TH STREET NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
POLICE ATHLETIC LEAGUE OF BUFFALO I 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLICE ATHLETIC LEAGUE OF BUFFALO I 65 NIAGARA SQUARE 21ST FLOOR BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
POLISH GIFT OF LIFEPO BOX 273 ALBERTSON, NY 115070273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,250
POLY PREP COUNTRY DAY SCHOOL 9216 7TH AVENUE BROOKLYN, NY 112283622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
PORTLEDGE SCHOOL 355 DUCK POND ROAD LOCUST VALLEY, NY 11560	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POUGHKEEPSIE-HIGHLAND RAILROAD BRID PO BOX 889 POUGHKEEPSIE, NY 12602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
POUGHKEEPSIE-HIGHLAND RAILROAD BRID PO BOX 889 POUGHKEEPSIE, NY 12602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
POUGHKEEPSIE-HIGHLAND RAILROAD BRID PO BOX 889 POUGHKEEPSIE, NY 12602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER OF TWO NYC CORP 400 ROCKAWAY AVE SUITE 2 BROOKLYN, NY 11212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
POWERMYLEARNING INC 520 8TH AVENUE FL 10 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
POWERMYLEARNING INC 520 8TH AVENUE FL 10 NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWERPLAY NYC INC 44 COURT ST SUITE 815 BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRASAD CHILDRENS DENTAL HEALTH PROG PO BOX 100 FERNDALE, NY 12734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
PREP FOR PREP328 WEST 71ST STREET NEW YORK, NY 100233502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREP FOR PREP328 WEST 71ST STREET NEW YORK, NY 100233502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRESBYTERIAN CHURCH IN THE TOWN OF 882 BOSTON POST ROAD RYE, NY 10580	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
PRESERVATION REVITALIZATION OF PULA PO BOX 621 PULASKI, NY 131420621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRO BONO NET INC 151 W 30TH ST FL 6 NEW YORK, NY 100014018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRO PUBLICA INC 155 AVE OF THE AMERICAS 13TH FLOOR NEW YORK, NY 10013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PROJECT BROADWAY INC 322 WEST 52ND STREET NEW YORK, NY 10101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT BY PROJECTPO BOX 7093 NEW YORK, NY 10116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PROJECT EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 11559	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
PROJECT EZRA 387 GRAND STREET GROUND FLOOR NEW YORK, NY 100024800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT EZRA 387 GRAND STREET GROUND FLOOR NEW YORK, NY 100024800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT HOSPITALITY INC 100 PARK AVENUE STATEN ISLAND NEW YOR, NY 10302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PROJECT MAIN STREET INC 244 FIFTH AVENUE SUITE 2417 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT MAIN STREET INC 244 FIFTH AVENUE SUITE 2417 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVE 12TH FLR NEW YORK, NY 100186507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVE 12TH FLR NEW YORK, NY 100186507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVE 12TH FLR NEW YORK, NY 100186507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVE 12TH FLR NEW YORK, NY 100186507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROJECT ORBIS INTERNATIONAL INC 520 8TH AVE 12TH FLR NEW YORK, NY 100186507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT VERITAS 1214 W BOSTON POST RD NO 145 MAMARONECK, NY 10543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROJECT VERITAS 1214 W BOSTON POST RD NO 145 MAMARONECK, NY 10543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
PROJECT VERITAS 1214 W BOSTON POST RD NO 145 MAMARONECK, NY 10543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSPECT PARK ALLIANCE INC 95 PROSPECT PARK WEST BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
PROSPECT THEATER COMPANY INC 520 8TH AVE STE 307 3RD FL NEW YORK, NY 100186876	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PS 126 JACOB AUGUST RIIS 1-55 BORDEN AVE LONG ISLAND CITY, NY 11101	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 158 BAYLARD TAYLOR 1458 YORK AVENUE NEW YORK, NY 10075	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	850
PS 17 HENRY DAVID THOREAU 28-37 29TH ST LONG ISLAND CITY, NY 11102	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PS 17 HENRY DAVID THOREAU 28-37 29TH ST LONG ISLAND CITY, NY 11102	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 198 ISADOR E IDA STRAUS 1700 THIRD AVENUE NEW YORK, NY 101282595	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	135
PS 198M PARENT TEACHER ASSOCIATION 1700 3RD AVENUE NEW YORK, NY 101282627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,090
PS 198M PARENT TEACHER ASSOCIATION 1700 3RD AVENUE NEW YORK, NY 101282627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 3 CHARRETTE SCHOOL 490 HUDSON ST NEW YORK, NY 100142898	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
PS 3 CHARRETTE SCHOOL 490 HUDSON ST NEW YORK, NY 100142898	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
PS 321 WILLIAM PENN 180 SEVENTH AVE BROOKLYN, NY 112152609	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 33 CHELSEA PREP281 9TH AVE NEW YORK, NY 10001	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,500
PS 527 PARENT TEACHER ASSOCIATION 323 E 91ST ST NEW YORK, NY 101285937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
PS 527 PARENT TEACHER ASSOCIATION 323 E 91ST ST NEW YORK, NY 101285937	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 58 CARROLL (THE) 330 SMITH STREET BROOKLYN, NY 11231	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,200
PS 58 PARENT TEACHER ASSOCIATION 330 SMITH ST BROOKLYN, NY 112314604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PS 87 PA INC160 W 78TH ST NEW YORK, NY 100246701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 87 PA INC160 W 78TH ST NEW YORK, NY 100246701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
PS 87 PA INC160 W 78TH ST NEW YORK, NY 100246701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
PS 87 WILLIAM SHERMAN 160 W 78TH ST NEW YORK, NY 100246701	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PS 89201 WARREN ST NEW YORK, NY 10282	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PS 9 TEUNIS G BERGEN 80 UNDERHILL AVE BROOKLYN, NY 11238	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
PS118 THE MAURICE SENDAK COMMUNITY 211 8TH ST BROOKLYN, NY 112153211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA NEW YORK CONGRESS 2451 BASELINE RD GRAND ISLAND, NY 140721657	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA OF MELS9130 METROPOLITAN AVE FOREST HILLS, NY 113756671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PTA OF PS 261K314 PACIFIC ST BROOKLYN, NY 112016313	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC MEDIA NJ INC 825 EIGHTH AVENUE NEW YORK, NY 100197416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PUBLIC MEDIA NJ INC825 EIGHTH AVE NEW YORK, NY 100197416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PUBLIC SCHOOL 107 PARENT TEACHER AS 1301 8TH AVE BROOKLYN, NY 112155144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC SCHOOL 107 PARENT TEACHER AS 1301 8TH AVE BROOKLYN, NY 112155144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PULASKI COMMUNITY MINISTRIES INC 12 BRIDGE STREET PULASKI, NY 13142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PULASKI COMMUNITY MINISTRIES INC 12 BRIDGE STREET PULASKI, NY 13142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURPLE PONY THERAPEUTIC HORSEMANSHI PO BOX 148 BERGEN, NY 14416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PUSHCART PRIZE FELLOWSHIPS INC PO BOX 380 WAINSCOTT, NY 119750380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PUTNAM FAMILY AND COMMUNITY SERVICE 1808 ROUTE 6 CARMEL, NY 105122356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,600
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Q300 PARENT-TEACHER ASSOCIATION INC 2837 29TH ST ASTORIA, NY 111022450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUAD PREPARATORY SCHOOL 25 PINE STREET 4TH FLOOR NEW YORK, NY 100051001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
QUEENS HATZOLO AID INC 141-23 72ND CRESCET FLUSHING, NY 11367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,980
QUEENS LIBRARY FOUNDATION INC 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEENS LIBRARY FOUNDATION INC 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RABBINICAL SEMINARY OF AMERICA 7601 147TH ST FLUSHING, NY 113673148	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
RADA CHARITABLE FOUNDATION INC 2024 W HENRIETTA RD STE 4 ROCHESTER, NY 146231359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINFOREST ALLIANCE INC 125 BROAD STREET NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RAINFOREST FOUNDATION INC 1000 DEAN ST STE 430 BROOKLYN, NY 112383386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RAMAPO FOR CHILDREN INC PO BOX 266 RHINEBECK, NY 125720266	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAMAZ SCHOOL60 EAST 78TH STREET NEW YORK CITY, NY 10028	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH SCHOOL INC 2467 ROUTE 9D WAPPINGERS FALLS, NY 12590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
READ ALLIANCE INC 160 BROADWAY 8TH FLOOR EAST BUILDING NEW YORK, NY 100384811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REBUILDING TOGETHER NYC 126 10TH STREET A BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECONNECT ROCHESTER INC PO BOX 67504 ROCHESTER, NY 146177504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REEL STORIES TEEN FILMMAKING INC 540 PRESIDENT ST STE 2F BROOKLYN, NY 112151490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REGIONAL FOOD BANK OF N E NY INC 195 HUDSON STREET CORNWALLONHUDSON, NY 12520	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER ROAD LATHAM, NY 12110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REGIONAL FOOD BANK OF N E NY INC 965 ALBANY SHAKER RD LATHAM, NY 121101409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
REGIS HIGH SCHOOL55 EAST 84TH ST NEW YORK, NY 10028	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	7,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIS HIGH SCHOOL55 EAST 84TH ST NEW YORK, NY 10028	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,000
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REPRODUCTIVE HEALTH ACCESS PROJECT PO BOX 21191 NEW YORK, NY 100250017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
REPRODUCTIVE HEALTH ACCESS PROJECT PO BOX 21191 NEW YORK, NY 100250017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
REPRODUCTIVE HEALTH ACCESS PROJECT PO BOX 21191 NEW YORK, NY 100250017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REPRODUCTIVE HEALTH ACCESS PROJECT PO BOX 21191 NEW YORK, NY 100250017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD STREET SYRACUSE, NY 132022391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD STREET SYRACUSE, NY 132022391	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
RESCUE MISSION OF UTICA INC 293 GENESEE STREET UTICA, NY 13501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUING LEFTOVER CUISINE 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
RESEARCH FOUNDATION FOR THE STATE U 1400 WASHINGTON AVE MSC 100A ALBANY, NY 12222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
RESEARCH FOUNDATION FOR THE STATE U 1400 WASHINGTON AVE MSC 100A ALBANY, NY 12222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESEARCH FOUNDATION FOR THE STATE U RESEARCH AND DEVELOPMENT PARK RESEARCH AND SUPPORT SERVICES BLDG STONY BROOK, NY 117946016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE SUITE 1626 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE SUITE 1626 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE SUITE 1626 NEW YORK, NY 10170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RESOLUTION PROJECT INC 420 LEXINGTON AVENUE SUITE 1626 NEW YORK, NY 10170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RESTORE NYC INCPO BOX 1003 NEW YORK, NY 102741003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICARDO OGORMAN GARDEN AND CENTER F 23 W 129TH STREET NEW YORK, NY 100272267	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RICHFIELD SPRINGS YOUTH MINISTRY CO PO BOX 108 RICHFLD SPGS, NY 134390108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RICHMOND MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 103101664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIPPOWAM CISQUA SCHOOL INC PO BOX 488 BEDFORD, NY 105060000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
RIPPOWAM CISQUA SCHOOL INC PO BOX 488 BEDFORD, NY 105060000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
RISING STARS INC 657 COMMERCIAL AVENUE GARDEN CITY, NY 115306449	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISING STARS INC 657 COMMERCIAL AVENUE GARDEN CITY, NY 115306449	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
RISING TREETOPS AT OAKHURST INC 1140 BROADWAY STE 903 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RISING TREETOPS AT OAKHURST INC 1140 BROADWAY STE 903 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISING TREETOPS AT OAKHURST INC 1140 BROADWAY RM 903 NEW YORK, NY 100017504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
RIVERDALE COUNTRY SCHOOL 5250 FIELDSTON ROAD BRONX, NY 104712935	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,600
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,618
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
RIVERDALE COUNTRY SCHOOL INC 5250 FIELDSTON ROAD BRONX, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,119
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	736
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RIVERKEEPER INC20 SECOR ROAD OSSINING, NY 10562	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RIVERSIDE CHORAL SOCIETY 2585 BROADWAY SUITE 244 NEW YORK, NY 10025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE HAWKS HOPE HEALTH AND HOO 490 RIVERSIDE DR NEW YORK, NY 100275706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RIVERSIDE HAWKS HOPE HEALTH AND HOO 490 RIVERSIDE DR NEW YORK, NY 100275706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERSIDE PARK CONSERVANCY INC 475 RIVERSIDE DRIVE SUITE 455 NEW YORK, NY 10115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROAD LESS TRAVELED PRODUCTIONS LTD PO BOX 542 BUFFALO, NY 14205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
ROAD LESS TRAVELED PRODUCTIONS LTD PO BOX 542 BUFFALO, NY 14205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROAD LESS TRAVELED PRODUCTIONS LTD PO BOX 542 BUFFALO, NY 14205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
ROAD LESS TRAVELED PRODUCTIONS LTD PO BOX 542 BUFFALO, NY 14205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ROAD LESS TRAVELED PRODUCTIONS LTD PO BOX 542 BUFFALO, NY 14205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT LOUIS STEVENSON SCHOOL 24 W 74TH ST NEW YORK, NY 100232401	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
ROCHESTER AREA INTERFAITH HOSPITALI 142 WEBSTER AVENUE ROCHESTER, NY 14609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ROCHESTER AREA INTERFAITH HOSPITALI 142 WEBSTER AVENUE ROCHESTER, NY 14609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER AREA INTERFAITH HOSPITALI 142 WEBSTER AVENUE ROCHESTER, NY 14609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROCHESTER INSTITUTE OF TECHNOLOGY ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,000
ROCHESTER INSTITUTE OF TECHNOLOGY ONE LOMB MEMORIAL DRIVE ROCHESTER, NY 14623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
ROCHESTER MUSEUM AND SCIENCE CENTER 657 EAST AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROCHESTER REGIONAL HEALTH FOUNDATIO 100 KINGS HIGHWAY SOUTH SUITE 2300 ROCHESTER, NY 14617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER SCHOOL OF THE HOLY CHILDH 100 GROTON PKWY ROCHESTER, NY 146234540	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	14,000
ROCHESTER SPEED SKATING TEAM INC 32 BERKELEY ST ROCHESTER, NY 14607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
ROCHESTER SPEED SKATING TEAM INC 32 BERKELEY ST ROCHESTER, NY 14607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCHESTER SPEED SKATING TEAM INC 32 BERKELEY ST ROCHESTER, NY 14607	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,080
ROCK AND WRAP IT UP INC 405 OCEANPOINT AVE CEDARHURST, NY 115160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
ROCKAWAY DEVELOPMENT & REVITALIZATI 1920 MOTT AVENUE 2ND FLOOR FAR ROCKAWAY, NY 11691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKEFELLER PHILANTHROPY ADVISORS I 250 MERRICK RD 813 ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 100656307	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	40
ROCKING THE BOAT INC 812 EDGEWATER ROAD BRONX, NY 10474	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	326
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROFEH CHOLIM CANCER SOCIETY INC 762 BEDFORD AVENUE BROOKLYN, NY 11205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
ROGOSIN INSTITUTE INC 504-506 EAST 74TH ST 1W NEW YORK, NY 10021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
ROGOSIN INSTITUTE INC 504-506 EAST 74TH ST 1W NEW YORK, NY 10021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES OF 139 S LAKE AVE ALBANY, NY 122083237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110401433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110401433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF LONG ISLAN 26707 76TH AVE NEW HYDE PARK, NY 110400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF NEW YORK I 405 EAST 73RD ST NEW YORK, NY 100213803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	263
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET 3RD FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	268
ROOM TO GROW NATIONAL INC 7 WEST 30TH STREET FLOOR 3 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSEMARY FARM SANCTUARY INC 1646 ROSES BROOK RD S KORTRIGHT, NY 138422518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ROSEMARY FARM SANCTUARY INC 1646 ROSES BROOK RD S KORTRIGHT, NY 138422518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ROSEMARY FARM SANCTUARY INC 1646 ROSES BROOK RD S KORTRIGHT, NY 138422518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSEMARY PENCIL FOUNDATION INC 100 CEDAR STREET APARTMENT B21 DOBBS FERRY, NY 10522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,660
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,275
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	203
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, NY 14263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,655
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, NY 14263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	755
ROSWELL PARK ALLIANCE FOUNDATION ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, NY 14263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON ST BUFFALO, NY 142630000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROUNDABOUT THEATRE COMPANY INC 231 WEST 39TH ST 12TH FLOOR NEW YORK, NY 100183109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUFF HOUSE RESCUE INCPO BOX 365 OCEANSIDE, NY 11572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RUFF HOUSE RESCUE INCPO BOX 365 OCEANSIDE, NY 11572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RYE CITY SCHOOL DISTRICT 555 THEODORE FREMD AVE SUITE B-101 RYE, NY 10580	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,750
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYE COUNTRY DAY SCHOOL CEDAR STREET RYE, NY 10580	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	525
RYE FREE READING ROOM 1061 BOSTON POST ROAD RYE, NY 10580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
S U THEATRE CORPORATION 820 E GENESEE ST SYRACUSE, NY 132101508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S U THEATRE CORPORATION 820 E GENESEE ST SYRACUSE, NY 132101508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
S U THEATRE CORPORATION 820 E GENESEE ST SYRACUSE, NY 132101508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART ACADEMY 47 CATHEDRAL AVENUE HEMPSTEAD, NY 115502046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SAFE HARBORS OF THE HUDSON INC 111 BROADWAY NEWBURGH, NY 12550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
SAFE HARBORS OF THE HUDSON INC 111 BROADWAY NEWBURGH, NY 12550	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HAVEN MUSEUM AND EDUCATION CEN PO BOX 846 OSWEGO, NY 131260846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
SAFE HORIZON INC 2 LAFAYETTE STREET FLOOR 3 NEW YORK, NY 100071327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAG HARBOR PARTNERSHIP INC PO BOX 182 SAG HARBOR, NY 119630004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT DAVIDS SCHOOL12 E 89TH ST NEW YORK, NY 101280601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,365
SAINT DAVIDS SCHOOL12 E 89TH ST NEW YORK, NY 101280601	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,575
SALANTER AKIBA RIVERDALE ACADEMY 655 W 254TH STREET RIVERDALE, NY 10471	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALMON RIVER FINE ARTS CENTER 4848 N JEFFERSON STREET PULASKI, NY 131420166	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SALMON RIVER FINE ARTS CENTER 4848 N JEFFERSON STREET PULASKI, NY 131420166	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SALVATION ARMY NATIONAL CORP 120 WEST 14TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN CENTER INC 215 NORTH STATE STREET SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
SAMARITAN CENTER INC 215 NORTH STATE STREET SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
SAMARITAN CENTER INC 215 NORTH STATE STREET SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 121802466	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SAMARITANS OF NEW YORK INC PO BOX 1259 MADISON SQUARE STATION NEW YORK, NY 10159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SAMUEL CURTIS JOHNSON GRADUATE SCHL 130 E SENECA ST ITHACA, NY 148505650	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMUEL CURTIS JOHNSON GRADUATE SCHL 130 E SENECA ST ITHACA, NY 148505650	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
SAMUEL CURTIS JOHNSON GRADUATE SCHL 130 E SENECA ST ITHACA, NY 148505650	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
SAMUEL FIELD YM & YWHA INC 58-20 LITTLE NECK PKWY LITTLE NECK, NY 113622530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMUEL WAXMAN CANCER RESEARCH FOUND 420 LEXINGTON AVE SUITE 825 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,350
SAMUEL WAXMAN CANCER RESEARCH FOUND 420 LEXINGTON AVE SUITE 825 NEW YORK, NY 10170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SANCTUARY FOR FAMILIES INC PO BOX 1406 WALL STREET STATION NEW YORK, NY 102681406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANTA HAT SOCIETY INCPO BOX 443 DANSVILLE, NY 144370443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SARA JANE BRAIN FOUNDATION A NOT FO 101 WEST 116TH STREET FLOOR 2 NEW YORK, NY 100262521	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
SARAH GRACE FOUNDATION FOR CHILDREN C/O M WEIPPERT 17 E OLD COUNTRY RD UNIT B PMB 202 HICKSVILLE, NY 118010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 107085931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 107085931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 107085931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA AUTOMOBILE MUSEUM 110 AVENUE OF THE PINES SARATOGA SPGS, NY 128666220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SARATOGA CHILDRENS THEATRE INC PO BOX 3487 SARATOGA SPGS, NY 128668010	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SARATOGA SPONSOR-A-SCHOLAR PO BOX 107 SARATOGA SPGS, NY 128660107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA SPRINGS HOCKEY ASSOCIATION PO BOX 247 SARATOGA SPGS, NY 12866	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SARATOGA SPRINGS PERFORMING ARTS CE 108 AVE OF THE PINES SARATOGA SPRINGS, NY 12866	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
SARATOGA SPRINGS PERFORMING ARTS CE 108 AVE OF THE PINES SARATOGA SPRINGS, NY 12866	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARATOGA SPRINGS UNIVERSAL PRESERVA 3 FRANKLIN SQUARE STE 2 SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SARATOGA SPRINGS UNIVERSAL PRESERVA 3 FRANKLIN SQUARE STE 2 SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,120
SAVE THE RIVER INC 409 RIVERSIDE DR CLAYTON, NY 136241024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAY YES BUFFALO SCHOLARSHIP INC 712 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SCHENECTADY MUSEUM ASSOCIATION 15 NOTT TERRACE HTS SCHENECTADY, NY 123083143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SCHENECTADY MUSEUM ASSOCIATION 15 NOTT TERRACE HTS SCHENECTADY, NY 123083143	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL BUSINESS PARTNERSHIPS OF LON 190 MOTOR PKWY STE 201 HAUPPAUGE, NY 117885159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SCHOOL OF AMERICAN BALLET INC 70 LINCOLN CENTER PLZ FRNT 5 NEW YORK, NY 100236548	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
SCHOOL OF AMERICAN BALLET INC 70 LINCOLN CENTER PLZ FRNT 5 NEW YORK, NY 100236548	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF MANAGEMENT ALUMNI ASSOC S 150 JACOBS MANAGEMENT CTR BUFFALO, NY 142604000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SCHOOL OF THE FUTURE HIGH SCHOOL 127 E 22ND ST NEW YORK, NY 10010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SCHOOL OF THE FUTURE PARENT ASSOCIA 127 E 22ND STREET NEW YORK, NY 10010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF THE HOLY CHILD 2225 WESTCHESTER AVE RYE, NY 10580	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
SCHOOL OF THE HOLY CHILD 2225 WESTCHESTER AVE RYE, NY 105801940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SCHOOLS THAT CAN 25 BROADWAY C/O TFA 12TH FLOOR NEW YORK, NY 10004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHUYLER VOLUNTEER FIRE DEPT 120 NEWPORT RD UTICA, NY 135027732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SCLERODERMA FOUNDATION TRI STATE CH 59 FRONT STREET BINGHAMTON, NY 13905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEAN CASEY ANIMAL RESCUE INC 153 E 3RD ST BROOKLYN, NY 112181601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	118
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE RESCUE INC PO BOX 570701 WHITESTONE, NY 11357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
SECOND CHANCE RESCUE INC PO BOX 570701 WHITESTONE, NY 11357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SECOND CHANCE RESCUE INC PO BOX 570701 WHITESTONE, NY 11357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE RESCUE INC PO BOX 570701 WHITESTONE, NY 11357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	436
SECOND CHANCE RESCUE INC PO BOX 570701 WHITESTONE, NY 11357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
SECOND CHANCE SHELTERING NETWORK IN PO BOX 175 SPRING BROOK, NY 14140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE SHELTERING NETWORK IN PO BOX 175 SPRING BROOK, NY 14140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND GENERATION THEATRE COMPANY I 40 ALLEGANY AVE KENMORE, NY 142172009	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SECOND STAGE THEATRE 1501 BROADWAY STE 518 NEW YORK, NY 100365505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEEDS OF PEACE INC 370 LEXINGTON AVE STE 1201 NEW YORK, NY 100176594	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SEEDS OF PEACE INC 370 LEXINGTON AVE STE 1201 NEW YORK, NY 100176594	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SEFARIA INC 195 MONTAGUE ST 14TH FL NO 1203 BROOKLYN, NY 112013631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SENECA ZOOLOGICAL SOCIETY 2222 ST PAUL STREET ROCHESTER, NY 14621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR CITIZENS CENTER OF SARATOGA 5 WILLIAMS ST SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SERVICES & ADVOCACY FOR GAY LESBIAN 305 SEVENTH AVENUE 15TH FLOOR NEW YORK, NY 100016008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
SERVICES & ADVOCACY FOR GAY LESBIAN 305 SEVENTH AVENUE 15TH FLOOR NEW YORK, NY 100016008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICES & ADVOCACY FOR GAY LESBIAN 305 SEVENTH AVENUE 15TH FLOOR NEW YORK, NY 100016152	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
SETON FOUNDATION FOR LEARNING 315 ARLENE STREET STATEN ISLAND, NY 10314	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,445
SHAKESPEARE IN DELAWARE PARK INC PO BOX 716 BUFFALO, NY 142050716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANTI MANDIR51 MUKTANADA MARG WALDEN, NY 125862352	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	5,000
SHARE OF NEW SQUARE INC 286 N MAIN ST STE 210 SPRING VALLEY, NY 109773728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
SHATTERPROOF A NONPROFIT CORP 135 WEST 41ST STREET 6TH FLOOR NEW YROK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHATTERPROOF A NONPROFIT CORP 135 WEST 41ST STREET 6TH FLOOR NEW YROK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEAS OCONNEL PRESERVATION GUILD LT SHEAS PERFORMING ARTS CENTER 646 MAIN STREET BUFFALO, NY 14205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEAS OCONNEL PRESERVATION GUILD LT SHEAS PERFORMING ARTS CENTER 646 MAIN STREET BUFFALO, NY 14205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHEAS OCONNEL PRESERVATION GUILD LT 646 MAIN STREET BUFFALO, NY 14202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHEFA SCHOOL INC40 E 29TH ST NEW YORK, NY 100167901	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER LINKPO BOX 163 ISLIP, NY 117510163	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHELTERS OF SARATOGA INC 14 WALWORTH ST SARATOGA SPRINGS, NY 12866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
SHENENDAHOWA EDUCATIONAL FOUNDATION PO BOX 768 CLIFTON PARK, NY 12065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHEPHERDS MINISTRIES INC PO BOX 430 NEW HARTFORD, NY 134130430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHES THE FIRST INC590 6TH AVENUE NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SHES THE FIRST INC590 6TH AVENUE NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHINING HOPE FOR COMMUNITIES INC 175 VARICK ST 5TH FLOOR NEW YORK, NY 100144604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,339
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIENA COLLEGE515 LOUDON RD LOUDONVILLE, NY 122111462	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
SIKH COALITION INC 50 BROAD ST STE 504 NEW YORK, NY 100042596	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	602
SING FOR YOUR SENIORS INC 40 W87TH STREET 3A NEW YORK, NY 100240000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS OF CHARITY OF ST VINCENT DE 6301 RIVERDALE AVENUE BRONX, NY 104711093	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SISTERS OF LIFE586 MCLEAN AVE YONKERS, NY 107054644	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
SISTERS OF LIFE586 MCLEAN AVE YONKERS, NY 107054644	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERS OF LIFE38 MONTEBELLO RD SUFFERN, NY 109013824	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,100
SISTERS OF LIFE38 MONTEBELLO RD SUFFERN, NY 109013824	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	538
SKIDMORE COLLEGE ADVANCEMENT OFFICE - 815 N BROADWAY SARATOGA SPRINGS, NY 128661631	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,300
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,540
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
SMILE TRAIN INC 633 3RD AVE 9TH FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,325
SMITHTOWN ROBOTICS TEAM 810 BOOSTER PO BOX 45 SMITHTOWN, NY 117870045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITHTOWN ROBOTICS TEAM 810 BOOSTER PO BOX 45 SMITHTOWN, NY 117870045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SMITHTOWN ROBOTICS TEAM 810 BOOSTER PO BOX 45 SMITHTOWN, NY 117870045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SNACK & FRIENDS INC 316 EAST 53RD ST 2ND FL NEW YORK, NY 10022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SNARR ANIMAL RESCUE NORTHEAST INC PO BOX 307 WHITE PLAINS, NY 10602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SNUG HARBOR CULTURAL CENTER AND BOT 1000 RICHMOND TERR BLDG P STATEN ISLAND, NY 103011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SNUG HARBOR CULTURAL CENTER AND BOT 1000 RICHMOND TERR BLDG P STATEN ISLAND, NY 103011114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCCER ADVISORY COMMITTEE OF NORTH 135 ASTER DRIVE NEW HYDE PARK, NY 110400700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOCIAL TEES ANIMAL RESCUE FOUNDATIO 325 E 5TH STREET NEW YORK, NY 100038864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SOCIETY FOR PRESERVATION OF WEEKSVI 158 BUFFALO AVENUE BROOKLYN, NY 11213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF ST VINCENT DE PAUL 1298 MAIN ST BUFFALO, NY 142091946	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SOCIETY OF THE THIRD STREET MUSIC S 235 E 11TH ST NEW YORK, NY 100037305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
SOCIETY OF THE THIRD STREET MUSIC S 235 E 11TH ST NEW YORK, NY 100037305	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLACE HOUSE INC1040 JACKSON AVE LONG ISLAND CITY, NY 111015874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SOLOMON R GUGGENHEIM FOUNDATION 1071 FIFTH AVENUE NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
SOLOMON R GUGGENHEIM FOUNDATION 1071 FIFTH AVENUE NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOMWA FOUNDATION 2760 CLAFLIN AVE BRONX, NY 104682508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SOMWA FOUNDATION 2760 CLAFLIN AVE BRONX, NY 104682508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SOUTHAMPTON ANIMAL SHELTER FOUNDATI 102 OLD RIVERHEAD ROAD HAMPTON BAYS, NY 11946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHLANDS FOUNDATION 5771 ROUTE 9 RHINEBECK, NY 125723604	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
SOUTHTOWNS CATHOLIC SCHOOL 2052 LAKEVIEW RD LAKE VIEW, NY 14085	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
SOVEREIGN MILITARY HOSPITALLER ORDE 1011 FIRST AVE NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARTAN BOYS LACROSSE BOOSTER CLUB 232 GOODE STREET BURNT HILLS, NY 12027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	266
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA INTERNATIONAL INCPO BOX 8682 NEW YORK, NY 101168682	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPCA OF WESTCHESTER INC 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	1,000
SPCA OF WESTCHESTER INC 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF WESTCHESTER INC 590 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	1,100
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD SCHENECTADY, NY 12304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD BLDG C SCHENCTADY, NY 123042201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
SPECIAL OLYMPICS NEW YORK INC 504 BALLTOWN ROAD SCHENECTADY, NY 12304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECTRUM DESIGNS FOUNDATION LTD 366 MAIN ST PORT WASHINGTON, NY 110503124	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,300
SPENCE SCHOOL22 EAST 91 ST NEW YORK, NY 10128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SPENCE-CHAPIN SERVICES TO FAMILIES 410 EAST 92ND STREET NEW YORK, NY 10128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINAL MUSCULAR ATROPHY RESEARCH TE 28 S SHORE BLVD LACKAWANNA, NY 14218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SPONSORS FOR EDUCATIONAL OPPORTUNIT 55 EXCHANGE PLACE 6TH FLOOR NEW YORK, NY 100053301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPORTS AND ARTS IN SCHOOLS FOUNDATI 58-12 QUEENS BOULEVARD WOODSIDE, NY 11377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPRINGVILLE GRIFFITH COMMUNITY EDUC PO BOX 154 SPRINGVILLE, NY 141410369	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPRUCE STREET SCHOOL PS 397 PARENT- 12 SPRUCE STREET NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRUCE STREET SCHOOL PS 397 PARENT- 12 SPRUCE STREET NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SS JOACHIM & ANNE 218-19 105 AVENUE QUEENS VILLAGE, NY 11429	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ST AGNES ACADEMIC SCHOOL 13-20 124 STREET COLLEGE POINT, NY 11356	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANN'S SCHOOL 129 PIERREPONT STREET BROOKLYN, NY 112012705	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST BERNARDS SCHOOL INC 4 EAST 98TH STREET NEW YORK, NY 10029	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,600
ST BERNARDS SCHOOL INC 4 EAST 98TH STREET NEW YORK, NY 10029	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,450
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
ST BONAVENTURE UNIVERSITY BUSINESS PO BOX 2519 ST BONAVENTURE, NY 14778	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,097
ST CHRISTOPHERS INN INC 40 FRANCISCAN WAY PO BOX 303 GARRISON, NY 10524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ELIZABETH SETON CHILDRENS FOUNDA 300 CORPORATE BOULEVARD SOUTH YONKERS, NY 10701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST ELIZABETH SETON CHILDRENS FOUNDA 300 CORPORATE BOULEVARD SOUTH YONKERS, NY 10701	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS COLLEGE 180 REMSEN STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST FRANCIS PREPARATORY SCHOOL 6100 FRANCIS LEWIS BLVD FRESH MEADOWS, NY 11365	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,220
ST GEORGE THEATRE RESTORATION INC 35 HYATT STREET STATEN ISLAND, NY 10301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS LOYOLA PAROCHIAL SCHOOL 48 E 84TH ST NEW YORK, NY 100280806	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 11439	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 11439	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS UNIVERSITY NEW YORK 8000 UTOPIA PARKWAY ATTN GIFT PROCESSING QUEENS, NY 114390001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ST JOSEPHS COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ST JOSEPHS COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS COLLEGIATE INSTITUTE 845 KENMORE AVE BUFFALO, NY 14223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ST JOSEPH'S COLLEGIATE INSTITUTE 845 KENMORE AVENUE BUFFALO, NY 14223	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ST JOSEPHS HOSPITAL YONKERS 275 NORTH STREET HARRISON, NY 10528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS HOSPITAL YONKERS 275 NORTH STREET HARRISON, NY 10528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
ST JOSEPHS NEIGHBORHOOD CENTER INC 417 SOUTH AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST JOSEPHS NEIGHBORHOOD CENTER INC 417 SOUTH AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS NEIGHBORHOOD CENTER INC 417 SOUTH AVENUE ROCHESTER, NY 14620	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,175
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST JUDE CHILDRENS RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 12205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	366
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	135
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 12205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	583
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 12205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	106
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55
ST JUDE CHILDRENS RESEARCH HOSPITAL 2 PINE WEST PLAZA 202 ALBANY, NY 12205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 220 EAST 42ND STREET SUITE 435 NEW YORK, NY 10017	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,815
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,700
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,262
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,868
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAWRENCE UNIVERSITY ADVANCEMENT SERVICES 23 ROMODA DR CANTON, NY 13617	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST MARY'S ELEMENTARY SCHOOL 1300 NORTHERN BLVD MANHASSET, NY 11030	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST MARYS HIGH SCHOOL 142 LAVERACK AVENUE LANCASTER, NY 14086	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARY'S HIGH SCHOOL 1300 NORTHERN BLVD MANHASSET, NY 11030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
ST MARY'S SCHOOL12 SIXTH STREET WATERFORD, NY 12188	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
ST MARY'S SCHOOL12 SIXTH STREET WATERFORD, NY 12188	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST NICKS ALLIANCE CORP 2 KINGSLAND AVE 1ST FL BROOKLYN, NY 112111695	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
ST PETERS HOSPITAL FOUNDATION INC 310 S MANNING BOULEVARD ALBANY, NY 12208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ST RAYMONDS BOYS HIGH SCHOOL 2151 ST RAYMOND AVENUE BRONX, NY 104620000	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST SAVIOUR HIGH SCHOOL588 6TH ST BROOKLYN, NY 112153702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST THOMAS AQUINAS COLLEGE 125 ROUTE 340 SPARKILL, NY 109761041	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
ST THOMAS MORE PLAY GROUP INC 65 E 89TH ST NEW YORK, NY 101281226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,981
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE PLAY GROUP INC 65 E 89TH ST NEW YORK, NY 101281226	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,495
ST VLADIMIRS SEMINARY 575 SCARSDALE ROAD YONKERS, NY 10707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
ST JAMES CHURCH 865 MADISON AVENUE NEW YORK, NY 10021	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH'S SCHOOL - YORKVILLE 420 EAST 87TH STREET NEW YORK, NY 10128	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
STARBRIDGE SERVICES INC 1650 SOUTH AVENUE SUITE 200 ROCHESTER, NY 14620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
STATE THEATRE OF ITHACA INC 105 W STATE ST ITHACA, NY 148505427	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,635
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY COLLEGE AT BROCKPO 350 NEW CAMPUS DR BROCKPORT, NY 144202926	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20
STATE UNIVERSITY OF NEW YORK AT BIN PO BOX 6005 BINGHAMTON, NY 13902	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
STATEN ISLAND ECONOMIC DEVELOPMENT 900 SOUTH AVENUE SUITE 402 STATEN ISLAND, NY 103143429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATEN ISLAND HEART SOCIETY INC 3055 RICHMOND ROAD STATEN ISLAND, NY 103061958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
STATEN ISLAND HEART SOCIETY INC 3055 RICHMOND ROAD STATEN ISLAND, NY 103061958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	274
STATEN ISLAND HEART SOCIETY INC 3055 RICHMOND ROAD STATEN ISLAND, NY 103061958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STECHER AND HOROWITZ FOUNDATION 119 W 57TH ST STE 1401 NEW YORK, NY 100192400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,807
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	376
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	690
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	133
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
STEPHEN SILLER TUNNEL TO TOWERS FOU 2361 HYLAN BLVD STATEN ISLAND, NY 103063100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
STOCKINGS WITH CARE INC PO BOX 1222 NEW YORK, NY 102741222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STONEWALL COMMUNITY FUND 1270 BROADWAY SUITE 501 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
STONEWALL COMMUNITY FUND 1270 BROADWAY SUITE 501 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STONY BROOK FOUNDATION INC 230 ADMINISTRATION AT SUNY STONY BROOK, NY 117941601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORM THEATRE INC32 W 72ND ST 2B NEW YORK, NY 10023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
STORYCORPS INC80 HANSON PLACE BROOKLYN, NY 11217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STORYCORPS INC80 HANSON PLACE BROOKLYN, NY 11217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STREETSQUASH INC 40 WEST 116TH STREET NEW YORK, NY 100262864	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,280
STREETWISE PARTNERS INCORPORATED 222 BROADWAY 18TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
STREETWISE PARTNERS INCORPORATED 222 BROADWAY 18TH FLOOR NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRENGTH FOR LIFE INC 21 PULASKI ROAD PNB 119 KINGS PARK, NY 11754	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STRIDE INC4482 NY HIGHWAY 150 WEST SAND LAKE, NY 12196	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
STRIKE ANYWHERE INC PO BOX 2396 TIMES SQUARE STATION NEW YORK, NY 10108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,002
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRIKE ANYWHERE INC PO BOX 2396 TIMES SQUARE STATION NEW YORK, NY 10108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,659
STRIVE INTERNATIONAL INC 205 EAST 122ND STREET 3RD FLOOR NEW YORK, NY 10035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
STRIVE INTERNATIONAL INC 205 EAST 122ND STREET 3RD FLOOR NEW YORK, NY 10035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRONG HOME CARE GROUP PO BOX 270032 ROCHESTER, NY 146270032	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	350
STUDENT LEADERSHIP NETWORK INC 322 8TH AVE 4TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,150
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,450
STUDENT SPONSOR PARTNERSHIP INC 424 MADISON AVENUE 3RD FLOOR NEW YORK, NY 10017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,600
STUYVESANT HIGH SCHOOL ATTN BONNIE PIZZARELLI- 345 CHAMBERS ST NEW YORK, NY 102821099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUYVESANT HIGH SCHOOL ALUMNI ASSOC PO BOX 3531 NEW YORK, NY 100083531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
SUCCESS ACADEMY CHARTER SCHOOLS INC 95 PINE STREET FL 6 NEW YORK, NY 10005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUICIDE PREVENTION AND CRISIS SERVI 100 RIVER ROCK DRIVE SUITE 300 BUFFALO, NY 14207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUKKAHWOOD INC 577 ISHAM ST APT 2E NEW YORK, NY 100342039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
SUMMER CAMP OPPORTUNITIES PROMOTE E 108 W 39TH ST 15TH FLOOR NEW YORK, NY 100183614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SUMMER ON THE HILL 4400 TIBBETT AVE BRONX, NY 104713416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SEARCH 90 BROAD STREET SUITE 701 NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
SUMMIT CENTER INC150 STAHL RD GETZVILLE, NY 140681231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SUMMIT CENTER INC150 STAHL RD GETZVILLE, NY 140681231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMIT EDUCATIONAL RESOURCES 150 STAHL ROAD GETZVILLE, NY 140681231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SUMMIT EDUCATIONAL RESOURCES 150 STAHL ROAD GETZVILLE, NY 140681231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SUMMIT EDUCATIONAL RESOURCES 150 STAHL ROAD GETZVILLE, NY 140681231	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNEEL RESEARCH FOUNDATION 275 NORTHPOINTE PKWY STE 50 AMHERST, NY 14228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SUNNYSIDE COMMUNITY SERVICES INC 43-31 39TH ST SUNNYSIDE, NY 111044351	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
SUNRISE DAY CAMPS ASSOCIATION INC 11 NEIL COURT OCEANSIDE, NY 11572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNSET BAY VOLUNTEER FIRE CO NO 1 I 12798 ALLEGHANY RD IRVING, NY 140819688	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HTS, NY 105984558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HTS, NY 105984558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HTS, NY 105984558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HTS, NY 105984558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SURI KOPS KEREN MISHPACHOS INC 72-25 136TH STREET KEW GARDENS HILLS, NY 11367	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 742 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET STE 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,077
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,273
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET STE 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,622
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	89
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 246 W 38TH STREET STE 503 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUSIES SENIOR DOGS INC PO BOX 20334 NEW YORK, NY 10011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SYLVESTER MANOR EDUCATIONAL FARM PO BOX 2029 SHELTER IS, NY 119642029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYNCHRONICITY EARTH USA INC PO BOX 78 NEW YORK, NY 10024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SYOSSET BASEBALL ASSOCIATION INC PO BOX 302 SYOSSET, NY 117910302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SYRACUSE UNIVERSITY 150 CROUSE DRIVE SYRACUSE, NY 13244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYRACUSE UNIVERSITY 150 CROUSE DRIVE SYRACUSE, NY 13244	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SYRACUSE UNIVERSITY 640 SKYTOP ROAD 2ND FLOOR SYRACUSE, NY 132445160	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMID NYC299 BROADWAY SUITE 1020 NEW YORK, NY 10007	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
TARRYTOWNS ROTARY FOUNDATION INC PO BOX 2 TARRYTOWN, NY 105910002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TEACH FOR ALL INC 25 BROADWAY 13TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR ALL INC 25 BROADWAY 13TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
TEACH FOR AMERICA INC 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELL EVERY AMAZING LADY ABOUT OVARI 533 16TH STREET BROOKLYN, NY 11215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TEMPLE ADAS ISRAEL OF SAG HARBOR NY PO BOX 1378 SAG HARBOR, NY 119630049	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
TERESIAN HOUSE FOUNDATION INC 200 WASHINGTON AVENUE EXT ALBANY, NY 12203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	830
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRITORIO DE ZAGUATES INC 375 N BROADWAY STE 311 JERICHO, NY 117532008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	830
THE ALAN T BROWN FOUNDATION 185 EAST 85TH STREET 14C NEW YORK, NY 10028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE AMERICAN FRIENDS OF BEIT ISSIE 25 WEST 45TH STREET SUITE 1405 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ANIMAL MEDICAL CENTER 510 EAST 62ND ST NEW YORK, NY 100658314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE ANIMAL MEDICAL CENTER 510 EAST 62ND ST NEW YORK, NY 100658314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE ARC FOUNDATION OF ROCKLAND INC 25 HEMLOCK DR CONGERS, NY 109201401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ARMORY FOUNDATION 216 FORT WASHINGTON AVE NEW YORK, NY 100323704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE ART THERAPY PROJECT CORPORATION 132 WEST 21ST STREET NEW YORK, NY 10011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE ARTS CENTER OF THE CAPITAL REGI 265 RIVER ST TROY, NY 12180	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,650
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BARUCH COLLEGE FUND 1 BERNARD BARUCH WAY OR BCF BOX A-1603 NEW YORK, NY 10010	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
THE BONE MARROW FOUNDATION INC 515 MADISON AVE RM 1130 NEW YORK, NY 100225456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE BRIDGEHAMPTON ASSOCIATION 33 WILLIAMS WAY BRIDGEHAMPTON, NY 11932	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BRONX FREEDOM FUND INC 360 E 161ST ST BRONX, NY 104514142	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE BRONX HIGH SCHOOL OF SCIENCE AL 75 WEST 205TH STREET BRONX, NY 104681052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT ST BROOKLYN, NY 112012711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT ST BROOKLYN, NY 112012711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE BROOKLYN HISTORICAL SOCIETY 128 PIERREPONT ST BROOKLYN, NY 112012711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	520
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE BROOKLYN QUEENS CONSERVATORY OF 58 SEVENTH AVE BROOKLYN, NY 112173608	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,360
THE BURNT HILLS ORATORIO SOCIETY IN PO BOX 76 BURNT HILLS, NY 120270076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CAEDMON SCHOOL 416 E 80TH STREET NEW YORK, NY 100211004	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
THE CARTER BURDEN NETWORK 415 EAST 73RD STREET NEW YORK, NY 10021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE CENTER FOR DEVELOPMENTAL DISABI 72 SOUTH WOODS RD WOODBURY, NY 11797	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR DISCOVERY INC PO BOX 840 HARRIS, NY 127420840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE CENTER FOR NEW YORK CITY 55 BROAD STREET 10TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE CENTER FOR NEW YORK CITY 55 BROAD STREET 10TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CENTER FOR TEEN EMPOWERMENT INC 392 GENESEE STREET ROCHESTER, NY 14611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE CENTER FOR TEEN EMPOWERMENT INC 392 GENESEE STREET ROCHESTER, NY 14611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
THE CENTER FOR TEEN EMPOWERMENT INC 392 GENESEE STREET ROCHESTER, NY 14611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHAMBER FOUNDATION INC 1 CIVIC CENTER PLZ STE 400 POUGHKEEPSIE, NY 126013157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
THE CHILDRENS AID SOCIETY 711 3RD AVE SUITE 700 NEW YORK, NY 100179210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE CHILDRENS HEALTH FUND 215 W 125TH ST STE 301 NEW YORK, NY 100274472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HEALTH FUND 215 W 125TH ST STE 301 NEW YORK, NY 100274472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE CHILDRENS HEALTH FUND 215 W 125TH ST STE 301 NEW YORK, NY 100274472	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE CHURCHILL SCHOOL & CENTER 301 E 29TH STREET NEW YORK, NY 100168301	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CITY COLLEGE 21ST CENTURY FOUND 160 CONVENT AVE NEW YORK, NY 100310000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
THE CITY COLLEGE 21ST CENTURY FOUND 160 CONVENT AVE NEW YORK, NY 100310000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE CITY COLLEGE 21ST CENTURY FOUND 160 CONVENT AVE NEW YORK, NY 100310000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMON GOOD INC 767 LEXINGTON AVE NEW YORK, NY 10065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE COMMUNITY FOUNDATION FOR THE GR 2 TOWER PLACE ALBANY, NY 122033725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE COMMUNITY FOUNDATION FOR THE GR 2 TOWER PLACE ALBANY, NY 122033725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY HOSPICE INC 445 NEW KARNER ROAD ALBANY, NY 12205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE CO-OP SCHOOL 644 GATES AVENUE BROOKLYN, NY 11221	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	535
THE CORBIN HILL FOOD PROJECT INC 475 RIVERSIDE DR SUITE 243 NEW YORK, NY 101150002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CORBIN HILL FOOD PROJECT INC 475 RIVERSIDE DR SUITE 243 NEW YORK, NY 101150002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE COUNCIL OF URBAN PROFESSIONALS 55 EXCHANGE PL STE 401 NEW YORK, NY 100053304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE COUNCIL OF URBAN PROFESSIONALS 55 EXCHANGE PL STE 401 NEW YORK, NY 100053304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DEGREGORIO FAMILY FOUNDATION IN PO BOX 236 PLEASANTVILLE, NY 10570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE DESMOID TUMOR RESEARCH FOUNDATI PO BOX 273 SUFFERN, NY 10901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE DESMOID TUMOR RESEARCH FOUNDATI PO BOX 273 SUFFERN, NY 10901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DISABILITY FUND INC 265 SUNRISE HIGHWAY SUITE 45 ROCKVILLE CENTRE, NY 11570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE EHLERS-DANLOS SOCIETY 1732 1ST AVE 20373 NEW YORK, NY 101300050	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE FOUNDATION FOR AIDS RESEARCH 120 WALL ST FL 13 NEW YORK, NY 10005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE FRIENDS OF THIRTEEN INC 825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FRIENDS OF THIRTEEN INC 825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	760
THE FRIENDS OF THIRTEEN INC 825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE GARDEN CLUB OF AMERICA 14 E 60TH ST NEW YORK, NY 100221006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GENESEE COMMUNITY COLLEGE FOUND 1 COLLEGE RD BATAVIA, NY 140209703	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
THE GOOD DOG FOUNDATION INC 500 7TH AVENUE 8TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE GUIDANCE CENTER OF WESTCHESTER 256 WASHINGTON STREET MOUNT VERNON, NY 10553	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HARLEY SCHOOL1981 CLOVER ST ROCHESTER, NY 146183211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
THE HARLEY SCHOOL1981 CLOVER ST ROCHESTER, NY 146183211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
THE HARLEY SCHOOL1981 CLOVER ST ROCHESTER, NY 146183211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAROLD HUNTER FOUNDATION 151 FIRST AVE 210 NEW YORK, NY 10003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	66
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
THE HONORABLE TINA BROZMAN FOUNDATI 31 W 52ND STREET 4-22 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
THE HUDSON VALLEY WRITERS CENTER IN 300 RIVERSIDE DRIVE SLEEPY HOLLOW, NY 10591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HYDE COLLECTION TRUST 161 WARREN ST GLENS FALLS, NY 128014520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE IMPOSSIBLE DREAM INC 50 W 47TH ST SUITE 2113 NEW YORK, NY 10036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE JED FOUNDATION 6 EAST 39TH STREET SUITE 1204 NEW YORK, NY 10016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEWISH COMMUNITY CENTER IN MANH 334 AMSTERDAM AVE NEW YORK, NY 100238205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
THE JEWISH COMMUNITY CENTER IN MANH 334 AMSTERDAM AVE NEW YORK, NY 100238205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
THE KNOWLEDGE HOUSE FELLOWSHIP INC 363 RIDER AVE 3RD FLOOR BRONX, NY 10451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LEUKEMIA & LYMPHOMA SOCIETY RES 3 INTERNATIONAL DR SUITE 200 RYE BROOK, NY 105737500	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	175
THE LITTLE ORCHESTRA SOCIETY-ORPHE 630 9TH AVENUE SUITE 807 NEW YORK, NY 100363746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
THE LONG ISLAND MUSEUM OF AMERICAN 1200 ROUTE 25A STONY BROOK, NY 117901992	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LONG ISLAND MUSEUM OF AMERICAN 1200 ROUTE 25A STONY BROOK, NY 117901992	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,600
THE MANHATTAN CHILDRENS CENTER INC 124 WEST 95TH STREET NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
THE MARFAN FOUNDATION INC 22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARTY LYONS FOUNDATION INC 354 VETERANS MEMORIAL HWY STE 9 COMMACK, NY 11725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE MARTY LYONS FOUNDATION INC 354 VETERANS MEMORIAL HWY STE 9 COMMACK, NY 11725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE MARY LOUIS ACADEMY 176-21 WEXFORD TERRACE JAMAICA, NY 11432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARY LOUIS ACADEMY 176-21 WEXFORD TERRACE JAMAICA, NY 11432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
THE MENTAL HEALTH ASSOCIATION OF NE 50 BROADWAY19TH FLOOR NEW YORK, NY 100043814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THE MENTAL HEALTH ASSOCIATION OF NE 50 BROADWAY19TH FLOOR NEW YORK, NY 100043814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MENTAL HEALTH ASSOCIATION OF NE 50 BROADWAY19TH FLOOR NEW YORK, NY 100043814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE MENTAL HEALTH ASSOCIATION OF NE 50 BROADWAY19TH FLOOR NEW YORK, NY 100043814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	674
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275,000
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 100280198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
THE MINISTRY FOR HOPE INC 1 HIGH STREET PORT JEFFERSON, NY 117770358	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL CENTER ON ADDICTION AN 633 THIRD AVENUE 19TH FL NEW YORK, NY 100178155	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE NATIONAL FEDERATION FOR JUST CO 360 DELAWARE AVE STE 106 BUFFALO, NY 142021610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA SUITE 1204 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA SUITE 1204 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE NATIONAL HEMOPHILIA FOUNDATION 7 PENN PLAZA SUITE 1204 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE NEW YORK MILITARY AFFAIRS SYMPO PO BOX 592 NEW YORK, NY 101560592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK OPPORTUNITY NETWORK IN 85 BROAD STREET 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,275
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	194
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	252
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	532
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE NEW YORK PUBLIC LIBRARY ASTOR L 445 FIFTH AVENUE NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ONE LOVE FOUNDATION IN HONOR OF PO BOX 368 BRONXVILLE, NY 10708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE ORGANIZATION FOR TRANSFORMATIVE 228 PARK AVE S NEW YORK, NY 100031502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	308
THE PARENT TEACHER ASSOCIATION OF P 116 W 11TH ST NEW YORK, NY 100118306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARENT TEACHER ASSOCIATION OF P 116 W 11TH ST NEW YORK, NY 100118306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
THE PARENT TEACHER ASSOCIATION OF P 116 W 11TH ST NEW YORK, NY 100118306	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
THE PARENT-CHILD HOME PROGRAM INC 163B MINEOLA BLVD MINEOLA, NY 115013970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PELHAM EDUCATION FOUNDATION INC PO BOX 8302 PELHAM, NY 108038302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
THE PINK AGENDA INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,330
THE PINK AGENDA INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PINK AGENDA INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE PINK AGENDA INC 28 WEST 44TH STREET SUITE 609 NEW YORK, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE RADIO CLUB OF JHS 22 NYC INC PO BOX 1052 NEW YORK, NY 100020902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RADIO CLUB OF JHS 22 NYC INC PO BOX 1052 NEW YORK, NY 100020902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE RIVER PROJECT INC PIER 40 353 WEST ST NEW YORK, NY 10014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE ROCHESTER FRIENDLY HOME 3156 EAST AVE ROCHESTER, NY 146183428	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROOT FARM INC2860 KING ROAD SAUQUOIT, NY 13456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 142021197	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 529 EAST MAIN ST BATAVIA, NY 14020	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 120 WEST 14TH STREET NEW YORK, NY 10011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 200 TWIN OAKS DR PO BOX 148 SYRACUSE, NY 13206	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY120 W 14TH ST NEW YORK, NY 10011	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK, NY 10994	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 142021197	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANDS POINT PRESERVE CONSERVANC 127 MIDDLE NECK ROAD SANDS POINT, NY 11050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	85
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	97
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
THE SATO PROJECT INC 130 WATER STREET BROOKLYN, NY 11201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEPHARDIC BIKUR HOLIM FUND IN M 425 KINGS HWY BROOKLYN, NY 11223	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	180
THE SEPHARDIC BIKUR HOLIM FUND IN M 425 KINGS HWY BROOKLYN, NY 11223	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	125
THE SEPHARDIC BIKUR HOLIM FUND IN M 425 KINGS HWY BROOKLYN, NY 11223	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	201
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE STUDIO MUSEUM IN HARLEM 144 WEST 125TH ST NEW YORK, NY 10027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE TOWER OF HOPE INC C/O CATHY CARILLI-114 W 47TH STREET NEW YORK, NY 100360000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	625
THE TOWN SCHOOL 540 EAST 76TH STREET NEW YORK, NY 10021	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TREVOR PROJECT INC 373 PARK AVE SOUTH 6TH FLOOR NEW YORK, NY 10016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE UNITED WAY OF GREATER NIAGARA I 6420 INDUCON DRIVE WEST SUITE B2 SANBORN, NY 14132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
THE UNITED WAY OF GREATER NIAGARA I 6420 INDUCON DRIVE WEST SUITE B2 SANBORN, NY 14132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF GREATER NIAGARA I 6420 INDUCON DRIVE WEST SUITE B2 SANBORN, NY 14132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
THE UPSTATE FOUNDATION INC 750 EAST ADAMS STREET CAB 326 SYRACUSE, NY 132102306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WINDWARD SCHOOL 40 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
THE WINIFRED MASTERSON BURKE REHABI 785 MAMARONECK AVE WHITE PLAINS, NY 106052523	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
THE WOMEN AND CHILDRENS HOSPITAL OF C/O KALEIDA HEALTH 726 EXCHANGE ST BUFFALO, NY 142100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOMEN AND CHILDRENS HOSPITAL OF C/O KALEIDA HEALTH 726 EXCHANGE ST BUFFALO, NY 142100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
THE WOMEN AND CHILDRENS HOSPITAL OF C/O KALEIDA HEALTH 726 EXCHANGE ST BUFFALO, NY 142100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
THE YOUNG MENS & YOUNG WOMENS HEBRE 1395 LEXINGTON AVENUE NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,147
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE YWCA OF WESTERN NEW YORK INC 1005 GRANT STREET BUFFALO, NY 14207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
THEATER ET AL5-49 49TH AVENUE LONG ISLAND CITY, NY 11101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THEATRE FORWARD INC 505 8TH AVENUE SUITE 2303 NEW YORK, NY 100184681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE FORWARD INC 505 8TH AVENUE SUITE 2303 NEW YORK, NY 100184681	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
THOMAS M BRENNAN MEMORIAL FOUNDATIO C/O JENNIFER BRENNAN WATERHOUSE 370 WHIPPOORWILL ROAD CHAPPAQUA, NY 10514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THORNTON-DONOVAN SCHOOL 100 OVERLOOK CIRCLE NEW ROCHELLE, NY 10804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOUSAND ISLANDS EMERGENCY RESCUE S PO BOX 524 CLAYTON, NY 13624	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TNTP INC304 PARK AVE S FL 11 NEW YORK, NY 100104305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TOMPKINS COUNTY SPCA 1640 HANSHAW RD ITHACA, NY 148509102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOMPKINS SQUARE MIDDLE SCHOOL 600 EAST 6TH STREET NEW YORK, NY 10009	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	550
TOUCHING BASES SOFTBALL LEAGUE OF E 237 MAIN ST 1607 BUFFALO, NY 14203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,300
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BOULEVARD BAYSIDE, NY 113612201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOURETTE ASSOCIATION OF AMERICA INC 42-40 BELL BOULEVARD BAYSIDE, NY 113612201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
TOWN HALL FOUNDATION INC 123 WEST 43RD STREET NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
TRANSPORTATION ALTERNATIVES INC 111 JOHN ST STE 260 NEW YORK, NY 10038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREVOR DAY SCHOOL 1 WEST 88TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,100
TREVOR DAY SCHOOL 1 WEST 88TH STREET NEW YORK, NY 10024	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
TRICKLE UP PROGRAM INC 104 WEST 27TH STREET 12TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TRI-COUNTY UNITED WAY INC 696 UPPER GLEN ST QUEENSBURY, NY 12804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY UNITED WAY INC 696 UPPER GLEN ST QUEENSBURY, NY 12804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
TRI-COUNTY UNITED WAY INC 696 UPPER GLEN ST QUEENSBURY, NY 12804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
TRI-COUNTY UNITED WAY INC 696 UPPER GLEN ST QUEENSBURY, NY 12804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT SWIM FOUNDATION INC 150 W 55TH ST STE 8A NEW YORK, NY 100195305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TRILLIUM HEALTH INC 259 MONROE AVE ROCHESTER, NY 14607	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRINITY ALLIANCE OF THE CAPITAL REG 15 TRINITY PLACE ALBANY, NY 122021806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY ALLIANCE OF THE CAPITAL REG 15 TRINITY PLACE ALBANY, NY 122021806	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRINITY EPISCOPAL SCHOOLS CORPORATI 139 WEST 91ST STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,842
TRINITY EPISCOPAL SCHOOLS CORPORATI 139 WEST 91ST STREET NEW YORK, NY 10024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY SCHOOL 139 WEST 91ST STREET NEW YORK, NY 10024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	9,342
TRINITY SCHOOL 139 WEST 91ST STREET NEW YORK, NY 10024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
TRINITY-PAWLING SCHOOL CORPORATION 700 RT 22 PAWLING, NY 12564	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROOPER FOUNDATION STATE OF NEW YOR 3 AIRPORT PARK BLVD LATHAM, NY 12110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
TROY SAVINGS BANK MUSIC HALL CORPOR 30 2ND ST TROY, NY 121803292	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
TRUE COLORS FUND INC 311 W 43RD ST 12TH FL NEW YORK, NY 10036	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	830
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	16,525
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,550
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,300
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF COLUMBIA UNIVERSITY IN 622 WEST 113TH STREET MC 4524 NEW YORK, NY 10025	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,550
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,600
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
TRUSTEES OF HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 133231218	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
TRUSTEES OF UNION COLLEGE 807 UNION STREET - SCHENECTADY, NY 12308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF UNION COLLEGE 807 UNION STREET - SCHENECTADY, NY 12308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TRUSTEES OF UNION COLLEGE 807 UNION STREET - SCHENECTADY, NY 12308	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
TUESDAYS CHILDREN 10 ROCKEFELLER PLAZA 10TH FLOOR SUITE 910 NEW YORK, NY 10020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURKISH PHILANTHROPY FUNDS INC 120 E 23RD ST FL 5 NEW YORK, NY 10010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
TWO EAST 90TH STREET LANDMARK PRESE 1085 5TH AVENUE NEW YORK, NY 10128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNDER 21550 TENTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,705
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDER 21550 TENTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNDER 21550 TENTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	529
UNDER 21550 TENTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNDER 21550 TENTH AVENUE NEW YORK, NY 10018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNION ENDICOTT EDUCATION FOUNDATION PO BOX 191 ENDICOTT, NY 137610191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
UNION LEAGUE CLUBHOUSE FOUNDATION 38 E 37TH ST NEW YORK, NY 100163008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION OF ORTHODOX JEWISH CONGREGATI 11 BROADWAY 13TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
UNITAS NORTH AMERICA 1177 AVENUE OF THE AMERICAS 5TH FLOOR NEW YORK CITY, NY 10036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	306
UNITED CEREBRAL PALSY ASSOCIATION O 380 WASHINGTON AVE ROOSEVELT, NY 115751845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,430
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,410
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,108
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,180
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,018
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,508
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED JEWISH APPEAL FEDERATION OF 130 EAST 59TH ST NEW YORK, NY 10022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,600
UNITED JEWISH FEDERATION OF NORTHEA 184 WASHINGTON AVENUE EXT ALBANY, NY 12203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED LUBAVITCHER YESHIVOTH 570 CROWN ST BROOKLYN, NY 112135202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
UNITED MEMORIAL MEDICAL CENTER FOUN 127 NORTH ST BATAVIA, NY 140201631	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
UNITED MEMORIAL MEDICAL CENTER FOUN 127 NORTH ST BATAVIA, NY 140201631	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICES ORGANIZATIONS INC 625 EIGHTH AVENUE SUITE 209 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
UNITED SERVICES ORGANIZATIONS INC 625 EIGHTH AVENUE SUITE 209 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
UNITED SERVICES ORGANIZATIONS INC 625 EIGHTH AVENUE SUITE 209 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SIKHS IN SERVICE OF AMERICA 10505 LEFFERTS BLVD RICHMOND HILL, NY 11419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CATHOLIC CONFERENCE 7100 SHORE ROAD BROOKLYN, NY 11209	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	525
UNITED STATES CATHOLIC CONFERENCE 7100 SHORE ROAD BROOKLYN, NY 11209	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 71-06 31ST AVENUE EAST ELMHURST, NY 11370	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CONFERENCE OF CATHOLI 259 E ONONDAGA ST SYRACUSE, NY 132022607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	851
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,261
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,329
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	354
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	698
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	343
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	164
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	182
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	445
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE 10TH FL NEW YORK, NY 10038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,052
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,655
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	138
UNITED STATES FUND FOR UNICEF IN KI 125 MAIDEN LANE NEW YORK, NY 10038	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
UNITED SYNAGOGUE OF CONSERVATIVE JU 1324 NORTH AVENUE NEW ROCHELLE, NY 10804	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED TALMUDICAL ACADEMY TORAH VYI 82 LEE AVE BROOKLYN, NY 112117900	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,500
UNITED VETERANS BEACON HOUSE INC 1715 UNION BOULEVARD BAY SHORE, NY 11706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
UNITED VETERANS BEACON HOUSE INC 1715 UNION BOULEVARD BAY SHORE, NY 11706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,281
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,293
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,642
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BUFFALO AND ERIE COUN 742 DELAWARE AVENUE BUFFALO, NY 14209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	808
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 132032503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNITED WAY OF CENTRAL NEW YORK INC 980 JAMES ST SYRACUSE, NY 13203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 14607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 14607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,887
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	603
UNITED WAY OF GREATER ROCHESTER INC 75 COLLEGE AVE ROCHESTER, NY 146071009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,041
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	396
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	198
UNITED WAY OF MONTGOMERY CO INC PO BOX 709 AMSTERDAM, NY 12010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF MONTGOMERY CO INC PO BOX 709 AMSTERDAM, NY 12010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MONTGOMERY CO INC PO BOX 709 AMSTERDAM, NY 12010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF MONTGOMERY CO INC PO BOX 709 AMSTERDAM, NY 12010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,493
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,942
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,365
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF NEW YORK CITY 205 E 42ND ST FL 12 NEW YORK, NY 100175738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
UNITED WAY OF NORTHERN CHAUTAUQUA C 626 CENTRAL AVENUE DUNKIRK, NY 140482517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF SOUTHERN CHAUTAUQUA C 208 PINE STREET JAMESTOWN, NY 14701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHERN CHAUTAUQUA C 208 PINE STREET JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF SOUTHERN CHAUTAUQUA C 208 PINE STREET JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF SOUTHERN CHAUTAUQUA C 208 PINE STREET JAMESTOWN, NY 14701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	638
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,196
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
UNITED WAY OF THE DUTCHESS-ORANGE R 75 MARKET STREET POUGHKEEPSIE, NY 12601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	213
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,219
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	855
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER CAPITAL R ONE UNITED WAY ALBANY, NY 12212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE VALLEY & GREATER 201 LAFAYETTE ST STE 201 UTICA, NY 135024311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF TOMPKINS COUNTY INC 313 N AURORA STREET ITHACA, NY 14850	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF ULSTER COUNTY INC 450 ALBANY AVENUE KINGSTON, NY 12401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,500
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	90
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY AT ALBANY FOUNDATION 1400 WASHINGTON AVE UAB 226 ALBANY, NY 12222	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 14028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY AT BUFFALO FOUNDATION IN PO BOX 900 BUFFALO, NY 14028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY GLEE CLUB OF NEW YORK CI 101 WEST 90TH STREET NEW YORK, NY 10024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY NEIGHBORHOOD HOUSING PRO 2751 GRAND CONCOURSE BRONX, NY 104683001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNIVERSITY NEIGHBORHOOD HOUSING PRO 2751 GRAND CONCOURSE BRONX, NY 104683001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,336
UNIVERSITY OF ROCHESTER 500 UNIVERSITY AVENUE ROCHESTER, NY 14607	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	136
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	27
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF ROCHESTERBOX URV ROCHESTER, NY 146270032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125,000
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	45
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	34
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF ROCHESTER PO BOX 270032 ROCHESTER, NY 14627	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
UNLOCKING FUTURES INC 25 W 36TH ST FL 8 NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNSW & STUDY ABROAD - FRIENDS AND U UNSW C/O GHS PHILANTHROPY 31 WEST 34TH STREET 7TH FLOOR 7010 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPTOWN THEATER FOR CREATIVE ARTS IN 2014 GENESEE STREET UTICA, NY 13502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UPWARDLY GLOBAL 505 8TH AVE SUITE 1601 NEW YORK CITY, NY 10018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK CITY, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF ROCHESTER N Y INC 265 NORTH CLINTON AVENUE ROCHESTER, NY 146051857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,730
URBAN PATHWAYS INC 575 EIGHTH AVENUE16TH FLOOR NEW YORK, NY 100183011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
URBAN WOODLANDS COMMUNITY GARDENS I PO BOX 134 CATHEDRAL STATION NEW YORK, NY 100250003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US CATHOLIC CONFERENCE - ST PATRIC 280 EAST MAIN STREET SMITHTOWN, NY 11787	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
US CATHOLIC CONFERENCE - ST PATRIC 280 EAST MAIN STREET SMITHTOWN, NY 11787	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
US CATHOLIC CONFERENCE - ST PATRIC 280 EAST MAIN STREET SMITHTOWN, NY 11787	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
USTA FOUNDATION INCORPORATED 70 W RED OAK LN WHITE PLAINS, NY 106043602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UTICA COLLEGE ADVANCEMENT OFFICE 1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UTICA COLLEGE ADVANCEMENT OFFICE 1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	134
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTICA COLLEGE ADVANCEMENT OFFICE 1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
UTICA COLLEGE ADVANCEMENT OFFICE 1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
UTICA COLLEGE ADVANCEMENT OFFICE 1600 BURRSTONE RD UTICA, NY 135024857	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTICA NEIGHBORHOOD HOUSING SERVICE 1611 GENESEE ST UTICA, NY 135014731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,500
VASSAR COLLEGE 161 COLLEGE AVENUE POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
VASSAR COLLEGE 161 COLLEGE AVENUE POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VASSAR COLLEGE 161 COLLEGE AVENUE POUGHKEEPSIE, NY 12603	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
VENTURE FOR AMERICA INC 307 7TH AVENUE SUITE 1201 NEW YORK, NY 10001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
VENTURE JOBS FOUNDATION INC 260 EAST MAIN STREET SUITE 2701 ROCHESTER, NY 14604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERA INSTITUTE OF JUSTICE INC 34 35TH STREET 4-2A BROOKLYN, NY 11232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250,000
VERNON AVENUE PROJECT INC 442 LORIMER STREET SUITE D 309 BROOKLYN, NY 11206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VERNON AVENUE PROJECT INC 442 LORIMER STREET SUITE D 309 BROOKLYN, NY 11206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERSAILLES FOUNDATION INC 420 LEXINGTON AVE RM 1706 NEW YORK, NY 101700007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
VETERANS ONE-STOP CENTER OF WNY INC 1280 MAIN STREET SUITE 204 BUFFALO, NY 14209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
VETERANS OUTREACH CENTER INC 447 SOUTH AVE ROCHESTER, NY 146201020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VH1 SAVE THE MUSIC FOUNDATION PO BOX 2096 NEW YORK, NY 101082096	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VILLAGE COMMUNITY SCHOOL 272 W 10TH ST NEW YORK, NY 100142513	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
VILLAGE COMMUNITY SCHOOL 272 W 10TH ST NEW YORK, NY 100142513	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VINEYARD THEATRE AND WORKSHOP CENTE 108 E 15TH ST NEW YORK, NY 100032102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRTUAL ENTERPRISES INTERNATIONAL I 122 AMSTERDAM AVENUE NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
VISION LONG ISLAND 24 WOODBINE AVENUE STE 2 NORTHPORT, NY 11768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISTA FIRE DEPARTMENT INCORPORATED 377 SMITH RIDGE RD SOUTH SALEM, NY 105902327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VOCAL EASE INC 240 W 73RD ST APT 1403 NEW YORK, NY 100232798	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VOLUNTEER SERVICE BUREAU OF WESTCHE 220 WHITE PLAINS ROAD TARRYTOWN, NY 10591	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEERS OF AMERICA INC 214 LAKE AVE ROCHESTER, NY 146081208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
WAGNER COLLEGEONE CAMPUS RD STATEN ISLAND, NY 103014479	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
WAGNER MIDDLE SCHOOL 167 PARENTS AS 220 E 76TH ST NEW YORK, NY 100212901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAGNER MIDDLE SCHOOL 167 PARENTS AS 220 E 76TH ST NEW YORK, NY 100212901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WALKING ON WATER PRODUCTIONS INC 105 VINEGAR HILL ITHACA, NY 14850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WALLKILL VALLEY LAND TRUST INC PO BOX 208 NEW PALTZ, NY 125610208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAMC318 CENTRAL AVENUE ALBANY, NY 122062522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
WATCHTOWER BIBLE AND TRACT SOCIETY 900 RED MILLS RD WALLKILL, NY 12589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
WATER FOR SOUTH SUDAN INC PO BOX 25551 ROCHESTER, NY 14625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER FOR SOUTH SUDAN INC PO BOX 25551 ROCHESTER, NY 14625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WATER FOR SOUTH SUDAN INC PO BOX 25551 ROCHESTER, NY 14625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
WATER FOR SOUTH SUDAN INC PO BOX 25551 ROCHESTER, NY 14625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYWARD PAWS INC 9048 DELPHI FALLS RD NEW WOODSTOCK, NY 131229610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WEBB INSTITUTE 298 CRESCENT BEACH RD GLEN COVE, NY 115421398	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
WEBB INSTITUTE 298 CRESCENT BEACH ROAD GLEN COVE, NY 115420000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELLS COLLEGE ADVANCEMENT OFFICE PETTIBONE 170 MAIN STREET AURORA, NY 13026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86TH STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86TH STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86TH STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
WEST SIDE CENTER FOR COMMUNITY LIFE 263 WEST 86TH STREET - BASEMENT LEVEL NEW YORK, NY 10024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTCHESTER ARTS COUNCIL INC 31 MAMARONECK AVE WHITE PLAINS, NY 106013300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER ARTS COUNCIL INC 31 MAMARONECK AVE WHITE PLAINS, NY 106013300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
WESTCHESTER CHILDRENS ASSOCIATION I 470 MAMARONECK AVE SUITE 304 WHITE PLAINS, NY 10605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
WESTCHESTER COMMUNITY COLLEGE FOUND 75 GRASSLANDS RD VALHALLA, NY 105951636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER GOLF ASSOCIATION CADDIE 49 KNOLLWOOD ROAD ELMSFORD, NY 105232813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
WESTCHESTER LAND TRUST INC 403 HARRIS RD BEDFORD HILLS, NY 10507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WESTCHESTER LAND TRUST INC 403 HARRIS RD BEDFORD HILLS, NY 10507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER MEDICAL CENTER FOUNDATI 100 WOODS ROAD VALHALLA, NY 10595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
WESTCHESTER MEDICAL CENTER FOUNDATI 100 WOODS ROAD VALHALLA, NY 10595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTCHESTER MEDICAL CENTER FOUNDATI 100 WOODS ROAD VALHALLA, NY 10595	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	984
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTCHESTER SCHOOL FOR SPECIAL CHIL 45 PARK AVE YONKERS, NY 10703	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
WESTERLIES MUSIC INC 161 WASHINGTON PARK APT 4B BROOKLYN, NY 112053251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WESTERN NEW YORK LAND CONSERVANCY I PO BOX 471 EAST AURORA, NY 14052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN NEW YORK PUBLIC BROADCASTIN 140 LOWER TERRACE BUFFALO NY 14202 BUFFALO, NY 14240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
WESTERN NEW YORK PUBLIC BROADCASTIN 140 LOWER TERRACE BUFFALO NY 14202 BUFFALO, NY 14240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WHARTON BUSINESS SCHOOL CLUB OF NEW 1636 3RD AVENUE SUITE 409 NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHARTON BUSINESS SCHOOL CLUB OF NEW 1636 3RD AVENUE SUITE 409 NEW YORK, NY 10128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WHEELING FORWARD INC 85 BROAD STREET 18TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WHITEPOINT FOOTBALL & CHEER BOOSTER 24-53 78TH ST JACKSON HEIGHTS, NY 11370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICKLUND WARRIORS INC 2 COLONIAL GREEN LOUDONVILLE, NY 12211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WILD BIRD FUND INC 565 COLUMBUS AVENUE NEW YORK, NY 10024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WILD BIRD FUND INC 565 COLUMBUS AVENUE NEW YORK, NY 10024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD BIRD FUND INC 565 COLUMBUS AVENUE NEW YORK, NY 10024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90,000
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX, NY 10460	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,345
WILDWOOD FOUNDATION INC 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 123032801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDWOOD FOUNDATION INC 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 123032801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILLIAM F RYAN COMMUNITY HEALTH CEN 110 WEST 97TH STREET NEW YORK, NY 100256450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WILLIAM F RYAN COMMUNITY HEALTH CEN 110 WEST 97TH STREET NEW YORK, NY 100256450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM J BRENNAN JR CENTER FOR JUS 120 BROADWAY SUITE 1750 NEW YORK, NY 10271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
WILLIE MAE ROCK CAMP FOR GIRLS 495 FLATBUSH AVENUE SUITE 67 BROOKLYN, NY 11225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
WILLOW DOMESTIC VIOLENCE CENTER OF PO BOX 39601 ROCHESTER, NY 146049601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTON PREPARATORY SCHOOL 50 BROAD ST STE 402 NEW YORK, NY 100042967	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WINSTON PREPARATORY SCHOOL 50 BROAD ST STE 402 NEW YORK, NY 100042967	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
WMHT EDUCATIONAL TELECOMMUNICATIONS 4 GLOBAL VIEW TROY, NY 12180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,085
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,450
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,156
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	364
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,292
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WNET825 8TH AVE FL 14 NEW YORK, NY 10019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	354
WNY HEROES INC8205 MAIN ST STE 1 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WNY HEROES INC8205 MAIN ST STE 1 WILLIAMSVILLE, NY 14221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WNY WOMENS FOUNDATION 742 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WNY WOMENS FOUNDATION 742 DELAWARE AVE BUFFALO, NY 14209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,060
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLF CONSERVATION CENTER FOUNDATION PO BOX 421 SOUTH SALEM, NY 105900421	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
WOMEN IN NEED INC ONE STATE STREET PLAZA 18TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
WOMEN IN NEED INC ONE STATE STREET PLAZA 18TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,612
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	313
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS EDUCATION PROJECT 244 FIFTH AVENUE W208 NEW YORK, NY 10001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WOMENS ENTERPRISE DEVELOPMENT CENTE 901 NORTH BROADWAY WHITE PLAINS, NY 10603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,875
WOMENS FOUNDATION OF GENESEE VALLEY 277 ALEXANDER STREET STE 305 ROCHESTER, NY 146071941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS METROPOLITAN GOLF ASSOCIATIO 49 KNOLLWOOD RD ELMSFORD, NY 10523	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOMENS REFUGEE COMMISSION INC 15 WEST 37TH STREET 9TH FLOOR NEW YORK, NY 10018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WOMENS SPORTS FOUNDATION 247 W 30TH STREET 5TH FLOOR NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD LIBRARY ASSOCIATION 134 N MAIN ST CANANDAIGUA, NY 144241234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	89
WOODSTOCK FARM ANIMAL SANCTUARY INC 2 RESCUE ROAD HIGH FALLS, NY 12440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODSTOCK FILM FESTIVAL INC PO BOX 1406 11-13 ROCK CITY ROAD WOODSTOCK, NY 12498	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD ANIMAL PROTECTION 450 7TH AVENUE 31ST FLOOR NEW YORK, NY 10123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
WORLD AWARENESS CHILDRENS MUSEUM 89 WARREN ST GLENS FALLS, NY 12801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,465
WORLD JEWISH CONGRESS AMERICAN SECT 501 MADISON AVENUE 9TH FL NEW YORK, NY 100225602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD TRADE CENTER PERFORMING ARTS ONE LIBERTY PLAZA 29TH FLOOR NEW YORK, NY 100061404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
WORLD TRADE CENTER PERFORMING ARTS ONE LIBERTY PLAZA 29TH FLOOR NEW YORK, NY 100061404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
WOUNDED WARRIOR PROJECT INC 370 7TH AVE SUITE 1802 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 370 7TH AVE SUITE 1802 NEW YORK, NY 10001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
XAVERIAN HIGH SCHOOL 7100 SHORE RD BROOKLYN, NY 11209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
XAVERIAN HIGH SCHOOL 7100 SHORE RD BROOKLYN, NY 11209	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,125
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	275
XAVIER HIGH SCHOOL 30 WEST 16TH STREET NEW YORK, NY 10011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
XAVIER MISSION INC55 W 15TH ST NEW YORK, NY 100116801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER MISSION INC55 W 15TH ST NEW YORK, NY 100116801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
XAVIER MISSION INC55 W 15TH ST NEW YORK, NY 100116801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YEAR UP INC85 BROAD ST 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC85 BROAD ST 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
YEAR UP INC85 BROAD ST 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
YEAR UP INC85 BROAD ST 6TH FLOOR NEW YORK, NY 10004	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA ARZEI LEVANON 329 HICKSVILLE ROAD FAR ROCKAWAY, NY 11691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
YESHIVA ARZEI LEVANON 329 HICKSVILLE ROAD FAR ROCKAWAY, NY 11691	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
YESHIVA OF CENTRAL QUEENS 14737 70TH RD FLUSHING, NY 113671719	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA OF SOUTH SHORE 1170 WILLIAM STREET HEWLETT, NY 115571119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,100
YESHIVA OF SPRING VALLEY 121 COLLEGE RD SUFFERN, NY 10901	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
YESHIVA OF THE TELSHE ALUMNI 4904 INDEPENDENCE AVE BRONX, NY 104712802	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA OHR TORAH COMM SCH 310 W 75TH ST NEW YORK, NY 100231602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,180
YESHIVA SHOLOM SHACHNA 129 ELMWOOD AVENUE BROOKLYN, NY 11230	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,500
YESHIVA TIFERETH MOSHE 83 06 ABINGDON RD KEW GARDENS, NY 114151714	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESHIVA UNIVERSITY500 W 185TH ST NEW YORK, NY 100333201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,140
YESHIVA ZICHRON MEILECH INC 510 DAHILL RD BROOKLYN, NY 11218	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	725
YESHIVAH OF FLATBUSH919 E 10TH ST BROOKLYN, NY 112303518	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	14,000
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,900
YMCA OF GREATER ROCHESTER 730 LONG POND RD ROCHESTER, NY 14612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER ROCHESTER 444 EAST MAIN STREET ROCHESTER, NY 146042508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YMCA OF GREATER ROCHESTER 730 LONG POND RD ROCHESTER, NY 14612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER ROCHESTER 730 LONG POND RD ROCHESTER, NY 14612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER ROCHESTER 730 LONG POND RD ROCHESTER, NY 14612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOU ARE BEAUTIFUL PEOPLE INC 28 CHURCH STREET STE 2A WARWICK, NY 10990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	424
YOU ARE BEAUTIFUL PEOPLE INC 28 CHURCH STREET STE 2A WARWICK, NY 10990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	424
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOU ARE BEAUTIFUL PEOPLE INC 28 CHURCH STREET STE 2A WARWICK, NY 10990	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	106
YOUNG MENS AND YOUNG WOMENS HEBREW 5625 ARLINGTON AVENUE BRONX, NY 10471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS AND YOUNG WOMENS HEBREW 5625 ARLINGTON AVENUE BRONX, NY 10471	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION BU 150 TECH DR WILLIAMSVILLE, NY 14221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 465 NEW KARNER ROAD ALBANY, NY 122053876	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YOUNG MENS CHRISTIAN ASSOCIATION OF 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 224 EAST 47TH STREET NEW YORK, NY 10017	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 125 W 14TH STREET NEW YORK, NY 10011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
YOUNG MENS CHRISTIAN ASSOCIATION OF 616 N PEARL ST ALBANY, NY 12204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 5 WEST 63RD STREET 6TH FLOOR NEW YORK, NY 10023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 21 LOCUST AVENUE RYE, NY 10580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,786
YOUNG MENS CHRISTIAN ASSOCIATION OF 125 W 14TH STREET NEW YORK, NY 10011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,125
YOUNG SURVIVAL COALITION INC 75 BROAD ST STE 409 NEW YORK, NY 10004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YOUNG WOMENS CHRISTIAN ASSOCIATION 14 CLAYTON AVE CORTLAND, NY 13045	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 209 CLINTON AVE KINGSTON, NY 124015030	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	6,000
YWCA OF GENESEE COUNTY INC 301 NORTH ST BATAVIA, NY 140201603	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,100
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	718
ZACHARY AND ELIZABETH M FISHER CENT 110 EAST 42ND STREET FLOOR 11 NEW YORK, NY 10017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	47
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZOOLOGICAL SOCIETY OF BUFFALO INC 300 PARKSIDE AVE BUFFALO, NY 142141963	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
4 PAWS FOR ABILITY INC 253 DAYTON AVENUE XENIA, OH 45385	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
A CHRISTMAS TO CURE CANCER INC 7952 THORNBUSH DR WESTERVILLE, OH 430829199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD RD HIGHLAND HILLS, OH 441282811	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	23
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ADOPT A CLASS FOUNDATION 3805 EDWARDS RD 550 CINCINNATI, OH 45209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON ART MUSEUM0NE SOUTH HIGH AKRON, OH 44308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AKRON CHILDRENS HOSPITAL FOUNDATION 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	313
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
AKRON COMMUNITY FOUNDATION 345 W CEDAR ST AKRON, OH 443072407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PKWY AKRON, OH 443072234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALCOHOLISM COUNCIL OF CINCINNATI AR 2828 VERNON PLACE CINCINNATI, OH 45219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
ALCOHOLISM COUNCIL OF CINCINNATI AR 2828 VERNON PLACE CINCINNATI, OH 45219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ALL SPECIES ADOPTION PROGRAM 15628 TOWNSHIP HIGHWAY 42 CAREY, OH 433169560	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA GROUP OF DELAWARE INC 1000 ALPHA DR DELAWARE, OH 43015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALS ASSOCIATION NORTHERN OHIO CHAPT 6155 ROCKSIDE ROAD SUITE 403 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALS ASSOCIATION NORTHERN OHIO CHAPT 6155 ROCKSIDE ROAD SUITE 403 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTER HIGH SCHOOL 940 EAST DAVID ROAD DAYTON, OH 45429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
ALZHEIMERS DISEASE AND RELATED DISO 23215 COMMERCE PARK BEACHWOOD, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,744
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,514
ALZHEIMERS DISEASE AND RELATED DISO 1379 DUBLIN ROAD COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,895
ALZHEIMERS DISEASE AND RELATED DISO 1379 DUBLIN ROAD COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 23215 COMMERCE PARK BEACHWOOD, OH 44122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	235
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 31 W WHIPP RD DAYTON, OH 45459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALZHEIMERS DISEASE AND RELATED DISO 480 W DUSSEL DR STE 150 TOLEDO, OH 43537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 1379 DUBLIN ROAD COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 644 LINN ST STE 1026 CINCINNATI, OH 452031742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN CANCER SOCIETY INC 5555 FRANTZ ROAD DUBLIN, OH 43017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 10501 EUCLID AVE CLEVELAND UNIVERSITY, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN CANCER SOCIETY INC 10501 EUCLID AVE CLEVELAND UNIVERSITY, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN CANCER SOCIETY INC 5555 FRANTZ ROAD DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,353
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	613
AMERICAN CANCER SOCIETY INC 2808 READING ROAD CINCINNATI, OH 45206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	937
AMERICAN CANCER SOCIETY INC 10501 EUCLID AVE CLEVELAND UNIVERSITY, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS, OH 43214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS, OH 43214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1313 WEST DOROTHY LN DAYTON, OH 45409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 840 SOUTHWESTERN RUN YOUNGSTOWN, OH 44514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN HEART ASSOCIATION INC 1313 WEST DOROTHY LN DAYTON, OH 45409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,625
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
AMERICAN HEART ASSOCIATION INC 5455 N HIGH STREET COLUMBUS, OH 43214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
AMERICAN HEART ASSOCIATION INC 1575 CORPORATE WOODS PARKWAY SUITE 150 UNIONTOWN, OH 44685	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1375 E 9TH STREET SUITE 600 CLEVELAND, OH 44114	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN NATIONAL RED CROSS 3747 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN NATIONAL RED CROSS 7650 EAST PIKE NORWICH, OH 43767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 3747 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
AMERICAN NATIONAL RED CROSS 3747 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
AMERICAN NATIONAL RED CROSS 501 W MARKET ST AKRON, OH 44303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 3747 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 3747 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 1170 OLD HENDERSON RD STE 221 COLUMBUS, OH 43220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
ANGELS FOR ANIMALS INC 4750 STATE ROUTE 165 CANFIELD, OH 444060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANIMAL FRIENDS HUMANE SOCIETY 1820 PRINCETON RD HAMILTON, OH 450114742	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL SHELTER SOCIETY INC 1430 NEWARK RD ZANESVILLE, OH 437012625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
ANIMAL SHELTER SOCIETY INC 1430 NEWARK RD ZANESVILLE, OH 437012625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANIMAL SHELTER SOCIETY INC 1430 NEWARK RD ZANESVILLE, OH 437012625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTIOCH COLLEGE CORPORATION 1 MORGAN PL YELLOW SPGS, OH 453871683	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ARCH BISHOP MOELLER HIGH SCHOOL 9001 MONTGOMERY ROAD CINCINNATI, OH 45242	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ARCH BISHOP MOELLER HIGH SCHOOL 9001 MONTGOMERY ROAD CINCINNATI, OH 45242	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHBISHOP MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 452302004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ARCHBISHOP MCNICHOLAS HIGH SCHOOL 6536 BEECHMONT AVE CINCINNATI, OH 452302004	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
ART OPPORTUNITIES INC 20 E CENTRAL PKWY CINCINNATI, OH 452027239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,450
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,279
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHUR G JAMES CANCER HOSPITAL & RI 460 WEST 10TH AVE COLUMBUS, OH 43210	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
ARTS IN STARK 900 CLEVELAND AVE NW CANTON, OH 447021812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARTS IN STARK 900 CLEVELAND AVE NW CANTON, OH 447021812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 448053702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 448053702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ASHLAND UNIVERSITY 401 COLLEGE AVE ASHLAND, OH 448053702	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,960
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ATHLETES IN ACTION SPORTS COMPLEX A 651 TAYLOR DR XENIA, OH 453857246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AUBREY ROSE FOUNDATION 3862 RACE ROAD CINCINNATI, OH 45211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	74
AUTISM SOCIETY OF AMERICA PO BOX 58385 CINCINNATI, OH 452580385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM SOCIETY OF GREATER AKRON 703 S MAIN ST AKRON, OH 443111019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
BARBERTON COMMUNITY FOUNDATION 460 W PAIGE AVE BARBERTON, OH 442032564	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,500
BEATITUDE HOUSE238 TOD LANE YOUNGSTOWN, OH 445041881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEATITUDE HOUSE238 TOD LANE YOUNGSTOWN, OH 445041881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BEATITUDE HOUSE238 TOD LANE YOUNGSTOWN, OH 445041881	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BEAUMONT SCHOOL 3301 NORTH PARK BOULEVARD CLEVELAND HEIGHTS, OH 44118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEFAIRE JEWISH CHILDRENS BUREAU 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,650
BELLEFAIRE JEWISH CHILDRENS BUREAU 22001 FAIRMOUNT BLVD SHAKER HEIGHTS, OH 44118	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
BESA COMMUNITY INCPO BOX 714 COLUMBUS, OH 432160714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL PRO-LIFE MINISTRIES OF WYAND 217 W CENTER ST MARION, OH 43302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIG BROTHERS BIG SISTERS OF CENTRAL 1855 EAST DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF CENTRAL 1855 EAST DUBLIN-GRANVILLE ROAD NO COLUMBUS, OH 432293516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE GRE 22 S JEFFERSON STREET DAYTON, OH 45402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
BISHOP WATTERSON HIGH SCHOOL 99 E COOKE ROAD COLUMBUS, OH 432143111	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
BLAST GLIOBLASTOMA 2383 SOUTH MAIN ST STE D-106 AKRON, OH 443191190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLAST GLIOBLASTOMA 2383 SOUTH MAIN ST STE D-106 AKRON, OH 443191190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
BLAST GLIOBLASTOMA 2383 SOUTH MAIN ST STE D-106 AKRON, OH 443191190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BLUE ASH-MONTGOMERY SYMPHONY ORCHES 4343 COOPER ROAD CINCINNATI, OH 45242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOWLING GREEN STATE UNIVERSITY ALUM 1851 NORTH RESEARCH DRIVE HUNTINGTO BUILDING BOWLING GREEN, OH 434030001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 2301 13TH ST NW CANTON, OH 447083157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 4500 HUDSON DRIVE STOW, OH 44224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI, OH 452414833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
BOY SCOUTS OF AMERICA 2241 WOODLAND AVE CLEVELAND, OH 441153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 2241 WOODLAND AVE CLEVELAND, OH 441153214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 10078 READING RD CINCINNATI, OH 452414833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	313
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF COLUMBUS INC 1108 CITY PARK AVE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BOYS AND GIRLS CLUB OF HAMILTON INC 958 EAST AVE HAMILTON, OH 450113809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS AND GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21,000
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS GIRLS OF GREATER CINCINNATI IN 600 DALTON AVE CINCINNATI, OH 452031214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIDGEWAY ACADEMY 2500 MEDARY AVE COLUMBUS, OH 432022643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
BUCKEYE VALLEY LOCAL MIDDLE SCHOOL 683 COOVER RD DELAWARE, OH 43015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUILDING BLOCKS FOUNDATION 7577 CENTRAL PARKE BLVD SUITE 224 MASON, OH 45040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CALEB CARES 4 KIDS LLCPO BOX 8101 ZANESVILLE, OH 437028101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CALVERT CATHOLIC SCHOOLS 152 MADISON ST TIFFIN, OH 448832825	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVERT CATHOLIC SCHOOLS 152 MADISON ST TIFFIN, OH 448832825	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CAMPING & EDUCATION FOUNDATION 3515 MICHIGAN AVE 1 CINCINNATI, OH 452081409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CANCER FAMILY CARE INC 4790 RED BANK RD STE 128 CINCINNATI, OH 452271509	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SUPPORT COMMUNITY CENTRAL OH 1200 OLD HENDERSON ROAD COLUMBUS, OH 43220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,998
CANES BASEBALL CORPORATION 1290 GRANITE PEAK WAY MIAMISBURG, OH 453424053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CANES BASEBALL CORPORATION 1290 GRANITE PEAK WAY MIAMISBURG, OH 453424053	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE COMPANIONS FOR INDEPENDENCE 4989 STATE ROUTE 37 E DELAWARE, OH 43015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANTON MUSEUM OF ART 1001 MARKET AVE N CANTON, OH 447021075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CANTON MUSEUM OF ART 1001 MARKET AVE N CANTON, OH 447021075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANTON PRESERVATION SOCIETY 131 WERTZ AVE NW CANTON, OH 447084171	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,250
CARDINAL MOONEY HIGH SCHOOL 2545 ERIE STREET YOUNGSTOWN, OH 44507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL HIGH SCHOOL 4524 LINDEN AVENUE DAYTON, OH 45432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	34
CARROLL HIGH SCHOOL 4524 LINDEN AVENUE DAYTON, OH 45432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
CARROLL HIGH SCHOOL 4524 LINDEN AVENUE DAYTON, OH 45432	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES CORPORATION 7911 DETROIT AVE CLEVELAND, OH 441022815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC SOCIAL SERVICES INC 197 E GAY ST COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTRAL OHIO CLUB OF THE NANBPW CLU PO BOX 163792 COLUMBUS, OH 432163792	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAMPAIGN COUNTY ANIMAL WELFARE LEA 3858 STATE ROUTE 56 MECHANICSBURG, OH 43044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHERRY STREET MISSION MINISTRIES 1501 MONROE ST TOLEDO, OH 43604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDHOOD LEAGUE INC 674 CLEVELAND AVE COLUMBUS, OH 432151775	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF VIETNAM VETERANS HEALTH 255 SLEEPY HOLLOW DR CANFIELD, OH 444061060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC 9002 CINCINNATI, OH 452293026	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
CHILDRENS HOSPITAL MEDICAL CENTER O 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL MEDICAL CENTER O 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL MEDICAL CENTER O 1 PERKINS SQ AKRON, OH 443081063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL MEDICAL CENTER O 6505 MARKET STREET BOARDMAN, OH 44512	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS, OH 43229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS, OH 43229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HUNGER ALLIANCE 1105 SCHROCK ROAD SUITE 505 COLUMBUS, OH 43229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CHILI OPEN GOLF CLASSIC INC PO BOX 5063 POLAND, OH 445140063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHN HOUSING PARTNERS 2999 PAYNE AVE 306 CLEVELAND, OH 441140000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOICES FOR VICTIMS OF DOMESTIC VIO 500 W WILSON BRIDGE RD 245 WORTHINGTON, OH 43085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHOICES FOR VICTIMS OF DOMESTIC VIO 500 W WILSON BRIDGE RD 245 WORTHINGTON, OH 43085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CHOICES FOR VICTIMS OF DOMESTIC VIO 500 W WILSON BRIDGE RD 245 WORTHINGTON, OH 43085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOICES FOR VICTIMS OF DOMESTIC VIO 500 W WILSON BRIDGE RD 245 WORTHINGTON, OH 43085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
CHURCH OF THE ASSUMPTION 9183 BROADVIEW RD BROADVIEW HTS, OH 441472514	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHURCH OF THE ASSUMPTION 9183 BROADVIEW RD BROADVIEW HTS, OH 441472514	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI ARTS AND TECHNOLOGY CENT 700 W PETE ROSE WAY LOBBY C/D CINCINNATI, OH 45203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CINCINNATI CONCOURS D ELEGANCE FOUN 3645 LINWOOD AVE CINCINNATI, OH 45226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CINCINNATI CURLING CLUB INC 5150 DUFF DRIVE WEST CHESTER, OH 45246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI CURLING CLUB INC 5150 DUFF DRIVE WEST CHESTER, OH 45246	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CINCINNATI CYCLONES SPECIAL HOCKEY 5777 DEERE RUN LANE MAINEVILLE, OH 45039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CINCINNATI MUSEUM CENTER 1301 WESTERN AVE STE 2253 CINCINNATI, OH 45203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI MUSICAL FESTIVAL ASSOC 1241 ELM ST CINCINNATI, OH 452027531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,529
CINCINNATI OPERA ASSOCIATION 1243 ELM ST CINCINNATI, OH 452027531	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
CINCINNATI PARK FOUNDATION 421 OAK ST CINCINNATI, OH 452192504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI PLAYHOUSE IN THE PARK 962 MT ADAMS CIRCLE CINCINNATI, OH 45202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CINCINNATI SELECT BASEBALL CLUB OF 6679 SANDY SHORES DRIVE LOVELAND, OH 451406220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CINCINNATI SHAKESPEARE COMPANY 217 W 12TH ST CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET CINCINNATI, OH 452027531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CINCINNATI SYNCHROGATORS PARENT ASS 1201 RETSWOOD DR LOVELAND, OH 451408701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
CINCINNATI SYNCHROGATORS PARENT ASS 1201 RETSWOOD DR LOVELAND, OH 451408701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI SYNCHROGATORS PARENT ASS 1201 RETSWOOD DR LOVELAND, OH 451408701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
CINCINNATI SYNCHROGATORS PARENT ASS 1201 RETSWOOD DR LOVELAND, OH 451408701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CINCINNATI UNION BETHEL 2401 READING RD CINCINNATI, OH 45202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CINCINNATI WORKS INC 708 WALNUT STREET FLOOR 2 CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CIRCLE P SANCTUARY INC 2013 COUNTY RD 24 MARENGO, OH 43334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CIRCLE P SANCTUARY INC 2013 COUNTY RD 24 MARENGO, OH 43334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY MISSION5310 CARNEGIE AVE CLEVELAND, OH 441034360	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CITY YEAR INC 350 EAST 1ST AVE SUITE 250 COLUMBUS, OH 43201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 350 EAST 1ST AVE SUITE 250 COLUMBUS, OH 43201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 350 EAST 1ST AVE SUITE 250 COLUMBUS, OH 43201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,622
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CITY YEAR INC 350 EAST 1ST AVE SUITE 250 COLUMBUS, OH 43201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,178
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITY YEAR INC 820 PROSPECT AVE E 2ND FL CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CLEVELAND FOUNDATION 1422 EUCLID AVE SUITE 1300 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND JOBS WITH JUSTICE 20525 CENTER RIDGE RD STE 700 ROCKY RIVER, OH 44116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST STE 1100 CLEVELAND, OH 441141786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	122
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST STE 1100 CLEVELAND, OH 441141786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND LEADERSHIP CENTER 1375 E 9TH ST STE 1100 CLEVELAND, OH 441141786	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CLEVELAND PLAY HOUSE 1901 E 13TH STREET SUITE 200 CLEVELAND, OH 44114	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CLEVELAND PRINT ROOM INC 2550 SUPERIOR AVE E CLEVELAND, OH 441144229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND SOCIETY FOR THE BLIND 1909 E 101ST ST CLEVELAND, OH 441064110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CLEVELAND SOCIETY FOR THE BLIND 1909 E 101ST ST CLEVELAND, OH 441064110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLEVELAND SOCIETY FOR THE BLIND 1909 E 101ST ST CLEVELAND, OH 441064110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEVELAND ZOOLOGICAL SOCIETY 3900 WILDLIFE WAY CLEVELAND, OH 441093132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CLIFTON CULTURAL ARTS CENTER PO BOX 20041 CINCINNATI, OH 452200041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COAR PEACE MISSION 28700 EUCLID AVE WICKLIFFE, OH 44092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE NOW GREATER CLEVELAND INC 1500 WEST 3RD ST STE 125 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COLLEGE NOW GREATER CLEVELAND INC 1500 WEST 3RD ST STE 125 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COLLEGE OF WOOSTER1189 BEALL AVE WOOSTER, OH 446910000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF WOOSTER1189 BEALL AVE WOOSTER, OH 446910000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
COLUMBUS ACADEMY 4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS BLUE JACKETS FOUNDATION 200 W NATIONWIDE BLVD COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS BLUES ALLIANCE 1391 WEST 5TH AVENUE SUITE 301 COLUMBUS, OH 432122902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
COLUMBUS DIAPER COALITION 3840 LACON ROAD SUITE 10 HILLIARD, OH 43026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
COLUMBUS FOUNDATION 1234 E BROAD ST COLUMBUS, OH 432051405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS METROPOLITAN LIBRARY FOUND 96 S GRANT AVE COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COLUMBUS METROPOLITAN LIBRARY FOUND 96 S GRANT AVE COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COLUMBUS STATE COMMUNITY COLLEGE DE 550 E SPRING ST COLUMBUS, OH 432151722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS SYMPHONY ORCHESTRA INC 55 E STATE ST COLUMBUS, OH 432154203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVE COLUMBUS, OH 432031408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
COLUMBUS WORKS INC 750 MOUNT CARMEL MALL STE 300 COLUMBUS, OH 43222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS ZOOLOGICAL PARK ASSOCIATIO PO BOX 400 POWELL, OH 430650400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
COLUMBUS ZOOLOGICAL PARK ASSOCIATIO PO BOX 400 POWELL, OH 430650400	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY FOR NEW DIRECTION INCORPO 2323 W 5TH AVE STE 160 COLUMBUS, OH 432040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF MAHONING VA 201 EAST COMMERCE STREET 150 YOUNGSTOWN, OH 44503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMPDRUG547 E 11TH AVE COLUMBUS, OH 432112603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
COURT APPOINTED SPECIAL ADVOCATES O 373 SOUTH HIGH STREET 15TH FLOOR COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COURT APPOINTED SPECIAL ADVOCATES O 373 SOUTH HIGH STREET 15TH FLOOR COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CREUTZFELDT-JAKOB DISEASE FOUNDATIO 3634 W MARKET ST SUITE 110 AKRON, OH 44333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CREUTZFELDT-JAKOB DISEASE FOUNDATIO 3634 W MARKET STREET SUITE110 AKRON, OH 44333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CREUTZFELDT-JAKOB DISEASE FOUNDATIO 3634 W MARKET ST SUITE 110 AKRON, OH 44333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CREUTZFELDT-JAKOB DISEASE FOUNDATIO 3634 W MARKET ST SUITE 110 AKRON, OH 44333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CULTURE WORKS 110 NORTH MAIN ST SUITE 165 DAYTON, OH 45402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE STARTS NOW INC 10280 CHESTER RD CINCINNATI, OH 452151200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CUYAHOGA COMMUNITY COLLEGE FOUNDATI 700 CARNEGIE AVE CLEVELAND, OH 441152833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CUYAHOGA COUNTY PUBLIC LIBRARY FOUN 2111 SNOW ROAD PARMA, OH 44134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUYAHOGA COUNTY PUBLIC LIBRARY FOUN 2111 SNOW ROAD PARMA, OH 44134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CYSTIC FIBROSIS FOUNDATION 8001 SWEET VALLEY DR STE 3 VALLEY VIEW, OH 441254209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DAILY DOSE OF READING 2054 S GREEN RD SOUTH EUCLID, OH 441214243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVE THOMAS FOUNDATION FOR ADOPTION DEVELOPMENT OFFICE - 716 MT AIRYSHIRE BLVD STE 100 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DAVE THOMAS FOUNDATION FOR ADOPTION DEVELOPMENT OFFICE - 716 MT AIRYSHIRE BLVD STE 100 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DAVE THOMAS FOUNDATION FOR ADOPTION DEVELOPMENT OFFICE - 716 MT AIRYSHIRE BLVD STE 100 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYBREAK INC605 S PATTERSON BLVD DAYTON, OH 454022649	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DAYTON CHILDRENS HOSPITAL 1 CHILDRENS PLZ DAYTON, OH 454041898	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,300
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON CHILDRENS HOSPITAL FOUNDATIO 1 CHILDRENS PLZ DAYTON, OH 454041873	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
DAYTON FOUNDATION 1401 S MAIN STREET SUITE 100 DAYTON, OH 45409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DAYTON FOUNDATION 1401 S MAIN STREET SUITE 100 DAYTON, OH 45409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYTON FOUNDATION 1401 S MAIN STREET SUITE 100 DAYTON, OH 45409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DAYTON FOUNDATION DEPOSITORY 40 N MAIN ST STE 500 DAYTON, OH 454231038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
DAYTON PERFORMING ARTS ALLIANCE 126 N MAIN STREET SUITE 210 DAYTON, OH 45402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DE PAUL CRISTO REY HIGH SCHOOL 1133 CLIFTON HILLS AVENUE CINCINNATI, OH 45220	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR COLUMBUS, OH 432211725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR COLUMBUS, OH 432211725	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELTA SIGMA PI LEADERSHIP FOUNDATIO 330 S CAMPUS AVE OXFORD, OH 450562405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DELTA SIGMA PI LEADERSHIP FOUNDATIO 330 S CAMPUS AVE OXFORD, OH 450562405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
DELTA SIGMA PI LEADERSHIP FOUNDATIO 330 S CAMPUS AVE OXFORD, OH 450562405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
DENISON UNIVERSITY 100 WEST COLLEGE ST GRANVILLE, OH 430231100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
DESIGN OUTREACH INCPO BOX 82345 COLUMBUS, OH 432020345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESAN COUNCIL SOCIETY OF ST VINC 32653 BRIARWOOD DR NORTH RIDGEVILLE, OH 44039	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DIOCESE OF YOUNGSTOWN CATHOLIC CHAR 144 W WOOD ST YOUNGSTOWN, OH 445031030	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,195
DOWN SYNDROME ASSOCIATION OF CENTRA 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF CENTRA 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
DOWN SYNDROME ASSOCIATION OF CENTRA 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DOWN SYNDROME ASSOCIATION OF GREATE 4623 WESLEY AVENUE SUITE A CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF GREATE 4623 WESLEY AVENUE SUITE A CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
DOWN SYNDROME ASSOCIATION OF GREATE 4623 WESLEY AVENUE SUITE A CINCINNATI, OH 45212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
DOWN SYNDROME ASSOCIATION OF THEVAL 945 BOARDMAN-CANFIELD RD STE 12 BOARDMAN, OH 44512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRAGON DREAM TEAMPO BOX 26606 AKRON, OH 44319	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,533
DRESS FOR SUCCESS CINCINNATI 205 WEST 4TH STREET SUITE 900 CINCINNATI, OH 452022705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
DRESS FOR SUCCESS CLEVELAND 2239 E 55TH ST CLEVELAND, OH 441034451	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DRESS FOR SUCCESS COLUMBUS 1204 N HIGH ST COLUMBUS, OH 432012411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DUBLIN HIGH SCHOOL CLUB HOCKEY TEAM PO BOX 2061 DUBLIN, OH 430177061	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEAL SOCIETY OF MAHONING TRU 299 EDWARDS STREET YOUNGSTOWN, OH 44502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EASTER SEALS TRISTATE 2901 GILBERT AVE CINCINNATI, OH 452061211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EASTERSEALS CENTRAL & SOUTHEAST OHI 3830 TRUEMAN CT HILLIARD, OH 430262496	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EB HOPE FOUNDATIONPO BOX 810 MIAMITOWN, OH 45041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
EDWINS LEADERSHIP AND RESTAURANTINS 13101 SHAKER SQUARE CLEVELAND, OH 44120	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
EDWINS LEADERSHIP AND RESTAURANTINS 13101 SHAKER SQUARE CLEVELAND, OH 44120	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EGGSTRONG FOUNDATION INC 862 GORHAM DR CINCINNATI, OH 452451968	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ELISAS ENTOURAGEPO BOX 28 CANFIELD, OH 44406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ELYRIA CATHOLIC HIGH SCHOOL 725 GULF ROAD ELYRIA, OH 44035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMANUEL COMMUNITY CENTER 1308 RACE ST CINCINNATI, OH 452027359	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
EMERGENCY ASSISTANCE CENTER INC 9199 OLDE EIGHT ROAD NORTHFIELD, OH 440672028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EMPOWERING AND STRENGTHENING OHIOS 11890 FAIRHILL RD CLEVELAND, OH 44120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTERPRISE COMMUNITY PARTNERS INC 1360 E 9TH STREET CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
ENTERPRISE COMMUNITY PARTNERS INC 1360 E 9TH STREET CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
FAIRHAVEN CHURCH CHRISTIAN MISSIONA 637 E WHIPP RD DAYTON, OH 454592203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRLAWN ROTARY FOUNDATION INC PO BOX 13063 FAIRLAWN, OH 443348463	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAIRLAWN ROTARY FOUNDATION INC PO BOX 13063 FAIRLAWN, OH 443348463	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 44122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,655
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 44122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,900
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 44122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,049
FAIRMOUNT TEMPLE ANSHE CHESED CONGR 23737 FAIRMOUNT BLVD BEACHWOOD, OH 44122	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY GARDEN INITIATIVE 245 OHIO ST ELYRIA, OH 44035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND ST CLEVELAND, OH 44120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND ST CLEVELAND, OH 44120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FITTON CENTER FOR CREATIVE ARTS 101 S MONUMENT AVE HAMILTON, OH 450112833	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FOODBANK INC56 ARMOR PL DAYTON, OH 45417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
FOODBANK INC56 ARMOR PL DAYTON, OH 45417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK INC56 ARMOR PL DAYTON, OH 45417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
FRANCISCAN UNIVERSITY OF STEUBENVIL 1235 UNIVERSITY BOULEVARD STEUBENVILLE, OH 43952	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
FRANKLIN COUNTY HISTORICAL SOCIETY 333 W BROAD ST COLUMBUS, OH 432152738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	142
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
FREESTORE-FOODBANK INC 1141 CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ASHBROOK CENTER PO BOX 1472 ASHLAND, OH 448055472	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
FRIENDS OF THE PUBLIC LIBRARY OF YO 305 WICK AVE YOUNGSTOWN, OH 445031003	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE SHELTER PO BOX 307450 COLUMBUS, OH 432307450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDSHIP ANIMAL PROTECTIVE LEAGUE 8303 MURRAY RIDGE RD ELYRIA, OH 440354746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
FRIENDSHIP ANIMAL PROTECTIVE LEAGUE 8303 MURRAY RIDGE RD ELYRIA, OH 440354746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
FRIENDSHIP ANIMAL PROTECTIVE LEAGUE 8303 MURRAY RIDGE RD ELYRIA, OH 440354746	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUGEES ACADEMY 1933 E DUBLIN GRANVILLE ROAD 117 COLUMBUS, OH 43229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
G L A D HOUSE INC1994 MADISON RD CINCINNATI, OH 45208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
G L A D HOUSE INC1994 MADISON RD CINCINNATI, OH 45208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
G L A D HOUSE INC1994 MADISON RD CINCINNATI, OH 45208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GARFIELD MEMORIAL UNITED METHODIST 39405 SOUTH WOODLAND ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
GARFIELD MEMORIAL UNITED METHODIST 39405 SOUTH WOODLAND ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	249
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GARFIELD MEMORIAL UNITED METHODIST 39405 SOUTH WOODLAND ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	158
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 441225811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
GATHERING PLACE 23300 COMMERCE PARK BEACHWOOD, OH 441225811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEAUGA COUNTY HUMANE SOCIETY 15463 CHILLICOTHE RD NOVELTY, OH 440729646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
GEAUGA COUNTY HUMANE SOCIETY 15463 CHILLICOTHE RD NOVELTY, OH 440729646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GEAUGA COUNTY HUMANE SOCIETY 15463 CHILLICOTHE RD NOVELTY, OH 440729646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEAUGA COUNTY HUMANE SOCIETY 15463 CHILLICOTHE RD NOVELTY, OH 440729646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GENESIS HEALTHCARE SYSTEM 1135 MAPLE AVE ZANESVILLE, OH 43701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
GENESIS HEALTHCARE SYSTEM 1135 MAPLE AVE ZANESVILLE, OH 43701	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GESU ELEMENTARY SCHOOL 2450 MIRAMAR BLVD UNIVERSITY HEIGHTS, OH 44118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
GLEN HELEN ASSOCIATION 405 CORRY ST YELLOW SPGS, OH 453871843	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	183
GLOBAL CLEVELAND 200 PUBLIC SQUARE SUITE 150 CLEVELAND, OH 441142316	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL PRAGATHI INC 1650 STAFFORD SPRINGS PL DAYTON, OH 454586033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GOOD GRIEF OF NORTHWEST OHIO INC 440 S REYNOLDS ROAD SUITE D TOLEDO, OH 43615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GOOD GRIEF OF NORTHWEST OHIO INC 440 S REYNOLDS ROAD SUITE D TOLEDO, OH 43615	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVE CINCINNATI, OH 45220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
GOOD WORKS INCPO BOX 4 ATHENS, OH 45701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREAT LAKES MUSEUM OF SCIENCE ENVIR 601 ERIESIDE AVE CLEVELAND, OH 441141021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	102
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CLEVELAND FOOD BANK INC 15500 SOUTH WATERLOO ROAD CLEVELAND, OH 44110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GREATER EAST CANTON COMMUNITY 224 WOOD ST N EAST CANTON, OH 44730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GREATER MARION COMMUNITY AREA NEW D 222 W CENTER ST MARION, OH 433023646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MARION COMMUNITY AREA NEW D 222 W CENTER ST MARION, OH 433023646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GUERNSEY HEALTH SYSTEMS 1341 CLARK ST CAMBRIDGE, OH 437259614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,799
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	667
HABITAT FOR HUMANITY INTERNATIONAL 6665 BUSCH BOULEVARD COLUMBUS, OH 43229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 305 CURTIS ST DELAWARE, OH 430152497	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 2110 WEST 110TH ST CLEVELAND, OH 44102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 2110 WEST 110TH ST CLEVELAND, OH 44102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 115 W RIVERVIEW AVE DAYTON, OH 454054840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HABITAT FOR HUMANITY INTERNATIONAL 4910 PARA DRIVE CINCINNATI, OH 452375012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333
HABITAT FOR HUMANITY INTERNATIONAL 100 SUNRISE CENTER DR ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY OF SUMMIT COUN 2301 ROMIG RD AKRON, OH 443203824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMILTON COUNTY SOCIETY FOR THE PRE 11900 CONREY ROAD CINCINNATI, OH 45249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
HAMILTON COUNTY SOCIETY FOR THE PRE 11900 CONREY ROAD CINCINNATI, OH 45249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HANCOCK HISTORICAL MUSEUM ASSOCIATI 422 W SANDUSKY ST FINDLAY, OH 458403222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANCOCK HISTORICAL MUSEUM ASSOCIATI 422 W SANDUSKY ST FINDLAY, OH 458403222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
HANCOCK HISTORICAL MUSEUM ASSOCIATI 422 W SANDUSKY ST FINDLAY, OH 458403222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HAPPY TRAILS FARM ANIMAL SANCTUARY 5623 NEW MILFORD RD RAVENNA, OH 442663830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY PROJECT PRODUCTIONS INC 779 E LONG ST COLUMBUS, OH 432031844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HATHAWAY BROWN SCHOOL 19600 N PARK BLVD SHAKER HEIGHTS, OH 44122	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	135
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
HAWKEN SCHOOLP O BOX 8002 GATES MILLS, OH 440408002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHNETWORK FOUNDATION 33 RIVER STREET CHAGRIN FALLS, OH 44022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HEARING SPEECH & DEAF CENTER OF GRE 2825 BURNET AVE CINCINNATI, OH 452192426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HEART FOOD PANTRY 6475 EAST MAIN ST STE 101 REYNOLDSBURG, OH 43068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART FOOD PANTRY 6475 EAST MAIN ST STE 101 REYNOLDSBURG, OH 43068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HEART FOOD PANTRY 6475 EAST MAIN ST STE 101 REYNOLDSBURG, OH 43068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HEART FOOD PANTRY 6475 EAST MAIN ST STE 101 REYNOLDSBURG, OH 43068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEBREW ACADEMY OF CLEVELAND 1860 S TAYLOR RD CLEVELAND HTS, OH 441185300	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	900
HEIDELBERG UNIVERSITY 310 E MARKET ST TIFFIN, OH 448832434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HEINZERLING COMMUNITY 1800 HEINZERLING DR COLUMBUS, OH 432233642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEINZERLING COMMUNITY 1800 HEINZERLING DR COLUMBUS, OH 432233642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,400
HEINZERLING COMMUNITY 1800 HEINZERLING DR COLUMBUS, OH 432233642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HILAND ACADEMIC BOOSTER CLUB INC PO BOX 275 MILLERSBURG, OH 44654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILLIARD ADOPT A HOUSE 6168 INVERURIE DR E DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HILLIARD ADOPT A HOUSE 6168 INVERURIE DR E DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOMES ON THE HILL COMMUNITY DEVELOP 3659 SOLDANO BLVD COLUMBUS, OH 43228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FLIGHT COLUMBUS INC PO BOX 12036 COLUMBUS, OH 432120036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HONOR FLIGHT INC 175 SOUTH TUTTLE RD SPRINGFIELD, OH 45505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HONOR FLIGHT INC 175 SOUTH TUTTLE RD SPRINGFIELD, OH 45505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONOR FLIGHT INC 175 SOUTH TUTTLE RD SPRINGFIELD, OH 45505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE FOR HAITIS CHILDREN MINISTRIES PO BOX 62328 CINCINATTI, OH 452620328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPE FOR HAITIS CHILDREN MINISTRIES PO BOX 62328 CINCINATTI, OH 452620328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR HAITIS CHILDREN MINISTRIES PO BOX 62328 CINCINATTI, OH 452620328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HOPE HOLLOW 5600 OLENTANGY RIVER ROAD COLUMBUS, OH 43235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOPEWELL9637 STATE ROUTE 534 MIDDLEFIELD, OH 44062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORSES AND HUMANS RESEARCH FOUNDATI PO BOX 23367 CHAGRIN FALLS, OH 44022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HOSPICE OF THE WESTERN RESERVE INC 17876 SAINT CLAIR AVE CLEVELAND, OH 441102602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
HOSPICE OF THE WESTERN RESERVE INC 17876 SAINT CLAIR AVE CLEVELAND, OH 441102602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE WESTERN RESERVE INC 17876 SAINT CLAIR AVE CLEVELAND, OH 441102602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
HUDSON PARENT-TEACHER ORGANIZATION PO BOX 642 HUDSON, OH 442360642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY FOUNDATION OF HANCOC 4550 FOSTORIA AVE FINDLAY, OH 458409755	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOUNDATION OF HANCOC 4550 FOSTORIA AVE FINDLAY, OH 458409755	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS RD DAYTON, OH 454176714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
HUMANE SOCIETY OF RICHLAND COUNTY 3025 PARK AVE W ONTARIO, OH 449061043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF RICHLAND COUNTY 3025 PARK AVE W ONTARIO, OH 449061043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
HUMANE SOCIETY OF SUMMIT COUNTY 7996 DARROW RD UNIT 30 TWINSBURG, OH 44087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HUMANE SOCIETY OF THE OHIO VALLEY 90 MOUNT TOM RD MARIETTA, OH 457506814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
HUNGER NETWORK OF GREATER CLEVELAND 614 W SUPERIOR AVENUE SUITE 744 CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
I KNOW I CAN 1108 CITY PARK AVENUE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
I KNOW I CAN 1108 CITY PARK AVENUE SUITE 301 COLUMBUS, OH 43206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
IDEA WORKS40 W 4TH ST MANSFIELD, OH 449021206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDEASTREAM1375 EUCLID AVENUE CLEVELAND, OH 441151826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	265
IDEASTREAM1375 EUCLID AVENUE CLEVELAND, OH 441151826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMMACULATE HEART OF MARY SCHOOL 7800 BEECHMONT AVENUE CINCINNATI, OH 452554208	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMACULATE HEART OF MARY SCHOOL 7800 BEECHMONT AVENUE CINCINNATI, OH 452554208	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
INCARNATION CATHOLIC SCHOOL 45 WILLIAMSBURG LANE DAYTON, OH 454594218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
INCARNATION CATHOLIC SCHOOL 45 WILLIAMSBURG LANE DAYTON, OH 454594218	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNER CITY YOUTH TENNIS OPPORTUNITI 1821 SUMMIT RD ST 210 CINCINNATI, OH 45237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
INTERNATIONAL CENTER FOR THE PRESER PO BOX 400 POWELL, OH 430659606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INTERNATIONAL FRIENDSHIPS INC 2500 N HIGH ST STE 200 COLUMBUS, OH 432022988	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL RETT SYNDROME FOUNDAT 4600 DEVITT DR WEST CHESTER, OH 452461104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INTERNATIONAL RETT SYNDROME FOUNDAT 4600 DEVITT DR CINCINNATI, OH 452461104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8050 HOSBROOK ROAD SUITE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	536
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
JDRF INTERNATIONAL 100 WEST OLD WILSON BRIDGE ROAD STE 118 WORTHINGTON, OH 43085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8050 HOSBROOK ROAD SUITE 314 CINCINNATI, OH 45236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 100 WEST OLD WILSON BRIDGE ROAD STE 118 WORTHINGTON, OH 43085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 6100 ROCKSIDE WOODS BLVD SUITE 445 INDEPENDENCE, OH 44131	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEFFERSON CENTER FOR LEARNING & THE 65 JEFFERSON AVE COLUMBUS, OH 432153840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JENNINGS CENTER FOR OLDER ADULTS 10204 GRANGER RD GARFIELD HTS, OH 441253106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF GREATER 1125 COLLEGE AVE COLUMBUS, OH 432097802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 432092374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
JOHN CARROLL UNIVERSITY 1 JOHN CARROLL BOULEVARD UNIVERSITY HT, OH 441184520	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
JONATHAN ALDER MUSIC PARENTS ASSOCI 9200 US 42 PLAIN CITY, OH 430640000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHAN ALDER MUSIC PARENTS ASSOCI 9200 US 42 PLAIN CITY, OH 430640000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
JOSEPHS COAT OF CENTRAL OHIO INC 240 OUTERBELT STREET SUITE 5 COLUMBUS, OH 43213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JOSEPHS COAT OF CENTRAL OHIO INC 240 OUTERBELT STREET SUITE 5 COLUMBUS, OH 43213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPHS COAT OF CENTRAL OHIO INC 240 OUTERBELT STREET SUITE 5 COLUMBUS, OH 43213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOSEPHS COAT OF CENTRAL OHIO INC 240 OUTERBELT STREET SUITE 5 COLUMBUS, OH 43213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JOSEPHS COAT OF CENTRAL OHIO INC 240 OUTERBELT STREET SUITE 5 COLUMBUS, OH 43213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYRIDE CARS INCPO BOX 750874 DAYTON, OH 454750874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF CENTRAL OHIO 68 E 2ND AVENUE COLUMBUS, OH 43201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF CENTRAL OHIO 68 E 2ND AVENUE COLUMBUS, OH 43201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF THE MAHONING VALLE 201 EAST COMMERCE STREET YOUNGSTOWN, OH 445031659	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
JUST WALK INC 495 COOPER ROAD SUITE 209 WESTERVILLE, OH 43081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KAPPA KAPPA GAMMA FOUNDATION 6640 RIVERSIDE DR STE 200 DUBLIN, OH 43017	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
KARAMU HOUSE 2355 EAST 89TH STREET CLEVELAND, OH 44106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAREN WELLINGTON MEMORIAL FOUNDATIO PO BOX 54271 CINCINNATI, OH 45255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
KENYON COLLEGE105 CHASE AVE GAMBIER, OH 430225024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,150
KENYON COLLEGE105 CHASE AVE GAMBIER, OH 430225024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENYON COLLEGE COLLEGE RELATIONS CENTER 105 CHASE AVENUE GAMBIER, OH 43022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
KENYON COLLEGE COLLEGE RELATIONS CENTER 105 CHASE AVENUE GAMBIER, OH 43022	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
KENYON COLLEGE105 CHASE AVE GAMBIER, OH 430225024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENZIES CLOSET 2010 MADISON ROAD LOWER LEVEL CINCINNATI, OH 45208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDNEY FOUNDATION OF NORTHWEST OHIO 3100 W CENTRAL AVE STE 150 TOLEDO, OH 436062957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KIDNEY FOUNDATION OF NORTHWEST OHIO 3100 W CENTRAL AVE STE 150 TOLEDO, OH 436062957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KIDNEY FOUNDATION OF NORTHWEST OHIO 3100 W CENTRAL AVE STE 150 TOLEDO, OH 436062957	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS IN NEED FOUNDATION 3055 KETTERING BLVD STE 119 MORAINE, OH 454391900	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
KINNECT1427 E 36TH ST STE 4203F CLEVELAND, OH 441144170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
KNIGHTS FOUNDATION INCPO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNIGHTS FOUNDATION INC PO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,168
KNIGHTS FOUNDATION INC PO BOX 505 ZANESVILLE, OH 437020505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,050
LA SALLE HIGH SCHOOL 3091 NORTH BEND ROAD CINCINNATI, OH 452397637	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKEWOOD HISTORICAL SOCIETY 13314 DETROIT AVENUE LAKEWOOD, OH 44107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
LAKEWOOD PUBLIC LIBRARY FOUNDATION 15425 DETROIT AVE LAKEWOOD, OH 441073890	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
LAUREL SCHOOLONE LYMAN CIRCLE SHAKER HEIGHTS, OH 44122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUREL SCHOOLONE LYMAN CIRCLE SHAKER HEIGHTS, OH 44122	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LEBANONS CHRISTMAS FOR TOTS PO BOX 521 LEBANON, OH 45036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH ST CLEVELAND, OH 441131339	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 4370 GLENDALE MILFORD RD BLUE ASH, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
LEUKEMIA & LYMPHOMA SOCIETY INC 4370 GLENDALE MILFORD RD BLUE ASH, OH 45242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEXINGTON ELEMENTARY PTO 124 FREDERICK STREET LEXINGTON, OH 44904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEXINGTON ELEMENTARY PTO 124 FREDERICK STREET LEXINGTON, OH 44904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
LEXINGTON ELEMENTARY PTO 124 FREDERICK STREET LEXINGTON, OH 44904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
LICKING MEMORIAL HEALTH FOUNDATION 1320 W MAIN ST NEWARK, OH 430551822	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE ENRICHING COMMUNITIES FOUNDATI 6279 TRI-RIDGE BLVD LOVELAND, OH 45140	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
LIFE ENRICHMENT CENTER 425 N FINDLAY ST DAYTON, OH 454042203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
LIFEACT210 BELL STREET CHAGRIN FALLS, OH 44022	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFELINE CHRISTIAN MISSION 921 EASTWIND DR SUITE 104 WESTERVILLE, OH 43081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LIFELINE CHRISTIAN MISSION 921 EASTWIND DR SUITE 104 WESTERVILLE, OH 43081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIFESPAN INCORPORATED 1900 FAIRGROVE AVE RT 4 HAMILTON, OH 450111966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHTHOUSE YOUTH SERVICES INC 401 E MCMILLAN STREET CINCINNATI, OH 45206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LINKING EMPLOYMENT ABILITIES & POTE 2545 LORAIN AVE CLEVELAND, OH 441133102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LITERACY NETWORK OF GREATER CINCINN 19 BROADCAST PLAZA 635 W 7TH STREET SUITE 309 CINCINNATI, OH 45203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR OF CINCI 476 RIDDLE RD CINCINNATI, OH 452202411	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
LITTLE SISTERS OF THE POOR OF CINCI 476 RIDDLE RD CINCINNATI, OH 452202411	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
LITTLE SISTERS OF THE POOR OF CINCI 476 RIDDLE RD CINCINNATI, OH 452202411	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR OF CINCI 476 RIDDLE RD CINCINNATI, OH 452202411	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
LOCAL MATTERS633 PARSONS AVE COLUMBUS, OH 43206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LORD OF LIFE LUTHERAN CHURCH 6329 TYLERSVILLE RD WEST CHESTER, OH 45069	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISVILLE COMMUNITY FOUNDATION PO BOX 448 LOUISVILLE, OH 44641	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
LOUISVILLE COMMUNITY FOUNDATION PO BOX 448 LOUISVILLE, OH 44641	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
LOVE A STRAYPO BOX 422 AVON, OH 44011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SOCIAL SERVICES OF CENTRAL 500 W WILSON BRIDGE ROAD SUITE 245 WORTHINGTON, OH 430852283	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	675
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON COUNTY HOSPITAL FOUNDATION 210 N MAIN ST LONDON, OH 431401115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,900
MAGNIFICAT HIGH SCHOOL 20770 HILLIARD BLVD ROCKY RIVER, OH 441163309	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,580
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF OHIO KENT 2545 FARMERS DRIVE 300 COLUMBUS, OH 43235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MALABAR INTERMEDIATE SCHOOL 205 W COOK RD MANSFIELD, OH 44907	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	28
MALABAR INTERMEDIATE SCHOOL 205 W COOK RD MANSFIELD, OH 44907	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANSFIELD-RICHLAND AREA EDU FNDTN I 55 N MULBERRY ST MANSFIELD, OH 449021240	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
MANUFACTURING ADVOCACY & GROWTH NET 1768 EAST 25TH ST CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
MANUFACTURING ADVOCACY & GROWTH NET 1768 EAST 25TH ST CLEVELAND, OH 44114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 2831 EAST MAIN STREET 2ND FLOOR COLUMBUS, OH 43209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	62
MARCH OF DIMES INC 10806 KENWOOD ROAD CINCINNATI, OH 452428340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MARIETTA COLLEGE215 FIFTH STREET MARIETTA, OH 45750	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARIETTA HIGH SCHOOL 208 DAVIS AVE MARIETTA, OH 45750	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
MARION NOON KIWANIS FOUNDATION INC 1714 MARION WALDO RD STE A MARION, OH 433027554	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARION TECHNICAL COLLEGE 1467 MOUNT VERNON AVE MARION, OH 433025628	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYHAVEN INC1791 ALUM CREEK DR COLUMBUS, OH 432071708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
MARYHAVEN INC1791 ALUM CREEK DR COLUMBUS, OH 432071708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MARYSSA S MISSION FOUNDATION 610 LINDBERG BLVD BEREA, OH 440171420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYSSA S MISSION FOUNDATION 610 LINDBERG BLVD BEREA, OH 440171420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	163
MASON YOUTH ORGANIZATION PO BOX 441 MASON, OH 450400441	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
MATTHEW 25 MINISTRIES INC 11060 KENWOOD RD CINCINNATI, OH 452421816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATTHEW 25 MINISTRIES INC 11060 KENWOOD RD CINCINNATI, OH 452421816	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
MEDICAL EQUIPMENT AND SUPPLIES ARBR 1092 BENDING BROOK LN WATERVILLE, OH 435661612	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MEDINA CREATIVE HOUSING INC 232 N COURT ST MEDINA, OH 442561925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCANTILE LIBRARY 414 WALNUT ST 11TH FL CINCINNATI, OH 452023916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	276
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	42
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	144
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	740
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY MCAULEY HIGH SCHOOL 6000 OAKWOOD AVENUE CINCINNATI, OH 452242334	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	72
METROHEALTH FOUNDATION INC 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
METROHEALTH FOUNDATION INC 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	155
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	900
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,500
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,200
MIAMI UNIVERSITY FOUNDATION INC 926 CHESTNUT LANE OXFORD, OH 45056	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	401
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MICHAEL L RUNYAN MEMORIAL TOURNAMEN 1321 TOWNSHIP ROAD 1656 ASHLAND, OH 448059491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 431239741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 431239741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 431239741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
MID-OHIO FOODBANK 3960 BROOKHAM DR GROVE CITY, OH 431239741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
MILLRIDGE ELEMENTARY SCHOOL 962 MILLRIDGE RD CLEVELAND, OH 441433114	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONS INTERNATIONAL OF AMERICA 103 WENTWORTH COURT PERRYSBURG, OH 435510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MONTEFIORE FOUNDATION ONE DAVID N MYERS PARKWAY BEACHWOOD, OH 441220000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
MONTGOMERY COUNTY JUVENILE COURT FO 593 INFIRMARY ROAD DAYTON, OH 45417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTTS MILITARY MUSEUM INC 5075 S HAMILTON RD GROVEPORT, OH 43125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSICIANS AGAINST CHILDHOOD CANCER 1434 S 3BS AND K ROAD GALENA, OH 430219724	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,050
MUSKINGUM COUNTY COMMUNITY FOUNDATI 534 PUTNAM AVENUE ZANESVILLE, OH 43701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSKINGUM COUNTY COMMUNITY FOUNDATI 534 PUTNAM AVENUE ZANESVILLE, OH 43701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
MUSKINGUM VALLEY GARDEN SOCIETY INC PO BOX 2688 ZANESVILLE, OH 437022688	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MUSKINGUM VALLEY OLD-TIMERS BASEBAL PO BOX 643 ZANESVILLE, OH 437020643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSKINGUM VALLEY OLD-TIMERS BASEBAL PO BOX 643 ZANESVILLE, OH 437020643	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
MY VERY OWN BLANKET PROJECT 407 W MAIN ST WESTERVILLE, OH 430811485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MY VERY OWN BLANKET PROJECT 407 W MAIN ST WESTERVILLE, OH 430811485	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY VERY OWN BLANKET PROJECT 407 W MAIN ST WESTERVILLE, OH 430811485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MY VERY OWN BLANKET PROJECT 407 W MAIN ST WESTERVILLE, OH 430811485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
MY VERY OWN BLANKET PROJECT 407 W MAIN ST WESTERVILLE, OH 430811485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI GREATER CLEVELAND 2012 WEST 25TH STREET 705 CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
NAMI OF SOUTHWEST OHIO 4055 EXECUTIVE PARK DRIVE SHARONVILLE, OH 452414029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL AMBUCS INCPO BOX 1 ALPHA, OH 45301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CHURCH RESIDENCES FOUNDATI 2335 NORTH BANK DRIVE COLUMBUS, OH 43220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
NATIONWIDE CHILDRENS HOSPITAL PO BOX 16810 COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
NATIONWIDE CHILDRENS HOSPITAL PO BOX 16810 COLUMBUS, OH 432052664	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,560
NATIONWIDE CHILDRENS HOSPITAL FOUND 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	115
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
NATIONWIDE CHILDRENS HOSPITAL INC 700 CHILDRENS DR COLUMBUS, OH 432052664	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEAR WEST THEATRE 6702 DETROIT AVE CLEVELAND, OH 44102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
NEAR WEST THEATRE 6702 DETROIT AVE CLEVELAND, OH 44102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
NEIGHBORHOOD HOUSING PARTNERSHIP OF 527 E HOME RD SPRINGFIELD, OH 45503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWARK CATHOLIC HIGH SCHOOL FOUNDAT 1 GREENWAVE DRIVE NEWARK, OH 43055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST STE 26 WARREN, OH 444842259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST STE 26 WARREN, OH 444842259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST OHIO ADOPTION SERVICES 5000 E MARKET ST STE 26 WARREN, OH 444842259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NOTRE DAME ACADEMY HIGH SCHOOL 3535 W SYLVANIA AVE TOLEDO, OH 43623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	180
NOTRE DAME ELEMENTARY SCHOOL 13000 AUBURN ROAD CHARDON, OH 44024	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	179
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
OBERLIN COLLEGE 50 WEST LORAIN STREET OBERLIN, OH 440741089	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
OHIO CDC ASSOCIATION 100 EAST BROAD STREET SUITE 500 COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO FOUNDATION OF INDEPENDENT COLL 250 E BROAD ST STE 1700 COLUMBUS, OH 432153722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
OHIO LIVING FOUNDATION 1001 KINGSMILL PKWY COLUMBUS, OH 432291129	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,166
OHIO LIVING FOUNDATION 1001 KINGSMILL PKWY COLUMBUS, OH 432291129	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,477
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO NORTHERN UNIVERSITY 525 SOUTH MAIN ADA, OH 45810	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	300
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	50
OHIO STATE UNIVERSITY 1480 WEST LANE AVENUE COLUMBUS, OH 43221	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,023
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,702
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,632
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS, OH 43321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OHIO UNITED WAY360 S 3RD ST COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
OHIO UNITED WAY360 S 3RD ST COLUMBUS, OH 43215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO UNIVERSITY FOUNDATION ONE OHIO UNIVERSITY MCGUFFEY HALL ATHENS, OH 45701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
OHIO UNIVERSITY FOUNDATION ONE OHIO UNIVERSITY MCGUFFEY HALL ATHENS, OH 45701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OHIO WESLEYAN UNIVERSITY 61 S SANDUSKY ST DELAWARE, OH 430152333	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIOHEALTH CORPORATION 3430 OHIOHEALTH PKWY COLUMBUS, OH 43202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
ONE OF A KIND PET RESCUE INC 1485 MARION AVE AKRON, OH 443137625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OPERATION BUCKEYE 5000 ARLINGTON CENTRE BLVD STE 5200 COLUMBUS, OH 43220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OTTAWA HILLS SCHOOLS FOUNDATION 3600 INDIAN ROAD OTTAWA HILLS, OH 43606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
OUR COMMUNITY KITCHEN LLC 551 MAHONING AVE YOUNGSTOWN, OH 44502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OUR DAILY BREAD1730 RACE STREET CINCINNATI, OH 452026493	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVER THE RHINE COMMUNITY HOUSING 114 W 14TH ST CINCINNATI, OH 452027506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
OVER THE RHINE COMMUNITY HOUSING 114 W 14TH ST CINCINNATI, OH 452027506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
OVER THE RHINE COMMUNITY HOUSING 114 W 14TH ST CINCINNATI, OH 452027506	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAKISTANI CULTURAL GARDEN 2950 NANTUCKET DR WILLOUGHBY, OH 440947676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PALESTINE CHILDRENS RELIEF FUND PO BOX 1926 KENT, OH 442400035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,662
PARTNERS FOR CITIZENSHIP & CHARACTE 1056 BLIND BROOK CT COLUMBUS, OH 43235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEDAL WITH PETE INCPO BOX 1233 WORTHINGTON, OH 43085	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PEGASUS FARM7490 EDISON ST NE HARTVILLE, OH 446329328	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PELOTONIA450 W BROAD ST COLUMBUS, OH 432152760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PELOTONIA450 W BROAD ST COLUMBUS, OH 432152760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	532
PER SCHOLAS INC800 BANK STREET CINCINNATI, OH 45214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PER SCHOLAS INC 112 JEFFERSON AVENUE COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PERRYSBURG SCHOOLS FOUNDATION 140 EAST INDIANA AVENUE PERRYSBURG, OH 43551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PETS FOR VETS - CLEVELAND OHIO 17124 NORTHBROOK TRAIL CHAGRIN FALLS, OH 44023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD SOUTHWEST OHIO R 2314 AUBURN AVE CINCINNATI, OH 45219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,375
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
PLAYHOUSE SQUARE FOUNDATION 1501 EUCLID AVENUE 200 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLAND SCHOOLS FOUNDATION FOR EDUCA PO BOX 5217 POLAND, OH 445140217	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
PONTIFICAL COLLEGE JOSEPHINUM 7625 N HIGH ST COLUMBUS, OH 432351499	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
PRAYERS FROM MARIA FOUNDATION 20226 DETROIT RD ROCKY RIVER, OH 441162422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN GRANVILLE RD STE 120 COLUMBUS, OH 432293245	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PROJECT MKC 6961 SOUTHERN BLVD SUITE A BOARDMAN, OH 44512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
PROVIDENCE HOUSE INC 2050 WEST 32ND STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE HOUSE INC 2050 WEST 32ND STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PURE HOPE COALITION 5742 HAMILTON AVE CINCINNATI, OH 45224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PURE HOPE COALITION 5742 HAMILTON AVE CINCINNATI, OH 45224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINBOW BABIES & CHILDRENS CORPORAT 11100 EUCLID AVENUE MCCO-5062 CLEVELAND, OH 441065062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
RAINBOW BABIES & CHILDRENS CORPORAT 11100 EUCLID AVENUE MCCO-5062 CLEVELAND, OH 441065062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
RAINBOW BABIES & CHILDRENS CORPORAT 11100 EUCLID AVENUE MCCO-5062 CLEVELAND, OH 441065062	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPE CRISIS CENTER974 E MARKET ST AKRON, OH 44305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
RESCUE MISSION OF MAHONING VALLEY 962 MARTIN LUTHER KING JR BLVD YOUNGSTOWN, OH 44510	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
RESCUE MISSION OF MAHONING VALLEY 962 MARTIN LUTHER KING JR BLVD YOUNGSTOWN, OH 44510	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REYNOLDSBURG HELPING HANDS INC PO BOX 1521 REYNOLDSBURG, OH 430686521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RICHLAND COMMUNITY DEVELOPMENT GROU 55 N MULBERRY STREET MANSFIELD, OH 449021240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	107
RICHLAND COMMUNITY DEVELOPMENT GROU 55 N MULBERRY STREET MANSFIELD, OH 449021240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHLAND CRISIS PREGNANCY SERVICES 1560 WEST FOURTH STREET MANSFIELD, OH 44906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	106
RICHLAND CRISIS PREGNANCY SERVICES 1560 WEST FOURTH STREET MANSFIELD, OH 44906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
RICHLAND CRISIS PREGNANCY SERVICES 1560 WEST FOURTH STREET MANSFIELD, OH 44906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RMH OF AKRON INC 141 WEST STATE STREET AKRON, OH 44302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
RONALD MCDONALD HOUSE CHARITIES OF 341 ERKENBRECHER AVENUE CINCINNATI, OH 452292814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 711 E LIVINGSTON AVE COLUMBUS, OH 432052640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 711 E LIVINGSTON AVE COLUMBUS, OH 432052640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
RONALD MCDONALD HOUSE CHARITIES OF 711 E LIVINGSTON AVE COLUMBUS, OH 432052640	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
ROSE-MARY THE JOHANNA GRASSELLI REH 2346 14TH STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROSE-MARY THE JOHANNA GRASSELLI REH 2346 14TH STREET CLEVELAND, OH 44113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ROWFANT CLUB3028 PROSPECT AVE CLEVELAND, OH 44115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
SAUDER VILLAGEPO BOX 235 ARCHBOLD, OH 435020235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAY YES TO EDUCATION INC 7650 CHIPPEWA ROAD 305 BRECKSVILLE, OH 44141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SCHOLARSHIP OPPORTUNITIES FOR SUCCE PO BOX 340622 COLUMBUS, OH 432340622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SCHOOL ROCKS PARTY BOX 7742 KATE BROWN DR DUBLIN, OH 430178330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOODBANK OF THE MAHO 2805 SALT SPRINGS RD YOUNGSTOWN, OH 445091037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SEEDS OF LITERACY 3104 W 25TH ST 3RD FLOOR CLEVELAND, OH 441091689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SETON CATHOLIC ELEMENTARY SCHOOL 6923 STOW ROAD HUDSON, OH 442363240	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON CATHOLIC SCHOOL OF HUDSON 6923 STOW ROAD HUDSON, OH 44236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,075
SETON CATHOLIC SCHOOL OF HUDSON 6923 STOW ROAD HUDSON, OH 44236	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SETON HIGH SCHOOL 3901 GLENWAY AVE CINCINNATI, OH 45205	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON HIGH SCHOOL 3901 GLENWAY AVE CINCINNATI, OH 45205	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
SHAKER SCHOOLS FOUNDATION 15600 PARKLAND DRIVE SHAKER HEIGHTS, OH 44120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	94
SHRINERS HOSPITALS FOR CHILDREN 3229 BURNET AVE CINCINNATI, OH 45229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGHT FOR ALL UNITED INC 2747 BELMONT AVE YOUNGSTOWN, OH 44505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SOLON BENEVOLENT FUND INC PO BOX 391141 SOLON, OH 441398141	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SOPHIES ANGEL RUN INC 6513 GREENOAK DR CINCINNATI, OH 452481413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOURCE OF HOPE MINISTRIES PO BOX 293099 KETTERING, OH 454299099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTH RANGE ATHLETIC BOOSTERS INC 11300 COLUMBIANA-CANFIELD RD CANFIELD, OH 444068485	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	875
SPECIAL OLYMPICS OHIO INC 3303 WINCHESTER PIKE COLUMBUS, OH 43232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS OHIO INC 3303 WINCHESTER PIKE COLUMBUS, OH 43232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS OHIO INC 3303 WINCHESTER PIKE COLUMBUS, OH 43232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SPRING VALLEY ACADEMY 1461 E SPRING VALLEY PIKE CENTERVILLE, OH 454582744	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD CATHOLIC CENTRAL SCHOOL 1200 E HIGH ST SPRINGFIELD, OH 455051124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST CHARLES PREPARATORY SCHOOL 2010 E BROAD ST COLUMBUS, OH 43209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	600
ST CHARLES PREPARATORY SCHOOL 2010 E BROAD ST COLUMBUS, OH 43209	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHARLES PREPARATORY SCHOOL ENDOW 2010 E BROAD STREET COLUMBUS, OH 43209	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,825
ST CHRISTOPHER ELEMENTARY SCHOOL 405 EAST NATIONAL ROAD VANDALIA, OH 453772322	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	75
ST EDWARD HIGH SCHOOL 13500 DETROIT ROAD LAKEWOOD, OH 44107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDWARD HIGH SCHOOL 13500 DETROIT ROAD LAKEWOOD, OH 44107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST IGNATIUS HIGH SCHOOL OF CLEVELAN 1911 W 30TH ST CLEVELAND, OH 441133401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
ST IGNATIUS HIGH SCHOOL OF CLEVELAN 1911 W 30TH ST CLEVELAND, OH 441133401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS HIGH SCHOOL OF CLEVELAN 1911 W 30TH ST CLEVELAND, OH 441133401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
ST JOHN'S JESUIT HIGH SCHOOL 5901 AIRPORT HIGHWAY TOLEDO, OH 43615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST JOHN'S JESUIT HIGH SCHOOL 5901 AIRPORT HIGHWAY TOLEDO, OH 43615	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH ACADEMY 3470 ROCKY RIVER DRIVE CLEVELAND, OH 441112999	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ST JOSEPH ACADEMY 3470 ROCKY RIVER DRIVE CLEVELAND, OH 441112999	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST MARY ELEMENTARY SCHOOL 401 NORTH STREET CHARDON, OH 440241035	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST NICHOLAS UGANDA CHILDRENS FUND PO BOX 285 CHARDON, OH 440240285	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ST PAUL SCHOOL303 S MAIN STREET NORTH CANTON, OH 447203025	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST RITA SCHOOL FOR THE DEAF 1720 GLENDALE MILFORD ROAD CINCINNATI, OH 45215	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST URSULA VILLA SCHOOL 3660 VINEYARD PLACE CINCINNATI, OH 452261727	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	506
ST URSULA VILLA SCHOOL 3660 VINEYARD PLACE CINCINNATI, OH 452261727	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
ST VINCENT ST MARY HIGH SCHOOL FOUN 15 N MAPLE ST AKRON, OH 44303	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
ST XAVIER HIGH SCHOOL 600 W NORTHBEND RD CINCINNATI, OH 452241424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
STUDENTS MOTIVATED BY THE ARTS 25 EAST BOARDMAN STREET FIRST FLOOR YOUNGSTOWN, OH 44503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNRISE SANCTUARY INC 16730 MARTIN WELCH ROAD MARYSVILLE, OH 43040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 3100 W CENTRAL AVE STE 235 TOLEDO, OH 436060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 5350 TRANSPORTATION BLVD STE 22 GARFIELD HEIGHTS, OH 44125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5350 TRANSPORTATION BLVD STE 22 GARFIELD HEIGHTS, OH 44125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
T-1 TODAY INC 8216 PRINCETON GLENDALE RD PMB 200 WEST CHESTER, OH 450691675	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TALBERT HOUSE2600 VICTORY PKWY CINCINNATI, OH 452061711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARGET DAYTON MINISTRIES INC 111 XENIA AVENUE DAYTON, OH 45410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TERRACE PARK VOLUNTEER FIREASSOCIAT 428 ELM AVENUE TERRACE PARK, OH 451741042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	390
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE CLEVELAND ANIMAL PROTECTIVE LEA 1729 WILLEY AVE CLEVELAND, OH 441134302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DVB CLEVELAND, OH 44195	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DVB CLEVELAND, OH 44195	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	800
THE CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE DVB CLEVELAND, OH 44195	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
THE COMMUNITY FOUNDATION OF WEST CH 8366 PRINCETON GLENDALE RD STE A2 WEST CHESTER, OH 45069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FIRST TEE OF LAKE ERIE PO BOX 351142 TOLEDO, OH 436351142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE HOSPICE OF DAYTON INC 324 WILMINGTON AVENUE DAYTON, OH 45420	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE MANDEL JEWISH COMMUNITY CENTER 26001 SOUTH WOODLAND BEACHWOOD, OH 44122	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY301 CENTER ST FINDLAY, OH 45840	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY620 N ERIE ST TOLEDO, OH 43604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 114 EAST CENTRAL PARKWAY CINCINNATI, OH 45202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	13,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SEVEN HILLS SCHOOLS 5400 RED BANK ROAD CINCINNATI, OH 45227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
THE SEVEN HILLS SCHOOLS 5400 RED BANK ROAD CINCINNATI, OH 45227	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,694
THE TIFFIN COMMUNITY FOUNDATION 31 S WASHINGTON ST TIFFIN, OH 448832347	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TURN1 GOLF VIEW LN NORTH OLMSTED, OH 440705733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,020
THE UNITED WAY OF YOUNGSTOWN AND TH 255 WATT ST YOUNGSTOWN, OH 445053049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
THE UNITED WAY OF YOUNGSTOWN AND TH 255 WATT ST YOUNGSTOWN, OH 445053049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF YOUNGSTOWN AND TH 255 WATT ST YOUNGSTOWN, OH 445053049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
THE UNITED WAY OF YOUNGSTOWN AND TH 255 WATT ST YOUNGSTOWN, OH 445053049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
THE YOUNG MENS CHRISTIAN ASSOCIATIO 1500 NORTH SUPERIOR ST 2ND FLOOR TOLEDO, OH 436040000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIFFIN COMMUNITY-YMCA RECREATION CE 180 SUMMIT ST TIFFIN, OH 44883	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	218
TIFFIN UNIVERSITY155 MIAMI ST TIFFIN, OH 44883	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,350
TIQVAH HANDS OF HOPEPO BOX 80213 CANTON, OH 447080213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOLEDO NORTHWESTERN OHIO FOODBANK I 24 E WOODRUFF AVE TOLEDO, OH 436045263	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TOOLBANK USA INC2001 CENTRAL AVE CINCINNATI, OH 452142211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TOOLBANK USA INC2001 CENTRAL AVE CINCINNATI, OH 452142211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOOLBANK USA INC2001 CENTRAL AVE CINCINNATI, OH 452142211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TOWARDS EMPLOYMENT INCORPORATED 1255 EUCLID AVE SUITE 300 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
TWIN TO TWIN TRANSFUSION SYNDROME F 411 LONGBEACH PKWY BAY VILLAGE, OH 441401327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN TO TWIN TRANSFUSION SYNDROME F 411 LONGBEACH PKWY BAY VILLAGE, OH 441401327	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UC HEALTH FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED CHURCH OF CHRIST 700 PROSPECT AVE E CLEVELAND, OH 441151100	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED NEGRO COLLEGE FUND INC 341 S THIRD STREET STE 203 COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED NEGRO COLLEGE FUND INC 341 S THIRD STREET STE 203 COLUMBUS, OH 43215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
UNITED REHABILITATION SERVICES OF G 4710 OLD TROY PIKE DAYTON, OH 45424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FAIRFIELD COUNTY 115 S BROAD ST LANCASTER, OH 43130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	538
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	57
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	638
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	319
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVE N SUITE 300 CANTON, OH 44702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVE N SUITE 300 CANTON, OH 44702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF GREATER STARK COUNTY 401 MARKET AVE N SUITE 300 CANTON, OH 44702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF RICHLAND COUNTY 35 NORTH PARK ST STE 179 MANSFIELD, OH 44902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET SUITE A AKRON, OH 443081973	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET SUITE A AKRON, OH 443081973	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET SUITE A AKRON, OH 443081973	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH STREET SUITE A AKRON, OH 443081973	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
UNIVERSITY CIRCLE INCORPORATED 10831 MAGNOLIA DR CLEVELAND, OH 44106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY HOSPITALS HEALTH SYSTEM INSTITUTIONAL RELATIONS DEV PO BOX 94554 CLEVELAND, OH 441014554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY HOSPITALS HEALTH SYSTEM PO BOX 94554 CLEVELAND, OH 441014554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY HOSPITALS HEALTH SYSTEM INSTITUTIONAL RELATIONS DEV PO BOX 94554 CLEVELAND, OH 441014554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	528
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	700
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF CINCINNATI FOUNDATION PO BOX 19970 CINCINNATI, OH 45219	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DAYTON 300 COLLEGE PARK AVE DAYTON, OH 454697056	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
UNIVERSITY OF MOUNT UNION 1972 CLARK AVE ALLIANCE, OH 446013929	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY SCHOOL 20701 BRANTLEY RD SHAKER HTS, OH 441221929	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY SCHOOL ALUMNI ASSOC 2785 SOM CENTER ROAD HUNTING VALLEY, OH 44022	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY SCHOOL SHAKER CAMPUS 20701 BRANTLEY ROAD SHAKER HEIGHTS, OH 441221929	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	160
VICTORY GALLOP INC 1745 N HAMETOWN RD AKRON, OH 443331061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VITAS COMMUNITY CONNECTION 255 E 5TH ST STE 2600 CINCINNATI, OH 452024138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
WALSH JESUIT HIGH SCHOOL 4550 WYOGA LAKE ROAD CUYAHOGA FALLS, OH 44224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WARREN COUNTY FOUNDATION 118 E MAIN ST LEBANON, OH 450362228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
WEATHERVANE PLAYHOUSE 100 PRICE RD NEWARK, OH 430553380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 441133407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN RESERVE ACADEMY 115 COLLEGE ST HUDSON, OH 442362926	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
WESTERN RESERVE LAND CONSERVANCY 3850 CHAGRIN RIVER ROAD MORELAND HILLS, OH 44022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHIPPLE HEIGHTS ELEMENTARY SCHOOL 4800 12TH STREET NW CANTON, OH 44708	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
WIDOWS HOME OF DAYTON OHIO 50 S FINDLAY ST DAYTON, OH 454032023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WIGS FOR KIDS INC 24231 CENTER RIDGE RD WESTLAKE, OH 441454211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITTENBERG COLLEGE BOARD OF DIRECTO 134 W WARD ST SPRINGFIELD, OH 45504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
WITTENBERG COLLEGE BOARD OF DIRECTO 134 W WARD ST SPRINGFIELD, OH 45504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
WITTENBERG COLLEGE BOARD OF DIRECTO 134 W WARD ST SPRINGFIELD, OH 45504	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WKHR RADIO INC17425 SNYDER RD CHAGRIN FALLS, OH 440232730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMANS CITY CLUB OF GREATER CINCINN 103 WM HOWARD TAFT CINCINNATI, OH 452192191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
WOMENS FUND OF CENTRAL OHIO INC 2323 WEST FIFTH AVENUE SUITE 230 COLUMBUS, OH 43204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF CENTRAL OHIO INC 2323 WEST FIFTH AVENUE SUITE 230 COLUMBUS, OH 43204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOOD COUNTY HUMANE SOCIETY INC 801 VAN CAMP RD BOWLING GREEN, OH 434029332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOOD COUNTY HUMANE SOCIETY INC 801 VAN CAMP RD BOWLING GREEN, OH 434029332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	222
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOOD COUNTY HUMANE SOCIETY INC 801 VAN CAMP RD BOWLING GREEN, OH 434029332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
WOOD COUNTY HUMANE SOCIETY INC 801 VAN CAMP RD BOWLING GREEN, OH 434029332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
WYOMING SCHOOL FOUNDATION 420 SPRINGFIELD PIKE SUITE K CINCINNATI, OH 45215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,447
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	34
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,122
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 452075440	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER RD NW CANTON, OH 44718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER RD NW CANTON, OH 44718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,987
YMCA OF CENTRAL STARK COUNTY 1201 30TH STREET NW CANTON, OH 447092959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	974
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER RD NW CANTON, OH 44718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	667
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF CENTRAL STARK COUNTY 4700 DRESSLER RD NW CANTON, OH 44718	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YMCA OF GREATER CLEVELAND 1801 SUPERIOR AVE E STE 130 CLEVELAND, OH 441142135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	333
YOUNG MENS CHRISTIAN ASSOCIATION 645 BARKS RD E MARION, OH 433026517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1105 ELM STREET CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 118 W FIRST ST SUITE 300 DAYTON, OH 454021105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
YOUNG PROFESSIONALS AT AUSTIN LANDI 10050 INNOVATION DR STE 140 MIAMISBURG, OH 453424970	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 65 SOUTH FOURTH STREET COLUMBUS, OH 43215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNGSTOWN STATE UNIVERSITY FOUNDAT 655 WICK AVENUE YOUNGSTOWN, OH 44502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
YOUTH CHALLENGE800 SHARON DR WESTLAKE, OH 441451521	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUTH OPPORTUNITIES UNLIMITED 1255 EUCLID AVE STE 310 CLEVELAND, OH 44115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH OPPORTUNITIES UNLIMITED 1255 EUCLID AVE STE 310 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
YOUTH OPPORTUNITIES UNLIMITED 1255 EUCLID AVE STE 310 CLEVELAND, OH 44115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
YWCA MAHONING VALLEY 25 W RAYEN AVENUE YOUNGSTOWN, OH 445031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA MAHONING VALLEY 25 W RAYEN AVENUE YOUNGSTOWN, OH 445031000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
YWCA OF GREATER CINCINNATI INC 898 WALNUT ST CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
YWCA OF GREATER CINCINNATI INC 898 WALNUT ST CINCINNATI, OH 45202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZANESVILLE COMMUNITY THEATRE PO BOX 2967 ZANESVILLE, OH 437022967	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ZANESVILLE CONCERT ASSOCIATION INC PO BOX 2861 ZANESVILLE, OH 437022861	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 2448 E 81ST ST STE 3000 TULSA, OK 74137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 3401 NW 63RD ST STE 200 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 3401 NW 63RD ST STE 200 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 710 W WILSHIRE BLVD STE 101 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 710 W WILSHIRE BLVD STE 101 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 10151 E 11TH ST TULSA, OK 74128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 10151 E 11TH ST TULSA, OK 74128	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ANGEL S FOSTER FAMILY NETWORK OKC I PO BOX 31746 EDMOND, OK 73003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANGEL S FOSTER FAMILY NETWORK OKC I PO BOX 31746 EDMOND, OK 73003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ANIMAL RESCUE FOUNDATION INC PO BOX 471483 TULSA, OK 741471483	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	144
ANIMAL RESCUE FOUNDATION INC PO BOX 471483 TULSA, OK 741471483	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE FOUNDATION INC PO BOX 471483 TULSA, OK 741471483	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
ARMED SERVICES YMCA OF THE USA 900 NW CACHE ROAD LAWTON, OK 73507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ASSISTANCE LEAGUE OF TULSA 5350 E 31ST ST TULSA, OK 74135	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKC, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	260
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKLAHOMA CITY, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKC, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET OKLAHOMA INC 6800 N CLASSEN BLVD OKC, OK 73116	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BAPTIST VILLAGE RETIREMENT COMMUNIT 3800 N MAY AVE OKLAHOMA CITY, OK 731126639	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
BAPTIST VILLAGE RETIREMENT COMMUNIT 3800 N MAY AVE OKLAHOMA CITY, OK 731126639	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST VILLAGE RETIREMENT COMMUNIT 3800 N MAY AVE OKLAHOMA CITY, OK 731126639	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
BIXBY CENTRAL ELEMENTARY PARENT TEA 201 S MAIN ST BIXBY, OK 740084503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
BIXBY EDUCATIONAL ENDOWMENT FOUNDAT 109 N ARMSTRONG ST BIXBY, OK 740084449	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIXBY NORTHEAST ELEMENTARY PARENT T 11901 E 131ST ST S BROKEN ARROW, OK 740115435	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOY SCOUTS OF AMERICA 3031 NW 64TH STREET OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 4295 SOUTH GARNETT ROAD TULSA, OK 74146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF OKLAHOMA COUNT PO BOX 18701 OKLAHOMA CITY, OK 731540701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BREAKING CHAINS HONDURAS INC PO BOX 20454 OKLAHOMA CITY, OK 731560454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BRIGHTMUSIC SOCIETY OF OKLAHOMA PO BOX 20254 OKLAHOMA CITY, OK 731560254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHTMUSIC SOCIETY OF OKLAHOMA PO BOX 20254 OKLAHOMA CITY, OK 731560254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CAMERON UNIVERSITY FOUNDATION INC 2800 W GORE BLVD LAWTON, OK 735056320	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	700
CANCER CENTERS OF SOUTHWEST OKLAHOM 3401 W GORE BLVD LAWTON, OK 735056332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASCIA HALL PREPARATORY SCHOOL 2520 S YORKTOWN AVE TULSA, OK 741142803	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
CHILDRENS CENTER FOUNDATION 6800 NW 39TH EXPY BETHANY, OK 730082513	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL FOUNDATION 6600 S YALE AVE SUITE 975 TULSA, OK 74136	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOREGUS PRODUCTIONS INC 6440 SOUTH LEWIS AVE SUITE 2200 TULSA, OK 74136	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
CITY CENTER OUTREACH INC PO BOX 42301 OKLAHOMA CITY, OK 731233301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CITY CENTER OUTREACH INC PO BOX 42301 OKLAHOMA CITY, OK 731233301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY CENTER OUTREACH INC PO BOX 42301 OKLAHOMA CITY, OK 731233301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CITY CENTER OUTREACH INC PO BOX 42301 OKLAHOMA CITY, OK 731233301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CITY OF HOPE OUTREACH 1236 S BIRMINGHAM PL TULSA, OK 74104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY OF HOPE OUTREACH 1236 S BIRMINGHAM PL TULSA, OK 74104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CITY OF HOPE OUTREACH 1236 S BIRMINGHAM PL TULSA, OK 74104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CITY YEAR INC 15 E FIFTH STREET SUITE 1621 TULSA, OK 74103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 15 E FIFTH STREET SUITE 1621 TULSA, OK 74103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
CLAREHOUSE INC7617 S MINGO RD TULSA, OK 741333334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOOD BANK OF EASTERN OKLA 1304 NORTH KENOSHA AVENUE TULSA, OK 74106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROOKED OAK HS1450 S EASTERN OKLAHOMA CITY, OK 73129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	800
CROOKED OAK HS1450 S EASTERN OKLAHOMA CITY, OK 73129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,500
CROSSINGS COMMUNITY CLINIC INC 10255 N PENNSYLVANIA AVE OKLAHOMA CITY, OK 73120	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS HOSPICE CHARITABLE FOUND 10810 E 45TH ST SUITE 300 TULSA, OK 741463818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CROSSTOWN LEARNING CENTER INC 2501 E ARCHER STREET TULSA, OK 74110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DUNCAN REGIONAL HOSPITAL HEALTH FOU DRHHF DUNCAN, OK 73534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
EDMOND MOBILE MEALS INC 25 W 3RD ST EDMOND, OK 730035558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ELIOT ELEMENTARY FOUNDATION INC 1442 E 36TH ST TULSA, OK 741053216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIOT ES1442 EAST 36TH STREET TULSA, OK 74105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
FAMILY & CHILDRENS SERVICE INC 650 S PEORIA AVE TULSA, OK 741204429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FAMILY & CHILDRENS SERVICE INC 650 S PEORIA AVE TULSA, OK 741204429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	159
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	226
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	158
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	69
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	69
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	69
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FEED THE CHILDREN INC 333 N MERIDIAN AVE OKLAHOMA CITY, OK 731076507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINE ARTS INSTITUTE OF EDMOND PO BOX 311 EDMOND, OK 73083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FINE ARTS INSTITUTE OF EDMOND PO BOX 311 EDMOND, OK 73083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,552
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	49
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
FOLDS OF HONOR FOUNDATION 8551 N 125TH EAST AVE STE 100 OWASSO, OK 74055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILCREASE MUSEUM MANAGEMENT TRUST 1400 NORTH GILCREASE MUSEUM ROAD TULSA, OK 74127	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	19,000
GLOBAL GARDENSPO BOX 52034 TULSA, OK 74152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2412 ARDMORE, OK 734022412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING HEARTS INTERNATIONAL INC 7204 E 90TH ST TULSA, OK 741334897	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,270
HIV RESOURCE CONSORTIUM INC 3712 EAST 11TH STREET TULSA, OK 74112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
HIV RESOURCE CONSORTIUM INC 3712 EAST 11TH STREET TULSA, OK 74112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIV RESOURCE CONSORTIUM INC 3712 EAST 11TH STREET TULSA, OK 74112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HOPE HARBOR INCPO BOX 1047 CLAREMORE, OK 740181047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOPE HARBOR INCPO BOX 1047 CLAREMORE, OK 740181047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HARBOR INCPO BOX 1047 CLAREMORE, OK 740181047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	98
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
HUMANE SOCIETY OF TULSA 9521B S RIVERSIDE DR STE 542 TULSA, OK 741377304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INFANT CRISIS SERVICES 4224 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
INTEGRIS HEALTH FOUNDATION INC 3030 NW EXPRESSWAY SUITE 1600 OKLAHOMA CITY, OK 73112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
JENKSPO BOX 595 JENKS, OK 74037	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	15,000
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
JOHN 3 16 MISSION575 N 39TH W AVE TULSA, OK 74127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOYS TO THE WORLD INC42 E 53RD ST TULSA, OK 741055406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 74146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 74146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 74146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JUNIOR ACHIEVEMENT OF OKLAHOMA INC 3947 S 103RD E AVE TULSA, OK 74146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JUNIOR ASSOCIATION OF TULSA BOYS HO 1611 S UTICA AVE PMB 166 TULSA, OK 741044909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KCSC CLASSICAL RADIO FOUNDATION 100 N UNIVERSITY DR EDMOND, OK 730345207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KIPP REACH ACADEMY CHARTER SCHOOL I PO BOX 776 OKLAHOMA CITY, OK 73101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KIRK OF THE HILLS4102 E 61ST ST TULSA, OK 741361627	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATINO COMMUNITY DEVELOPMENT AGENCY 420 SW 10TH ST OKLAHOMA CITY, OK 731095610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
LAWTON COMMUNITY THEATRE INC 1316 NW BELL AVE LAWTON, OK 73507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LAWTON COMMUNITY THEATRE INC 1316 NW BELL AVE LAWTON, OK 73507	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAWTON PHILHARMONIC SOCIETY INC PO BOX 1473 LAWTON, OK 73502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	335
LIFESHARE FOUNDATION 4705 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	500
MAC LINDLEY FOUNDATION 4813 ROY ROBERTS RD VALLIANT, OK 74764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF OKLAHOMA 1900 NW EXPRESSWAY STE 700 OKLAHOMA CITY, OK 73118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE A WISH FOUNDATION OF OKLAHOMA 1900 NW EXPRESSWAY STE 700 OKLAHOMA CITY, OK 73118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF OKLAHOMA 1900 NW EXPRESSWAY STE 700 OKLAHOMA CITY, OK 73118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICINE PARK MUSEUM OF NATURAL SCI PO BOX 337 MEDICINE PARK, OK 73557	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION IN TULSA 5330 E 31ST STREET SUITE 1000 TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MIZEL JEWISH COMMUNITY DAY SCHOOL 2021 E 71ST ST TULSA, OK 74136	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
NEIGHBORHOOD SERVICES ORGANIZATION 431 SW 11TH ST OKLAHOMA CITY, OK 731095613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW WORKFORCE DIRECTIONS INC 907 S DETROIT AVE SUITE 210 TULSA, OK 74120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
NEWVIEW OKLAHOMA INC 501 N DOUGLAS AVE OKLAHOMA CITY, OK 731065007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	341
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTHEASTERN STATE UNIVERSITY FOUND 812 N CEDAR AVE TAHLEQUAH, OK 74464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
OKLAHOMA CENTER FOR NONPROFITS INC 720 W WILSHIRE BLVD SUITE 115 OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CHRISTIAN UNIVERSITY INC 2501 E MEMORIAL RD EDMOND, OK 73013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
OKLAHOMA CITY ECONOMIC DEVELOPMENT 123 PARK AVE OKLAHOMA CITY, OK 731029005	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 731022214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	395
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CITY MUSEUM OF ART 415 COUCH DRIVE OKLAHOMA CITY, OK 731022214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
OKLAHOMA CITY PHILHARMONIC FOUNDATI 424 COLCORD DR STE B OKLAHOMA CITY, OK 73102	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	750
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDA 431 W MAIN ST SUITE E OKLAHOMA CITY, OK 73102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA CITY PUBLIC SCHOOLS FOUNDA 431 W MAIN ST SUITE E OKLAHOMA CITY, OK 73102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OKLAHOMA CONTEMPORARY ARTS CENTER I 3000 GENERAL PERSHING BLVD OKLAHOMA CITY, OK 73107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
OKLAHOMA COUNCIL ON ECONOMIC EDUCAT 100 NORTH UNIVERSITY DRIVE BOX 103 EDMOND, OK 73034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA FIREFIGHTERS BURN CAMP INC PO BOX 287 OWASSO, OK 740550287	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
OKLAHOMA PHILHARMONIC SOCIETY INC 424 COLCORD DR STE B OKLAHOMA CITY, OK 73102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
OKLAHOMA SHAKESPEARE IN THE PARK PO BOX 1437 OKC, OK 731011437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA SHAKESPEARE IN THE PARK PO BOX 1437 OKC, OK 731011437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OKLAHOMA SOCIETY OF CERTIFIED PUBLI 1900 NW EXPRESSWAY 910 OKLAHOMA CITY, OK 731180000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OKLAHOMA SOCIETY OF CERTIFIED PUBLI 1900 NW EXPRESSWAY 910 OKLAHOMA CITY, OK 731180000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,120
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,300
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,635
OKLAHOMA STATE UNIVERSITY FOUNDATIO 400 SOUTH MONROE STILLWATER, OK 74074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,985
OKLAHOMA WESTIE RESCUE FOUNDATION 9810 E 116TH ST S BIXBY, OK 740082211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OKLAHOMA WESTIE RESCUE FOUNDATION 9810 E 116TH ST S BIXBY, OK 740082211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ONABEN PO BOX 52132 TULSA OK 74152 TULSA, OK 74152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA, OK 741710003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA, OK 741710003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 74119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 74119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 74119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PARENT CHILD CENTER OF TULSA INC 1421 S BOSTON AVE TULSA, OK 74119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PARKINSON FOUNDATION OF OKLAHOMA 720 W WILSHIRE BLVD STE 109 OKLAHOMA CITY, OK 731167737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETRA KIDS MINISTRIES PO BOX 700951 TULSA, OK 74170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PIVOT INC201 NE 50TH ST OKLAHOMA CITY, OK 731051811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PLAY IT FORWARD TENNIS FOUNDATION 6300 GOLD CYPRESS DR EDMOND, OK 73025	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POSITIVE TOMORROWS INC P O BOX 61190 OKLAHOMA CITY, OK 73146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROTESTANT EPISCOPAL CHURCH IN THE 4200 S ATLANTA PLACE TULSA, OK 74105	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
PUTNAM CITY HIGH SCHOOL ALUMNI ASSO PO BOX 34 BETHANY, OK 730080034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUTNAM CITY HIGH SCHOOL ALUMNI ASSO PO BOX 34 BETHANY, OK 730080034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PUTNAM CITY HIGH SCHOOL ALUMNI ASSO PO BOX 34 BETHANY, OK 730080034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
REBUILDING TOGETHER OKC INC 945 W WILSHIRE BLVD OKLAHOMA CITY, OK 73116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,664
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE OKLAHOMA CITY, OK 73137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
REMERGE OF OK COUNTY INC PO BOX 2845 OKLAHOMA CITY, OK 73101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
RESONANCE CENTER FOR WOMEN INC 1608 S ELWOOD AVE TULSA, OK 74119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVEROAKS PRESBYTERIAN CHURCH OF TU 5150 E 101ST ST TULSA, OK 741376006	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
RIVEROAKS PRESBYTERIAN CHURCH OF TU 5150 E 101ST ST TULSA, OK 741376006	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
RIVEROAKS PRESBYTERIAN CHURCH OF TU 5150 E 101ST ST TULSA, OK 741376006	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY 924 SOUTH HUDSON AVE TULSA, OK 74112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SARAS PROJECT INCPO BOX 1396 ARDMORE, OK 73402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SCOTT CARTER FOUNDATION PO BOX 700448 TULSA, OK 741700448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISU YOUTH INC 3131 N PENNSYLVANIA AVENUE OKLAHOMA CITY, OK 73112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SMART START CENTRAL OKLAHOMA INC PO BOX 21505 OKLAHOMA CITY, OK 73156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPECIAL OLYMPICS OKLAHOMA INC 6835 S CANTON AVE TULSA, OK 741363433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS PERUVIAN MISSION FUND PO BOX 6693 EDMOND, OK 73083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
STAND FOR THE SILENT INC 6918 W 128TH ST PERKINS, OK 740594281	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
STREET SCHOOL INC1135 S YALE AVE TULSA, OK 741125342	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRA VERDE DISCOVERY SCHOOL INC 1000 36TH AVE SE NORMAN, OK 730264134	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
THE GILLIES 1400 N GILCREASE MUSEUM RD TULSA, OK 741272105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THE GRACE CENTER OF SOUTHERN OKLAHO 11 A ST NW ARDMORE, OK 73401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TULSA AREA UNITED WAYPO BOX 1859 TULSA, OK 741011859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	580
TULSA AREA UNITED WAYPO BOX 1859 TULSA, OK 741011859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	510
TULSA AREA UNITED WAYPO BOX 1859 TULSA, OK 741011859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TULSA AREA UNITED WAYPO BOX 1859 TULSA, OK 741011859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
TULSA AREA UNITED WAYPO BOX 1859 TULSA, OK 741011859	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
TULSA BOYS HOMEPO BOX 1101 TULSA, OK 741011101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TULSA COMMUNITY FOUNDATION 7030 SOUTH YALE AVENUE STE 600 TULSA, OK 74136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	870
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL OKLAHOMA 1444 NW 28TH ST OKLAHOMA CITY, OK 731063430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF ENID AND NORTHWEST OK PO BOX 5828 ENID, OK 73702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNIVERSITY OF CENTRAL OKLAHOMA FDN 100 N UNIVERSITY DR BOX 133 EDMOND, OK 730345207	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CENTRAL OKLAHOMA FDN 100 N UNIVERSITY DR BOX 133 EDMOND, OK 730345207	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF OKLAHOMA FOUNDATION I 4502 EAST 41ST STREET TULSA, OK 74135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OKLAHOMA FOUNDATION I 100 TIMBERDELL RD NORMAN, OK 73019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF TULSA 800 SOUTH TUCKER DRIVE TULSA, OK 741043126	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF TULSA800 TUCKER DR TULSA, OK 741049700	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TULSA800 TUCKER DR TULSA, OK 741049700	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
URBAN LEAGUE OF GREATER OKLAHOMA CI 3900 N MARTIN L KING JR AVENUE OKLAHOMA CITY, OK 731115220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WATERISLIFE COM INCPO BOX 7481 EDMOND, OK 73083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER SCHOOL 600 NW 44TH ST OKLAHOMA CITY, OK 731186627	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
WESTMINSTER SCHOOL 600 NW 44TH ST OKLAHOMA CITY, OK 731186627	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
WILLOW SPRINGS BOYS RANCH INC PO BOX 308 CHANDLER, OK 748340308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYNNEWOOD CHAMBER OF COMMERCE CHARI PO BOX 616 WYNNEWOOD, OK 730980616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 420 S MAIN STREET SUITE 200 TULSA, OK 74103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ACHIEVEMENT REWARDS FOR COLLEGE SCI PO BOX 2063 PORTLAND, OR 972082063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADELANTE MUJERES 2030 MAIN ST SUITE A FOREST GROVE, OR 97116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ADELANTE MUJERES 2030 MAIN ST SUITE A FOREST GROVE, OR 97116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
AFRICA NEW LIFE MINISTRIES INTERNAT 7405 SW TECH CENTER DRIVE STE 144 PORTLAND, OR 97223	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIRPORT ROTARY FOUNDATION 1574 COBURG ROAD 188 EUGENE, OR 97401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALBERTINA KERR CENTERS 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,058
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	44
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	30
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBERTINA KERR CENTERS FOUNDATION I 424 NE 22ND AVE PORTLAND, OR 972322809	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10
ALL CLASSICAL PUBLIC MEDIA INC 211 SE CARUTHERS STE 200 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALL HANDS RAISED2069 NE HOYT ST PORTLAND, OR 972322996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL HANDS RAISED2069 NE HOYT ST PORTLAND, OR 972322996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
ALL SAINTS SCHOOL 601 NE CESAR E CHAVEZ BLVD PORTLAND, OR 972323380	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 0330 SW CURRY STREET PORTLAND, OR 97239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 3131 N VANCOUVER AVE PORTLAND, OR 97227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 700 NE MULTNOMAH ST STE 210 PORTLAND, OR 972324112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 700 NE MULTNOMAH ST STE 210 PORTLAND, OR 972324112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHLAND SCHOOLS FOUNDATION 100 WALKER AVE ASHLAND, OR 975201314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
BANDITS FASTPITCHPO BOX 2196 CLACKAMAS, OR 970152196	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BEAVERTON ARTS FOUNDATION INC PO BOX 2 BEAVERTON, OR 970750002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAVERTON ARTS FOUNDATION INC PO BOX 2 BEAVERTON, OR 970750002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,480
BLANCHET HOUSE OF HOSPITALITY 310 NW GLISAN STREET PORTLAND, OR 97209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BODYVOX INC1201 NW 17TH AVE PORTLAND, OR 972092404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BODYVOX INC1201 NW 17TH AVE PORTLAND, OR 972092404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
BORLAND FREE CLINIC 3550 SW BORLAND RD TUALATIN, OR 970626772	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOYS & GIRLS CLUB OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 973301462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF SALEM MARION & 1395 SUMMER ST NE SALEM, OR 973017137	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF PORTLAND METR 8203 SE 7TH AVE PORTLAND, OR 97202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,500
BOYS AND GIRLS CLUB OF THE GREATER 305 S 5TH ST LEBANON, OR 973552700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF THE GREATER 305 S 5TH ST LEBANON, OR 973552700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
BOYS AND GIRLS CLUBS OF BEND INC 500 NW WALL STREET BEND, OR 97703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRIDGE BUILDERS INTERNATIONAL PO BOX 4073 SALEM, OR 97302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE MEADOWS 8502 N WAYLAND AVENUE PORTLAND, OR 97203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIDGE MEADOWS 8502 N WAYLAND AVENUE PORTLAND, OR 97203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
BRIDGE MEADOWS 8502 N WAYLAND AVENUE PORTLAND, OR 97203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BRIEF ENCOUNTERS INC 2116 NE 18TH AVE PORTLAND, OR 972124609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CANDLELIGHTERS FOR CHILDREN WITH CA 6600 SW 92ND AVE STE 160 PORTLAND, OR 972237193	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF CENTRAL OREGON 1029 NW 14TH ST BEND, OR 977032189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CASCADE AIDS PROJECT 520 NW DAVIS ST SUITE 215 PORTLAND, OR 97209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CASCADE HEIGHTS PUBLIC CHARTER SCHO 15301 SE 92 AVE CLACKAMAS, OR 97015	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATALYST FOUNDATION 11918 SE DIVISION ST 1022 PORTLAND, OR 97266	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTRAL CATHOLIC HIGH SCHOOL 2401 SE STARK ST PORTLAND, OR 97214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	7,000
CENTRAL OREGON LANDWATCH 2843 NW LOLO DR STE 200 BEND, OR 97703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL OREGON LANDWATCH 2843 NW LOLO DR STE 200 BEND, OR 97703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHEHALEM CENTER ASSOCIATION 415 E SHERIDAN ST NEWBERG, OR 97132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHEHALEM CENTER ASSOCIATION 415 E SHERIDAN ST NEWBERG, OR 97132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEHALEM CENTER ASSOCIATION 415 E SHERIDAN ST NEWBERG, OR 97132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
CHEHALEM YOUTH & FAMILY SERVICES PO BOX 636 NEWBERG, OR 97132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHICKTECH 921 SW WASHINGTON ST 316 PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHICKTECH 921 SW WASHINGTON ST 316 PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
CHICKTECH 921 SW WASHINGTON ST 316 PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CHICKTECH 921 SW WASHINGTON ST 316 PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN FIRST FOR OREGON 1209 SE BELMONT ST PORTLAND, OR 972142522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDREN FIRST FOR OREGON 1209 SE BELMONT ST PORTLAND, OR 972142522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 972092872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CANCER ASSOCIATION 1200 NW NAITO PKWY STE 140 PORTLAND, OR 972092872	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CLACKAMAS WOMENS SERVICES 256 WARNER MILNE ROAD OREGON CITY, OR 970454014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COLUMBIA COUNTY SHERIFFS VOLUNTEERS 901 PORT AVE SAINT HELENS, OR 970513018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA RIVERKEEPER 407 PORTWAY AVE HOOD RIVER, OR 97031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CONSANOPO BOX 25529 PORTLAND, OR 97298	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	555
COOS ART MUSEUM 235 ANDERSON AVE COOS BAY, OR 974201610	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORVALLIS NEIGHBORHOOD HOUSING SERV 212 MAIN STREET SPRINGFIELD, OR 97477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CORVALLIS NEIGHBORHOOD HOUSING SERV 212 MAIN STREET SPRINGFIELD, OR 97477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COTTAGE GROVE GENEALOGICAL SOCIETY PO BOX 388 COTTAGE GROVE, OR 974240015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTAGE THEATRE700 VILLAGE DR COTTAGE GROVE, OR 974249552	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
COUNTRY CHRISTIAN SCHOOL 16975 S HIGHWAY 211 MOLALLA, OR 970387606	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,350
CRATES POINT5000 DISCOVERY DRIVE THE DALLES, OR 97058	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRUSH ATHLETICSPO BOX 301164 PORTLAND, OR 972949164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,004
DEATH WITH DIGNITY NATIONAL CENTER 520 SW 6TH AVE STE 1220 PORTLAND, OR 972041510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DESCHUTES BASIN LAND TRUST 210 NW IRVING AVE STE 102 BEND, OR 97703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	699
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	380
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DONATE LIFE NORTHWESTPO BOX 532 PORTLAND, OR 97207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DOVE LEWIS EMERGENCY ANIMAL HOSPITA 1945 NW PETTYGROVE ST PORTLAND, OR 97209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS OF OREGON INC 1532 NE 37TH AVENUE SUITE B PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22,520
DRESSEMBER FOUNDATION PO BOX 1092 ASHLAND, OR 975200037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	162
DRESSEMBER FOUNDATION PO BOX 1092 ASHLAND, OR 975200037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTMORELAND NEIGHBORHOOD ASSOCIATI PO BOX 82520 PORTLAND, OR 972820520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
EASTMORELAND NEIGHBORHOOD ASSOCIATI PO BOX 82520 PORTLAND, OR 972820520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ELDERHEART INC 17040 PILKINGTON RD SUITE 200 WEST LINN, OR 97035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELDERHEART INC 17040 PILKINGTON RD SUITE 200 WEST LINN, OR 97035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
ELDERHEART INC 17040 PILKINGTON RD SUITE 200 WEST LINN, OR 97035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
ELDERS IN ACTION 1411 SW MORRISON SUITE 290 PORTLAND, OR 97205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUAMORE FOUNDATION 4723 HIGHWAY 66 ASHLAND, OR 975209018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EUGENE CONCERT CHOIR INC 1590 WILLAMETTE ST STE 400 EUGENE, OR 974014048	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
EUGENE CREATIVE CAREPO BOX 25940 EUGENE, OR 974020461	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EUGENE CREATIVE CAREPO BOX 25940 EUGENE, OR 974020461	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EUGENE PUBLIC LIBRARY FOUNDATION 100 W 10TH AVE EUGENE, OR 97401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EUGENE PUBLIC LIBRARY FOUNDATION 100 W 10TH AVE EUGENE, OR 97401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVOLVE WORKFORCE & MULTIFAMILY HOUS 1274 FIFTH STREET 1A WOODBURN, OR 97071	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FAMILY DOGS NEW LIFE SHELTER 9101 SE STANLEY AVE PORTLAND, OR 972060653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
FENCES FOR FIDOPO BOX 42265 PORTLAND, OR 97242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FENCES FOR FIDOPO BOX 42265 PORTLAND, OR 97242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FENCES FOR FIDOPO BOX 42265 PORTLAND, OR 97242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FERAL CAT COALITION OF OREGON 4522 SW WATER AVE PORTLAND, OR 97239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL BEGINNINGS OREGON 1326 SW 12TH AVE STE 300 PORTLAND, OR 972013352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
FINANCIAL BEGINNINGS OREGON 1326 SW 12TH AVE STE 300 PORTLAND, OR 972013352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
FIRST BAPTIST CHURCH OF EUGENE OREG 3550 FOX MEADOW RD EUGENE, OR 974087424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST GROWTH CHILDREN AND FAMILY CH PO BOX 4285 PORTLAND, OR 97208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FIRST IMAGE 7931 NE HALSEY ST STE 200 PORTLAND, OR 972136756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FIRST IMAGE 7931 NE HALSEY ST STE 200 PORTLAND, OR 972136756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST IMAGE 7931 NE HALSEY ST STE 200 PORTLAND, OR 972136756	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 974025451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOODCORPS INC FOODCORPS 1140 SE 7TH AVE SUITE 110 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODCORPS INC FOODCORPS 1140 SE 7TH AVE SUITE 110 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
FOREST SERVICE EMPLOYEES FOR ENVIRO PO BOX 11615 EUGENE, OR 974403815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FOUNDATION FOR PHILIPPINE PROGRESS 1137 SW BROADWAY PORTLAND, OR 972052913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR PHILIPPINE PROGRESS 1137 SW BROADWAY PORTLAND, OR 972052913	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	456
FRIENDS OF HENDRICKS PARK PO BOX 3784 EUGENE, OR 974030784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF HENDRICKS PARK PO BOX 3784 EUGENE, OR 974030784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF MINZOTOPO BOX 11814 PORTLAND, OR 972110814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
FRIENDS OF THE CHILDREN - NATIONAL 44 NE MORRIS ST PORTLAND, OR 97212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE CHILDREN-PORTLAND 44 NE MORRIS STREET PORTLAND, OR 97212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE CHILDREN-PORTLAND 44 NE MORRIS STREET PORTLAND, OR 97212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
FRIENDS OF THECHILDREN-CENTRAL ORE 20340 EMPIRE AVE STE E1 BEND, OR 97703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,725
GARIBALDI MUSEUM INCPO BOX 5 GARIBALDI, OR 971180005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE FOX UNIVERSITY 414 N MERIDIAN ST 6256 NEWBERG, OR 97132	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
GIRLS INC OF THE PACIFIC NORTHWEST 4800 SW MACADAM AVE SUITE 309 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GIRLS INC OF THE PACIFIC NORTHWEST 4800 SW MACADAM AVE SUITE 309 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN FOUNDATION PO BOX 4484 PORTLAND, OR 972084484	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GRACE & HOPE FOR CHILDREN 16 NE SANDY DELL RD TROUTDALE, OR 970608611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GREATER PORTLAND PARTNERSHIP FOR EC 111 SW COLUMBIA ST STE 830 PORTLAND, OR 972015813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROWING GARDENS 2203 NE OREGON STREET PORTLAND, OR 97232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 1220 12TH ST SE SALEM, OR 97302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 5293 NE ELAM YOUNG PKWY 140 HILLSBORO, OR 971247558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 224 NE THURSTON AVENUE BEND, OR 977013852	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 5293 NE ELAM YOUNG PKWY 140 HILLSBORO, OR 971247558	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 1210 OAK PATCH RD EUGENE, OR 974023252	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2233 S PACIFIC HWY MEDFORD, OR 975012728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY PORTLAND METRO PO BOX 11527 PORTLAND, OR 972110527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
HARPERS PLAYGROUND 1477 NW EVERETT ST PORTLAND, OR 972092617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HEART OF OREGON CORPS INC PO BOX 279 BEND, OR 97709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISPANIC METROPOLITAN CHAMBER OF CO PO BOX 1837 PORTLAND, OR 97207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
HISPANIC METROPOLITAN CHAMBER OF CO PO BOX 1837 PORTLAND, OR 97207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HISPANIC METROPOLITAN CHAMBER OF CO PO BOX 1837 PORTLAND, OR 97207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,340
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	630
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
HOLT INTERNATIONAL CHILDRENS SERVIC PO BOX 2880 EUGENE, OR 97402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOOD RIVER COUNTY LIBRARY FOUNDATIO PO BOX 1582 HOOD RIVER, OR 970310582	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOOD RIVER COUNTY SCHOOL DISTRICT F 1009 EUGENE ST HOOD RIVER, OR 97031	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOUSING ORGEGONPO BOX 8427 PORTLAND, OR 97207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT NWPO BOX 33530 PORTLAND, OR 972923530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
IN4ALL4535 SW 96TH AVE BEAVERTON, OR 97005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
IN4ALL4535 SW 96TH AVE BEAVERTON, OR 97005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IN4ALL4535 SW 96TH AVE BEAVERTON, OR 97005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INCIGHT COMPANY 111 SW COLUMBIA ST STE 940 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
INTERNATIONAL ALUMNI ASSOCIATION OF 17323 NW GOLD CANYON LN BEAVERTON, OR 97006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JACOB WISMER PARENT TEACHER ORGANIZ 5477 NW SKYCREST PKWY PORTLAND, OR 972292306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
JESUIT HIGH SCHOOL 9000 SW BEAVERTON - HILLSDALE HWY PORTLAND, OR 97225	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
JESUIT HIGH SCHOOL 9000 SW BEAVERTON - HILLSDALE HWY PORTLAND, OR 97225	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF OREGON AND SW 7830 SE FOSTER ROAD PORTLAND, OR 972065140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
JUNIOR ACHIEVEMENT OF OREGON AND SW 7830 SE FOSTER ROAD PORTLAND, OR 972065140	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR LEAGUE OF PORTLAND OREGON IN 1355 NW EVERETT ST SUITE 100 PORTLAND, OR 97209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF PORTLAND OREGON IN 1355 NW EVERETT ST SUITE 100 PORTLAND, OR 97209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KAIROSPDXPO BOX 12190 PORTLAND, OR 972120190	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
KIDNEY CANCER ASSOCIATION 9450 SW GEMINI DRIVE 38269 BEAVERTON, OR 970087105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDNEY CANCER ASSOCIATION 9450 SW GEMINI DRIVE 38269 BEAVERTON, OR 970087105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KLAMATH LAKE LAND TRUST PO BOX 5142 KLAMATH FALLS, OR 976010120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
KOMAK 8630 SW SCHOLLS FERRY ROAD PMB OR 107 BEAVERTON, OR 97008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOMAK 8630 SW SCHOLLS FERRY ROAD PMB OR 107 BEAVERTON, OR 97008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,900
KOMAK 8630 SW SCHOLLS FERRY ROAD PMB OR 107 BEAVERTON, OR 97008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,350
L ARCHE USA310 SW 4TH AVE STE 840 PORTLAND, OR 97204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE OSWEGO SCHOOL DIST FOUNDATION P O BOX 70 LAKE OSWEGO, OR 970340070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LANE COMMUNITY COLLEGE FOUNDATION 4000 E 30TH AVE BLDG 19 RM 270 EUGENE, OR 974050640	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
LEADERSHIP BEND FOUNDATION 777 NW WALL ST STE 200 BEND, OR 977032761	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY EMANUEL HOSPITAL & HEALTH CE PO BOX 4484 PORTLAND, OR 97208	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,218
LEUKEMIA & LYMPHOMA SOCIETY INC 9320 SW BARBUR BLVD STE 350 PORTLAND, OR 97219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 88 PORTLAND, OR 97219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 88 PORTLAND, OR 97219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LEWIS AND CLARK COLLEGE 0615 SW PALATINE HILL RD MSC 88 PORTLAND, OR 97219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LIBRARY FOUNDATION INC SERVING THE 620 SW 5TH AVE STE 1025 PORTLAND, OR 972041437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINES FOR LIFE 5100 SW MACADAM AVE PORTLAND, OR 97239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
LINES FOR LIFE 5100 SW MACADAM AVE PORTLAND, OR 97239	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LINFIELD COLLEGE 900 SE BAKER ST UNIT A476 MCMINNVILLE, OR 97128	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERARY ARTS INC 925 SW WASHINGTON ST PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
MAKE A WISH FOUNDATION OF OREGON IN 5901 SW MACADAM AVE STE 200 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MEALS ON WHEELS PEOPLE INC PO BOX 19477 PORTLAND, OR 972800477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,257
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	406
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPS45 SW ANKENY ST PORTLAND, OR 972043500	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERIDIAN PARK MEDICAL FOUNDATION PO BOX 4484 PORTLAND, OR 97208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
METRO PORTLAND HOUSING INDUSTRY FOU 15555 BANGY RD STE 301 LAKE OSWEGO, OR 970353200	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AFFORDABLE HOUSING COR PO BOX 11923 EUGENE, OR 974404123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MIDDLETON ELEMENTARY PAC 23505 SW OLD HWY 99 W SHERWOOD, OR 971400000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
MLD FOUNDATION21345 MILES DR WEST LINN, OR 970682878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MLD FOUNDATION21345 MILES DR WEST LINN, OR 970682878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MLD FOUNDATION21345 MILES DR WEST LINN, OR 970682878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MLD FOUNDATION21345 MILES DR WEST LINN, OR 970682878	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI LANE COUNTY 2411 MARTIN LUTHER KING JR BLVD EUGENE, OR 97401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
NAMI-OREGON 4701 SE 24TH AVE STE E PORTLAND, OR 972024783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NAMI-OREGON 4701 SE 24TH AVE STE E PORTLAND, OR 972024783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MOTORCYCLE TRAINING INSTIT 636 MALLARD AVE SPRINGFIELD, OR 974777527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE STE 300 PORTLAND, OR 972237195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	195
NATURE CONSERVANCY 821 SE 14TH AVENUE PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 821 SE 14TH AVENUE PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
NATURE CONSERVANCY 821 SE 14TH AVENUE PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
NATURE CONSERVANCY 821 SE 14TH AVENUE PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORIMPACT2303 SW 1ST ST REDMOND, OR 977560000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NEW AVENUES FOR YOUTH INC 1220 SW COLUMBIA STREET PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
NEW AVENUES FOR YOUTH INC 1220 SW COLUMBIA STREET PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST EARTH INSTITUTE 107 SE WASHINGTON ST 251 PORTLAND, OR 97214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NORTHWEST HOUSING ALTERNATIVES INC 2316 SE WILLARD MILWAUKIE, OR 97222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHWEST HOUSING ALTERNATIVES INC 2316 SE WILLARD MILWAUKIE, OR 97222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST PILOT PROJECT INC 1430 SW BROADWAY STE 200 PORTLAND, OR 972013517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OAK HILLS PARENT TEACHER ORGANIZATI 2625 NW 153RD AVE BEAVERTON, OR 970065366	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
OPEN SCHOOL INC16570 SE OAK ST PORTLAND, OR 97233	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON BAND OF BROTHERS 910 NW 74TH ST REDMOND, OR 977567211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
OREGON BAND OF BROTHERS 910 NW 74TH ST REDMOND, OR 977567211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
OREGON BAND OF BROTHERS 910 NW 74TH ST REDMOND, OR 977567211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON CENTER FOR PUBLIC POLICY 6420 SW MACADAM AVE SUITE 200 PORTLAND, OR 97239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
OREGON CHILDRENS CHOIR ASSOCIATION PO BOX 11007 EUGENE, OR 974403007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
OREGON CHILDRENS FOUNDATION 101 SW MARKET ST PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON COMMUNITY FOUNDATION 775 SUMMER ST NE SUITE 200 SALEM, OR 97301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OREGON COMMUNITY FOUNDATION 1221 SW YAMHILL ST STE 100 PORTLAND, OR 97205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	286
OREGON DOG RESCUE 6700 SW NYBERG ST TUALATIN, OR 970628221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON DOG RESCUE 6700 SW NYBERG ST TUALATIN, OR 970628221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
OREGON DOG RESCUE 6700 SW NYBERG ST TUALATIN, OR 970628221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
OREGON EPISCOPAL SCHOOL 6300 SW NICOL RD PORTLAND, OR 972237566	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,240
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OREGON FOOD BANK INC 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	132
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	687
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON HUMANE SOCIETY 1067 NE COLUMBIA BLVD PORTLAND, OR 972111411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	134
OREGON KOREAN FOUNDATION 7650 SW 81ST AVE PORTLAND, OR 972237377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
OREGON PUBLIC BROADCASTING 7140 SW MACADAM AVE PORTLAND, OR 972193099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON SHAKESPEARE FESTIVAL ASSOCIA 15 S PIONEER ST ASHLAND, OR 97520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
OREGON SHAKESPEARE FESTIVAL ASSOCIA 15 S PIONEER ST ASHLAND, OR 97520	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS, OR 973331068	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	760
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	444
OREGON ZOO FOUNDATION 4001 SW CANYON ROAD PORTLAND, OR 97221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
ORENCO ELEMENTARY BOOSTER CLUB PO BOX 2616 HILLSBORO, OR 971231928	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUT TO PASTURE ANIMAL SANCTUARY PO BOX 2315 ESTACADA, OR 970232315	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PACIFIC UNIVERSITY 2043 COLLEGE WAY FOREST GROVE, OR 97116	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PARKINSONS RESOURCES OF OREGON 8880 SW NIMBUS AVENUE SUITE B BEAVERTON, OR 97008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEHEALTH SACRED HEART MEDICAL CE PO BOX 10905 EUGENE, OR 974402905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PERIOD INC422 NW 13TH AVE PMB 215 PORTLAND, OR 97209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE COLUMBIA 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
POINT OF PRIDEPO BOX 10991 EUGENE, OR 97440	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PORTLAND AUDUBON SOCIETY 5151 NW CORNELL RD PORTLAND, OR 972101081	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND BUSINESS ALLIANCE CHARITAB 200 SW MARKET STREET SUITE 150 PORTLAND, OR 972015705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
PORTLAND CENTER STAGE 128 NW 11TH AVE PORTLAND, OR 972094160	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PORTLAND CHILDRENS MUSEUM 4015 SW CANYON ROAD PORTLAND, OR 97221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND COMMUNITY COLLEGE FOUNDATI PO BOX 19000 PORTLAND, OR 972800990	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PORTLAND OPPORTUNITIES INDUSTRIALIZ 717 N KILLINGSWORTH COURT PORTLAND, OR 972172335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PORTLAND PARKS FOUNDATION 1500 SW FIRST AVE SUITE 760 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND ROSE FESTIVAL FOUNDATION 1020 SW NAITO PARKWAY PORTLAND, OR 972043203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PORTLAND ROTARY CHARITABLE TRUST 1220 SW MORRISON ST STE 425 PORTLAND, OR 97205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PORTLAND STATE UNIVERSITY FOUNDATIO PO BOX 243 PORTLAND, OR 97207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTLAND YOUTH PHILHARMONIC ASSOCIA 9320 SW BARBUR BLVD SUITE 140 PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
POSTPARTUM SUPPORT INTERNATIONAL 6706 54TH AVE PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
POSTPARTUM SUPPORT INTERNATIONAL 6706 54TH AVE PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POSTPARTUM SUPPORT INTERNATIONAL 6706 54TH AVE PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
POSTPARTUM SUPPORT INTERNATIONAL 6706 54TH AVE PORTLAND, OR 97219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROJECT LIVING HOPEPO BOX F STAYTON, OR 973830996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROUD GROUND 5288 N INTERSTATE AVE PORTLAND, OR 972173767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROVIDENCE PORTLAND MEDICAL FOUNDAT 4805 NE GLISAN STREET SUITE 1G14 PORTLAND, OR 972132933	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
REACH COMMUNITY DEVELOPMENT INC 4150 SW MOODY AVE PORTLAND, OR 97239	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REED INSTITUTE 3203 SE WOODSTOCK BLVD PORTLAND, OR 972028199	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RELIEF NURSERY INC1720 W 25TH AVE EUGENE, OR 974051663	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERDALE SCHOOL FOUNDATION PO BOX 36 LAKE OSWEGO, OR 97034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RONALD MCDONALD HOUSE CHARITIES 2620 N COMMERCIAL PORTLAND, OR 972271631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
RONALD MCDONALD HOUSE CHARITIES 2620 N COMMERCIAL PORTLAND, OR 972271631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES 2620 N COMMERCIAL PORTLAND, OR 972271631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
ROSE CHILDRENS THEATRE 1574 COBURG RD PO BOX 257 EUGENE, OR 97401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROSE HAVEN CICPO BOX 10405 PORTLAND, OR 97296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOLHOUSE SUPPLIES INC 4916 NE 122ND AVE PORTLAND, OR 97230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SE WORKS INC 7916 SE FOSTER ROAD SUITE 104 PORTLAND, OR 97206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SE WORKS INC 7916 SE FOSTER ROAD SUITE 104 PORTLAND, OR 97206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTERCARE499 W 4TH AVENUE EUGENE, OR 97401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 3101 SW SAM JACKSON PARK RD PORTLAND, OR 97239	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SOCIETY FOR SYNCOPATED DRUMMING 8701 SE YAMHILL ST PORTLAND, OR 972161747	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY FOR SYNCOPATED DRUMMING 8701 SE YAMHILL ST PORTLAND, OR 972161747	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SOCIETY FOR SYNCOPATED DRUMMING 8701 SE YAMHILL ST PORTLAND, OR 972161747	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SOCIETY OF ST VINCENT DE PAUL OF LA 2890 CHAD DR EUGENE, OR 974087336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLVE2000 SW 1ST AVE STE 400 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SOLVE2000 SW 1ST AVE STE 400 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SOLVE2000 SW 1ST AVE STE 400 PORTLAND, OR 97201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUND EQUINE OPTIONSPO BOX 1150 GRESHAM, OR 970300248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SOUTHERN OREGON HUMANE SOCIETY 2910 TABLE ROCK RD MEDFORD, OR 975011518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SPOON FOUNDATION 135 SE MAIN STREET SUITE 201 PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDRE BESSETTE CATHOLIC CHURCH P 601 W BURNSIDE ST PORTLAND, OR 972093614	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	850
ST JOHN FISHER4567 SW NEVADA ST PORTLAND, OR 97219	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	10,000
ST MARYS ACADEMY1615 SW 5TH AVE PORTLAND, OR 972015403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS ACADEMY1615 SW 5TH AVE PORTLAND, OR 972015403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST VINCENT DE PAUL SOCIETY OF LANE 2890 CHAD DRIVE EUGENE, OR 97408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
STORE TO DOOR7730 SW 31ST AVE PORTLAND, OR 97219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
SUNSHINE DIVISION PORTLAND POLICE D 687 N THOMPSON ST PORTLAND, OR 972271820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JEREMY WILSON FOUNDATION 1028 SE WATER AVE SUITE 230 PORTLAND, OR 97214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE JOHN G SHEDD INSTITUTE FOR THE PO BOX 1497 EUGENE, OR 974401497	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,800
THE MADELEINE ELEMENTARY SCHOOL 3240 NE 23RD AVE PORTLAND, OR 97212	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER WE ARE GREATER THAN 2916 NE ALBERTA STREET SUITE D PORTLAND, OR 97211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
TRANSITIONAL YOUTH 1500 NW 167TH PLACE BEAVERTON, OR 97006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRANSITIONAL YOUTH 1500 NW 167TH PLACE BEAVERTON, OR 97006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAUMA INTERVENTION PROGRAM OF PORT 4800 NE 122ND AVE PORTLAND, OR 972301001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNION GOSPEL MISSION3 NW 3RD AVE PORTLAND, OR 972093906	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF JACKSON COUNTY INC 60 HAWTHORNE STREET MEDFORD, OR 97504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF JACKSON COUNTY INC 60 HAWTHORNE STREET MEDFORD, OR 97504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
UNITED WAY OF JACKSON COUNTY INC 60 HAWTHORNE STREET MEDFORD, OR 97504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF JACKSON COUNTY INC 60 HAWTHORNE STREET MEDFORD, OR 97504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COLUMBIA-WILLAME 619 SW 11TH AVE PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	403
UNITED WAY OF THE COLUMBIA-WILLAME 619 SW 11TH AVE PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	234
UNITED WAY OF THE COLUMBIA-WILLAME 619 SW 11TH AVE PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	51
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE COLUMBIA-WILLAME 619 SW 11TH AVE PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	156
UNITED WAY OF THE COLUMBIA-WILLAME 619 SW 11TH AVE PORTLAND, OR 97205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF OREGON FOUNDATION 1720 E 13TH AVE STE 410 EUGENE, OR 974032253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD PORTLAND, OR 972035743	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
VESTIBULAR DISORDERS ASSOCIATION 5018 NE 15TH ST PORTLAND, OR 97211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	112
VESTIBULAR DISORDERS ASSOCIATION 5018 NE 15TH ST PORTLAND, OR 97211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VESTIBULAR DISORDERS ASSOCIATION 5018 NE 15TH ST PORTLAND, OR 97211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	56
VESTIBULAR DISORDERS ASSOCIATION 5018 NE 15TH ST PORTLAND, OR 97211	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER WATCH OF OREGON 213 SW ASH ST SUITE 208 PORTLAND, OR 972042720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WATER WATCH OF OREGON 213 SW ASH ST SUITE 208 PORTLAND, OR 972042720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
WHALES OF GUERRERO 9815 N SYRACUSE ST PORTLAND, OR 97203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILD SALMON CENTER 721 NW 9TH AVE SUITE 300 PORTLAND, OR 972093444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLAMETTE UNIVERSITY 900 STATE STREET SALEM, OR 97301	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
WIND & OAR BOAT SCHOOL 14808 UPLANDS DR LAKE OSWEGO, OR 970342758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS CIVIC IMPROVEMENT LEAGUE 501 NW BOND STREET BEND, OR 977033309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD AFFAIRS COUNCIL OF OREGON INC 1207 SW BROADWAY STE 300 PORTLAND, OR 97205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
WORLD AFFAIRS COUNCIL OF OREGON INC 1207 SW BROADWAY STE 300 PORTLAND, OR 97205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
WORLD OF SPEED27490 SW 95TH AVE WILSONVILLE, OR 97070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 540 YMCA WAY ASHLAND, OR 975201491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 540 YMCA WAY ASHLAND, OR 975201491	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
412 FOOD RESCUE INC 6140 STATION STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
412 FOOD RESCUE INC 6140 STATION STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
412 FOOD RESCUE INC 6140 STATION STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
412 FOOD RESCUE INC 6140 STATION STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
412 FOOD RESCUE INC 6140 STATION STREET PITTSBURGH, PA 152060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
A BREEZE OF HOPE FOUNDATION PO BOX 148 ESSINGTON, PA 19029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
A BREEZE OF HOPE FOUNDATION PO BOX 148 ESSINGTON, PA 19029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A BREEZE OF HOPE FOUNDATION PO BOX 148 ESSINGTON, PA 19029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
A SOLDIERS HANDS INC 2277 OAK LEAF DRIVE STATE COLLEGE, PA 16803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
A WOMANS PLACEPO BOX 299 DOYLESTOWN, PA 189010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AARONS ACRES 1861 CHARTER LN STE 114 LANCASTER, PA 176016736	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ABHILASHA KIDS1506 PINTAIL DR AUDUBON, PA 194031857	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
ABINGTON FRIENDS SCHOOL 575 WASHINGTON LANE JENKINTOWN, PA 19046	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABINGTON HEALTH1200 OLD YORK RD ABINGTON, PA 190013720	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
ABINGTON HEALTH1200 OLD YORK RD ABINGTON, PA 190013720	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
ACADEMY OF NOTRE DAME DE NAMUR 560 SPROUL ROAD VILANOVA, PA 19085	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACADEMY OF VOCAL ARTS 1920 SPRUCE STREET PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ACHIEVA711 BINGHAM STREET PITTSBURGH, PA 152031007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ACHIEVEABILITY 21 SOUTH 61ST STREET PHILADELPHIA, PA 19139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVEMENT CENTER INC 4950 WEST 23RD ST ERIE, PA 16506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
ACHIEVEMENT CENTER INC 4950 WEST 23RD ST ERIE, PA 16506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ACTION WELLNESS 1216 ARCH STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADAMS COUNTY SOCIETY FOR THE PREVEN 11 GOLDENVILLE RD GETTYSBURG, PA 17325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ADULT CONGENITAL HEART ASSOCIATION 280 N PROVIDENCE ROAD STE 6 MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AFFORDABLE HOUSING CENTERS OF PENNS 846 N BROAD STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN AMERICAN MUSEUM IN 701 ARCH STREET PHILADELPHIA, PA 191060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
AIDS FUND2628 ORTHODOX STREET PHILADELPHIA, PA 19137	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AJ FOUNDATION FOR CHILDREN WITH AUT PO BOX 234 WYCOMBE, PA 18980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AJ FOUNDATION FOR CHILDREN WITH AUT PO BOX 234 WYCOMBE, PA 18980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
AJ FOUNDATION FOR CHILDREN WITH AUT PO BOX 234 WYCOMBE, PA 18980	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203 BALA CYNWYD, PA 190041013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	605
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 20 BALA CYNWYD, PA 190041008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,075
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD STE 203 BALA CYNWYD, PA 190041013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 20 BALA CYNWYD, PA 190041008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BOULEVARD SUITE 20 BALA CYNWYD, PA 190041008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALEXS LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD SUITE 203 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,501
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ALL INDIA MOVEMENT AIM FOR SEVA INC PO BOX 639 SAYLORSBURG, PA 183530639	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
ALLENTOWN RESCUE MISSION INC 355 HAMILTON ST ALLENTOWN, PA 18101	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLENTOWN SCHOOL DISTRICT FOUNDATIO 31 SOUTH PENN STREET PO BOX 328 ALLENTOWN, PA 18105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 184112260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	83
ALLIED SERVICES FOUNDATION 100 ABINGTON EXECUTIVE PARK CLARKS SUMMIT, PA 184112260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALMOST HOME DOG RESCUE INC PO BOX 132 DOYLESTOWN, PA 18901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
ALUMNI THEATER COMPANY PO BOX 8185 PITTSBURGH, PA 15217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 57 NORTH FRANKLIN STREET WILKESBARRE, PA 187011312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
ALZHEIMERS DISEASE AND RELATED DISO 321 N MARKET ST LANCASTER, PA 17603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 57 NORTH FRANKLIN STREET WILKESBARRE, PA 187011312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ALZHEIMERS DISEASE AND RELATED DISO 2595 INTERSTATE DRIVE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ALZHEIMERS DISEASE AND RELATED DISO 57 NORTH FRANKLIN STREET WILKESBARRE, PA 187011312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2595 INTERSTATE DRIVE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET STREET STE 102 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 57 NORTH FRANKLIN STREET WILKESBARRE, PA 187011312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2595 INTERSTATE DRIVE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ALZHEIMERS DISEASE AND RELATED DISO 399 MARKET ST STE 102 PHILADELPHIA, PA 191062117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ALZHEIMERS DISEASE AND RELATED DISO 321 N MARKET ST LANCASTER, PA 17603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMACHI PITTSBURGH 1830 FORBES AVE 2ND FLOOR PITTSBURGH, PA 152191175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
AMERICAN ANTI-VIVISECTION SOCIETY 801 OLD YORK ROAD SUITE 204 JENKINTOWN, PA 190461685	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
AMERICAN ASSOCIATION FOR CANCER RES 615 CHESTNUT ST 17TH FL PHILADELPHIA, PA 191064406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1948 E 3RD ST WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,070
AMERICAN CANCER SOCIETY INC PO BOX 897 HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 510 PELLIS RD STE 203 GREENSBURG, PA 15601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,531
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	223
AMERICAN CANCER SOCIETY INC 712 S KEYSER AVE TAYLOR, PA 18517	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1948 E 3RD ST WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 2115 W 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2115 W 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 320 BILMAR DR PITTSBURGH, PA 15205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1818 MARKET STREET SUITE 2820 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
AMERICAN CANCER SOCIETY INC RTE 422 SIPE AVE HERSHEY, PA 17033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 150 MONUMENT ROAD SUITE 100 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC TWO CHATHAM CENTER 1520/112 WASHINGTON PLACE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 150 MONUMENT ROAD SUITE 100 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMERICAN DIABETES ASSOCIATION INC 150 MONUMENT ROAD SUITE 100 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC TWO CHATHAM CENTER 1520/112 WASHINGTON PLACE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN FOUNDATION FOR CHILDREN WI 1520 GREENING LANE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
AMERICAN FOUNDATION FOR CHILDREN WI 1520 GREENING LANE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN FOUNDATION FOR CHILDREN WI 1520 GREENING LANE HARRISBURG, PA 17110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY ST PHILADELPHIA, PA 191021477	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	478
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4250 CRUM MILLS RD SUITE 100 HARRISBURG, PA 17112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
AMERICAN HEART ASSOCIATION INC 968 POSTAL ROAD SUITE 110 ALLENTOWN, PA 18109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC FOUR GATEWAY CENTER 444 LIBERTY AVE SUITE 1300 PITTSBURGH, PA 152221207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 1617 JFK BLVD SUITE 700 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HELICOPTER MUSEUM & EDUCAT 1220 AMERICAN BOULEVARD WEST CHESTER, PA 19380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LIVER FOUNDATION 1528 WALNUT ST SUITE 2020 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN LIVER FOUNDATION 1528 WALNUT ST SUITE 2020 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LIVER FOUNDATION 1528 WALNUT ST SUITE 2020 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 3001 GETTYSBURG ROAD CAMP HILL, PA 17011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 527 PLYMOUTH ROAD SUITE 415 PLYMOUTH MEETING, PA 19462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LUNG ASSOCIATION 527 PLYMOUTH ROAD SUITE 415 PLYMOUTH MEETING, PA 19462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 810 RIVER AVE PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN NATIONAL RED CROSS 724 SOUTH GEORGE ST YORK, PA 17401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 2221 CHESTNUT STREET PHILADELPHIA, PA 19013	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2801 LIBERTY AVENUE PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN NATIONAL RED CROSS 2801 LIBERTY AVENUE PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
AMERICAN NATIONAL RED CROSS 2801 LIBERTY AVENUE PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2801 LIBERTY AVENUE PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN PHILATELIC RESEARCH LIBRAR 100 MATCH FACTORY PLACE BELLEFONTE, PA 16823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AMERICAN PHILATELIC RESEARCH LIBRAR 100 MATCH FACTORY PLACE BELLEFONTE, PA 16823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN POETRY REVIEW 1906 RITTENHOUSE SQUARE PHILADELPHIA, PA 19103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
AMERICAN SWEDISH HISTORICAL FOUNDAT 1900 PATTISON AVE PHILADELPHIA, PA 191455901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMIGOS DE JESUS 2200 BYBERRY ROAD SUITE 110 HATBORO, PA 19040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMIGOS DE JESUS 2200 BYBERRY ROAD SUITE 110 HATBORO, PA 19040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 416 LINCOLN AVENUE PITTSBURGH, PA 15209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
ANIMAL FRIENDS FUREVERPO BOX 301 WARMINSTER, PA 189740531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL FRIENDS INC 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ANIMAL FRIENDS INC 562 CAMP HORNE ROAD PITTSBURGH, PA 15237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL RESCUE LEAGUE OF BERKS COUNT 58 KENNEL RD BIRDSBORO, PA 19508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL RESCUE LEAGUE WESTERN PENNSY 6926 HAMILTON AVE PITTSBURGH, PA 152081733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
ANIMAL RESCUE LEAGUE WESTERN PENNSY 6926 HAMILTON AVE PITTSBURGH, PA 152081733	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
ANIMALS IN DISTRESSPO BOX 609 COOPERSBURG, PA 180360609	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANTIETAM HUMANE SOCIETY 8513 LYONS RD WAYNESBORO, PA 172689502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARC OF NORTHEASTERN PA 115 MEADOW AVENUE SCRANTON, PA 185052168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ARC OF NORTHEASTERN PA 115 MEADOW AVENUE SCRANTON, PA 185052168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARC OF NORTHEASTERN PA 115 MEADOW AVENUE SCRANTON, PA 185052168	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
ARCADIA UNIVERSITY 450 S EASTON RD GLENSIDE, PA 190383215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ARDEN THEATRE COMPANY 40 N 2ND STREET PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARDEN THEATRE COMPANY 40 N 2ND STREET PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
ARDEN THEATRE COMPANY 40 N 2ND STREET PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ARMY GROUND FORCES ASSOCIATION 1059 THIRD AVENUE HELLERTOWN, PA 18055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY WAR COLLEGE FOUNDATION INCORPO 122 FORBES AVE ROOM B-120 CARLISLE, PA 170135234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ART PLUS GALLERY604 PENN AVE WEST READING, PA 196111004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
ARTS COUNCIL OF ERIE 23 WEST 10TH ST STE 2 ERIE, PA 16501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTSQUEST25 W THIRD ST STE 300 BETHLEHEM, PA 180151238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ARTSQUEST25 W THIRD ST STE 300 BETHLEHEM, PA 180151238	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
ASIAN ARTS INITIATIVE 1219 VINE STREET PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSETS LANCASTER 100 S QUEEN STREET LANCASTER, PA 17603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ASTON PUBLIC LIBRARY 3270 CONCORD ROAD ASTON, PA 19014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
ATTACK THEATRE INCORPORATED 2425 LIBERTY AVE PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSSIE RESCUE & PLACEMENT HELPLINE 417 FIELDSRUN RD NEW CASTLE, PA 161057005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUSTRALIAN CATTLE DOG RESCUEASSOCIA 139 MCCLURE ROAD CHESWICK, PA 15024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AUSTRALIAN CATTLE DOG RESCUEASSOCIA 139 MCCLURE ROAD CHESWICK, PA 15024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM CARES FOUNDATION 816 SECOND STREET PIKE SOUTHAMPTON, PA 18966	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AUTISM YORKPO BOX 7322 YORK, PA 174040322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
AUTISM YORKPO BOX 7322 YORK, PA 174040322	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUTISM YORKPO BOX 7322 YORK, PA 174040322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AVON GROVE CHARTER SCHOOL 110 EAST STATE ROAD WEST GROVE, PA 193908908	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
AVON GROVE EDUCATION FOUNDATION 375 S JENNERSVILLE RD WEST GROVE, PA 193908401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	49
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVON GROVE INSTRUMENTAL MUSIC BOOST 257 EAST STATE RD WEST GROVE, PA 193908956	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	13
AVON GROVE NAZARENE ACADEMY 240 STATE RD WEST GROVE, PA 19390	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
AVONDALE FIRE COMPANY EMS DIVISION 23 FIREHOUSE WAY AVONDALE, PA 193111418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVONDALE FIRE COMPANY EMS DIVISION 23 FIREHOUSE WAY AVONDALE, PA 193111418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AVONDALE FIRE COMPANY EMS DIVISION 23 FIREHOUSE WAY AVONDALE, PA 193111418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEET 100 S BROAD ST STE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BACK ON MY FEET 100 S BROAD ST STE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEET 100 S BROAD STREET PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BACK ON MY FEET 100 S BROAD ST STE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
BACK ON MY FEET 100 S BROAD ST STE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BACK ON MY FEET 100 S BROAD ST STE 2136 PHILADELPHIA, PA 19110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BAKER INDUSTRIES INC 184 PENNSYLVANIA AVE MALVERN, PA 193552418	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
BARNES FOUNDATION 2025 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARTKO FOUNDATIONPO BOX 17160 PITTSBURGH, PA 152350160	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BEAT THE STREETS WRESTLING PROGRAM 3700 MARKET STREET SUITE 300 PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BEAT THE STREETS WRESTLING PROGRAM 3700 MARKET STREET SUITE 300 PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEN FRANKLIN TECHNOLOGY CENTER OF S 4800 S 13TH ST STE 200 PHILADELPHIA, PA 19112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BENCHMARK SCHOOL 2107 N PROVIDENCE RD MEDIA, PA 190631841	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
BERKS COUNTY ASSOCIATION FOR THE BL 2020 HAMPDEN BLVD READING, PA 196041417	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BERKS COUNTY CHAMBER FOUNDATION 606 COURT STREET READING, PA 196013542	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
BERKS COUNTY COMMUNITY FOUNDATION I 237 COURT ST READING, PA 19601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BERWYN FIRE COMPANY23 BRIDGE AVE BERWYN, PA 193121715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHESDA PROJECT 1630 SOUTH STREET PHILADELPHIA, PA 191461542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BETHLEHEM AREA EDUCATION FOUNDATION PO BOX 646 BETHLEHEM, PA 18016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BETHLEHEM AREA EDUCATION FOUNDATION PO BOX 646 BETHLEHEM, PA 18016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHLEHEM AREA EDUCATION FOUNDATION PO BOX 646 BETHLEHEM, PA 18016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BEVERLYS BIRTHDAYS 9799 LAUREL AVE NORTH HUNTINGDON, PA 15642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BHARATIYA CULTURAL CENTER INC PO BOX 463 MONTGOMERYVLE, PA 189360463	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	121
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BICYCLE COALITION OF GREATER PHILAD 1500 WALNUT STREET SUITE 1107 PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS INDEPENDEN 123 S BROAD STREET SUITE 1050 PHILADELPHIA, PA 19109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS OF BUCKS C 2875 YORK ROAD JAMISON, PA 189291026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
BIG BROTHERS BIG SISTERS OF BUCKS C 2875 YORK ROAD JAMISON, PA 189291026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF BUCKS C 2875 YORK RD JAMISON, PA 189291026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
BIG BROTHERS BIG SISTERS OF GREATER 5989 CENTRE AVE SUITE 1 PITTSBURGH, PA 15206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
BIG BROTHERS BIG SISTERS OF THE LEH 41 S CARLISLE STREET ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF THE LEH 41 S CARLISLE STREET ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
BIG BROTHERS BIG SISTERS OF THE LEH 41 S CARLISLE STREET ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
BIG PICTURE PHILADELPHIA 2300 W MASTER STREET PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG PICTURE PHILADELPHIA 2300 W MASTER STREET PHILADELPHIA, PA 19121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN, PA 159050000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	725
BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN, PA 159050000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN, PA 159050000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
BISHOP MCCORT CATHOLIC HIGH SCHOOL 25 OSBORNE STREET JOHNSTOWN, PA 159050000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
BLIND AND VISION REHABILITATION SER 1816 LOCUST ST PITTSBURGH, PA 152195920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE BELL ELEMENTARY PTO 801 SYMPHONY LN BLUE BELL, PA 194221730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
BLUE BELL ELEMENTARY PTO 801 SYMPHONY LN BLUE BELL, PA 194221730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
BOY SCOUTS OF AMERICA 226 EXTON SQAURE MALL EXTON, PA 193412662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1485 VALLEY FORGE RD WAYNE, PA 190871346	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA PO BOX 20624 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA PO BOX 20624 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 226 EXTON SQAURE MALL EXTON, PA 193412662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA ONE SCOUT WAY DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 181021608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
BOYS & GIRLS CLUB OF ALLENTOWN 720 N SIXTH STREET ALLENTOWN, PA 181021608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET STE 712 PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET STE 712 PHILADELPHIA, PA 19102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
BOYS HOPE GIRLS HOPE 1005 BEAVER GRADE RD STE 103 CORAOPOLIS, PA 15108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS HOPE GIRLS HOPE 1005 BEAVER GRADE RD STE 103 CORAOPOLIS, PA 15108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
BOYS HOPE GIRLS HOPE 1005 BEAVER GRADE RD STE 103 CORAOPOLIS, PA 15108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
BRADFORD AREA PUBLIC LIBRARY 67 W WASHINGTON ST BRADFORD, PA 167011234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD EDUCATIONAL FOUNDATION 300 CAMPUS DRIVE BRADFORD, PA 16701	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BRADFORD HOSPITAL FOUNDATION 116 INTERSTATE PKWY BRADFORD, PA 167011036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRAIN INJURY ASSOCIATION OF PENNSYL 950 WALNUT BOTTOM RD SUITE 15-229 CARLISLE, PA 170157636	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE CONSERVANCY & MUSEUM OF PO BOX 141 CHADDS FORD, PA 19317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRANDYWINE VALLEY HEMOPHILIA FOUNDA PO BOX 56 POCOPSON, PA 193660056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BRANDYWINE VALLEY SOCIETY FOR THE P 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 193804045	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
BRASHEAR ASSOCIATION INCORPORATED 2005 SARAH ST PITTSBURGH, PA 152032021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREASTCANCER ORG 120 E LANCASTER AVE SUITE 201 ARDMORE, PA 19003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BREASTCANCER ORG 120 E LANCASTER AVE SUITE 201 ARDMORE, PA 19003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRIDGE OF HOPE INCPO BOX 304 EXTON, PA 193410304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROAD STREET MINISTRY 315 S BROAD ST PHILADELPHIA, PA 191075213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
BRYN MAWR COLLEGE 101 N MERION AVE DEVELOPMENT OFFICE BRYN MAWR, PA 190102859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,600
BRYN MAWR COLLEGE 101 N MERION AVE DEVELOPMENT OFFICE BRYN MAWR, PA 190102859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYN MAWR COLLEGE 101 N MERION AVE DEVELOPMENT OFFICE BRYN MAWR, PA 190102859	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BRYN MAWR HOSPITAL FOUNDATION 130 S BRYN MAWR AVE BRYN MAWR, PA 190103121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BRYN MAWR HOSPITAL FOUNDATION 130 S BRYN MAWR AVE BRYN MAWR, PA 190103121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYN MAWR HOSPITAL FOUNDATION 130 S BRYN MAWR AVE BRYN MAWR, PA 190103121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,800
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,950
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BUCKNELL UNIVERSITY UNIVERSITY ADVANCEMENT 301 MARKET STREET STE 2 LEWISBURG, PA 17837	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY CENTER FOR THE PERFORM PO BOX 199 CARVERSVILLE, PA 189130199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BUCKS COUNTY CENTER FOR THE PERFORM PO BOX 199 CARVERSVILLE, PA 189130199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BUCKS COUNTY COMMUNITY COLLEGE FOUN 275 SWAMP RD NEWTOWN, PA 189404106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY OPPORTUNITY COUNCIL IN 100 DOYLE ST DOYLESTOWN, PA 189013750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
BUCKS COUNTY OPPORTUNITY COUNCIL IN 100 DOYLE ST DOYLESTOWN, PA 189013750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	158
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	82
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BUCKS COUNTY SOCIETY FOR PREVENTION PO BOX 277 LAHASKA, PA 18931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BUHL PARK CORPORATION 715 HAZEN RD HERMITAGE, PA 161484437	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BURN PREVENTION FOUNDATION 236 NORTH 17TH STREET 2ND FLOOR ALLENTOWN, PA 181045605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
C&S PATIENT EDUCATION FOUNDATION 320 OSPREY CT WEXFORD, PA 150902509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
CAIRN UNIVERSITY200 MANOR AVE LANGHORNE, PA 19047	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMEROON FOOTBALL DEVELOPMENT PROGR 6401 PENN AVE STE 300 PITTSBURGH, PA 152064051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CAMP POSSIBILITIES FOUNDATION 219 W MINER ST APT 3 WEST CHESTER, PA 193822944	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CAMP RAINBOW INCPO BOX 139 SKIPPACK, PA 194740139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SUPPORT COMMUNITY OF THE GRE 944 MARCON BLVD SUITE 110 ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CANDYS PLACE 190 WELLES STREET SUITE 120 FORTY FORT, PA 18704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
CANDYS PLACE 190 WELLES STREET SUITE 120 FORTY FORT, PA 18704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANINE PARTNERS FOR LIFE PO BOX 170 COCHRANVILLE, PA 193300170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CAPLIN FAMILY CHARITIES INC 6097 EASTON ROAD PIPERSVILLE, PA 18947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CARIBBEAN YOUTH NETWORK INC PO BOX 27047 PITTSBURGH, PA 15235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARIBBEAN YOUTH NETWORK INC PO BOX 27047 PITTSBURGH, PA 15235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	235
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,080
CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE MELLON UNIVERSITY SIX PPG PLACE 14TH FLOOR PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE MELLON UNIVERSITY SIX PPG PLACE 14TH FLOOR PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
CARNEGIE MELLON UNIVERSITY SIX PPG PLACE 14TH FLOOR PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	288
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,281
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARNEGIE MELLON UNIVERSITY SIX PPG PLACE 14TH FLOOR PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
CARNEGIE MELLON UNIVERSITY PO BOX 371525 PITTSBURGH, PA 152517525	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
CARNEGIE MELLON UNIVERSITY SIX PPG PLACE 14TH FLOOR PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF LANCASTER COUNTY INC 35 E ORANGE ST SUITE 202 LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
CASA OF LUZERNE COUNTY 667 SOUTH RIVER STREET PLAINS, PA 18705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CASA SAN JOSE2116 BROADWAY AVE PITTSBURGH, PA 152163134	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINE MCAULEY CENTER 430 PITTSTON AVE SCRANTON, PA 185051116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES APPEAL OF THE AR 100 NORTH 20TH STREET SUITE 301 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES APPEAL OF THE AR 222 N 17TH ST STE 708 PHILADELPHIA, PA 191031295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 212 NINTH STREET PITTSBURGH, PA 152223517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CATHOLIC CHARITIES OF THE DIOCESE O 212 NINTH STREET PITTSBURGH, PA 152223517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CATHOLIC CHARITIES OF THE DIOCESE O 212 NINTH STREET PITTSBURGH, PA 152223517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC SOCIAL SERVICES INC 33 E NORTHAMPTON ST WILKESBARRE, PA 18701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CEIBA INC174 DIAMOND STREET PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
CENTER FOR DEVELOPMENTAL DISABILITI 101 POCONO DRIVE MILFORD, PA 183379408	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL BUCKS ROTARY FOUNDATION INC PO BOX 1628 DOYLESTOWN, PA 18901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CENTRAL BUCKS ROTARY FOUNDATION INC PO BOX 1628 DOYLESTOWN, PA 18901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,025
CENTRAL DAUPHIN HIGH SCHOOL FOUR DI 437 PIKETOWN RD HARRISBURG, PA 171129343	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY ROAD HARRISBURG, PA 17109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
CENTRAL SUSQUEHANNA COMMUNITY FOUND 725 W FRONT ST BERWICK, PA 186034605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CENTRE COUNTY LIBRARY & HISTORICAL 203 N ALLEGHENY ST BELLEFONTE, PA 168231601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRE COUNTY LIBRARY & HISTORICAL 203 N ALLEGHENY ST BELLEFONTE, PA 168231601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CENTRE COUNTY PAWS INC 1401 TROUT ROAD STATE COLLEGE, PA 16801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CENTRE COUNTY UNITED WAY PO BOX 664 PINE GROVE MILLS, PA 16868	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRE COUNTY UNITED WAY PO BOX 664 PINE GROVE MILLS, PA 16868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CENTRE COUNTY UNITED WAY PO BOX 664 PINE GROVE MILLS, PA 16868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
CENTRE COUNTY UNITED WAY PO BOX 664 PINE GROVE MILLS, PA 16868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRE COUNTY UNITED WAY PO BOX 664 PINE GROVE MILLS, PA 16868	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CH PENNSYLVANIA UNDER - 21 31 E ARMAT ST PHILADELPHIA, PA 191442201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CHALFONT CHEMICAL FIRE ENGINE COMPA 301 N MAIN ST CHALFONT, PA 18914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANDLER HALL HEALTH SERVICES INC 99 BARCLAY ST NEWTOWN, PA 189401593	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARCOT-MARIE-TOOTH ASSOCIATION PO BOX 105 GLENOLDEN, PA 190360105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATHAM UNIVERSITY 1 WOODLAND ROAD PITTSBURGH, PA 15232	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	152,000
CHESTER COUNTY COMMUNITY FOUNDATION 28 W MARKET ST WEST CHESTER, PA 193820000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTER COUNTY HOSPITAL FOUNDATION 701 E MARSHALL ST WEST CHESTER, PA 193804412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
CHICHESTER BASEBALL LEAGUE PO BOX 2028 BOOTHWYN, PA 190618028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILD CRISIS CENTER UGANDA 102 BRIARWOOD DRIVE GREENTOWN, PA 18426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD CRISIS CENTER UGANDA 102 BRIARWOOD DRIVE GREENTOWN, PA 18426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
CHILD HEALTH ASSOCIATION OF SEWICKL 1108 OHIO RIVER BLVD STE 802B SEWICKLEY, PA 151432049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDHOOD APRAXIA OF SPEECH ASSOCIA 1501 REEDSDALE STREET STE 202 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,575
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF ERIE C 1334 WEST 38TH STREET ERIE, PA 16508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS CRISIS TREATMENT CENTER I 1080 NORTH DELAWARE AVENUE SUITE 600 PHILADELPHIA, PA 19125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS DYSLEXIA CENTERS INC 430 SOUTH 7TH AVENUE WEST READING, PA 19611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CHILDRENS HOSPITAL PITTSBURGH FOUND 4401 PENN AVENUE PITTSBURGH, PA 15224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,700
CHILDRENS MUSEUM OF PITTSBURGH CHILDRENS MUSEUM OF PITTSBURGH PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CHILDRENS MUSEUM OF PITTSBURGH CHILDRENS MUSEUM OF PITTSBURGH PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	530
CHILDRENS SERVICE CENTER OF WYOMING 335 S FRANKLIN ST WILKES BARRE, PA 187023808	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
CHOICEONE PREGNANCY & SEXUAL HEALTH 2222 TRENTON AVENUE LEVITTOWN, PA 190561400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	300
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
CHOP CLINICAL ASSOCIATES INC C/O CHOP FOUNDATION 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	75
CHURCH OF THE NAZARENE OF FAIRVIEW 3044 GERMANTOWN PIKE EAGLEVILLE, PA 19403	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CICATRICIAL ALOPECIA RESEARCH FOUND PO BOX 1322 KULPSVILLE, PA 19443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CIRCLE OF LIGHT FOUNDATION INC 3000 W VALLEY FORGE CI KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CIRCLE OF LIGHT FOUNDATION INC 3000 W VALLEY FORGE CI KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 211 NORTH 13TH STREET SUITE 100 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CLELIAN HEIGHTS INC 135 CLELIAN HEIGHTS LN GREENSBURG, PA 156016665	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CLELIAN HEIGHTS SCHOOL FOR EXCEPTIO 135 CLELIAN HEIGHTS LN GREENSBURG, PA 156016665	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COALITION TO SHELTER AND SUPPORT TH 196 W ASHLAND STREET DOYLESTOWN, PA 189014040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	128
COATESVILLE PARENTS MUSIC CLUB INC PO BOX 72082 THORNDALE, PA 19372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COBYS FAMILY SERVICES 1417 OREGON RD LEOLA, PA 175409754	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODED BY KIDS 3675 MARKET STREET SUITE 200 PHILADELPHIA, PA 19104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
COMMON GROUND MINISTRIES INC PO BOX 381 WHITE HAVEN, PA 18661	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
COMMON GROUND MINISTRIES INC PO BOX 381 WHITE HAVEN, PA 18661	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON GROUND MINISTRIES INC PO BOX 381 WHITE HAVEN, PA 18661	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
COMMON GROUND MINISTRIES INC PO BOX 381 WHITE HAVEN, PA 18661	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
COMMONWEALTH CLASSIC THEATRE COMPAN PO BOX 971 MEDIA, PA 190630971	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH CLASSIC THEATRE COMPAN PO BOX 971 MEDIA, PA 190630971	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITY ACTION COMMITTEE OF THE L 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY ACTION COMMITTEE OF THE L 1337 EAST FIFTH STREET BETHLEHEM, PA 18015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY COLLEGE OF ALLEGHENY COUN 808 RIDGE AVENUE 102 PITTSBURGH, PA 152126003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FIRST FUND 51 SOUTH DUKE STREET SUITE 400 LANCASTER, PA 176080524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY GUIDANCE CENTER 793 OLD ROUTE 119 HWY N INDIANA, PA 157011372	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PROGRESS COUNCIL INC 226 E COLLEGE AVE YORK, PA 174032344	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
COMMUNITY VOLUNTEERS IN MEDICINE IN 300 LAWRENCE DR STE B WEST CHESTER, PA 193804289	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CONCILIO DE ORGANIZACIONES HISPANAS 141 E HUNTING PARK AVE PHILADELPHIA, PA 19124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONCILIO DE ORGANIZACIONES HISPANAS 141 E HUNTING PARK AVE PHILADELPHIA, PA 19124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CONCORDVILLE FIRE AND PROTECTIVEASS PO BOX 70 CONCORDVILLE, PA 193310070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CONGREGATION OF PASSIONIST MISSION 148 MONASTERY AVENUE PITTSBURGH, PA 15203	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGRESO DE LATINOS UNIDOS INC 216 W SOMERSET STREET PHILADELPHIA, PA 191333534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CONNEAUT LAKE AREA HISTORICAL SOCIE PO BOX 425 CONNEAUT LAKE, PA 163160425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CONSUMER CREDIT COUNSELING SERVICE 1635 MARKET STREET SUITE 510 PHILADELPHIA, PA 19103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF HAVERFORD COLLEGE 370 LANCASTER AVENUE HAVERFORD, PA 19041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,400
COUNCIL OF INDIAN ORGANIZATIONS IN P O BOX 211 MORRISVILLE, PA 19067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COVENANT MERCIES1 FELLOWSHIP RD GLEN MILLS, PA 193422279	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	533
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	69
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CRADLES TO CRAYONS INC 4700 WISSAHICKON AVE STE 142 PHILADELPHIA, PA 19144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
CROSSROADS FOUNDATION 6901 LYNN WAY PITTSBURGH, PA 152082438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL ALLIANCE OF YORK COUNTY 14 WEST MARKET STREET YORK, PA 174011617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CURE4CAM INCPO BOX 211 LYNDELL, PA 193540211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CYSTIC FIBROSIS FOUNDATION 2002 SPROUL RD STE 102 BROOMALL, PA 190083511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2002 SPROUL RD STE 102 BROOMALL, PA 190083511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CYSTIC FIBROSIS FOUNDATION 600 WATERFRONT DRIVE SUITE 223 PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 600 WATERFRONT DRIVE SUITE 223 PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 2002 SPROUL RD STE 102 BROOMALL, PA 190083511	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DA VINCI ART ALLIANCE 704 CATHARINE ST PHILADELPHIA, PA 191472812	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
DANGELO FOUNDATION969 STREET RD SOUTHAMPTON, PA 189664728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE COUNTY SOCIETY FOR THE PRE 555 SANDY BANK RD MEDIA, PA 19063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
DELAWARE VALLEY FRIENDS SCHOOL 19 E CENTRAL AVENUE PAOLI, PA 193011345	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,600
DELAWARE VALLEY UNIVERSITY 700 E BUTLER AVE DOYLESTOWN, PA 189010000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DELAWARE VALLEY UNIVERSITY 700 E BUTLER AVE DOYLESTOWN, PA 189010000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
DELMONT MEALS ON WHEELS INC 301 E PITTSBURGH ST DELMONT, PA 156261427	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
DEMENTIA SOCIETY INCPO BOX 600 DOYLESTOWN, PA 189010600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEMUTH FOUNDATION 120 EAST KING STREET LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
DEMUTH FOUNDATION 120 EAST KING STREET LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DEMUTH FOUNDATION 120 EAST KING STREET LANCASTER, PA 17602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	629
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVON PREPARATORY SCHOOL 363 VALLEY FORGE ROAD DEVON, PA 19333	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	470
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,083
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DICKINSON COLLEGEP O BOX 1773 CARLISLE, PA 170132896	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
DIOCESE OF HARRISBURG 2427 MARIETTA AVENUE LANCASTER, PA 17601	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,036
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT RD HARRISBURG, PA 171113710	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DIOCESE OF HARRISBURG 2427 MARIETTA AVENUE LANCASTER, PA 17601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
DIOCESE OF HARRISBURG 4800 UNION DEPOSIT RD HARRISBURG, PA 171113710	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
DISTINGUISHED DOBERMANS RESCUE PO BOX 583 MOON TOWNSHIP, PA 151080583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT NRI FOUNDATION INC 186 MILBURY RD COATESVILLE, PA 193205603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	715
DISTRICT NRI FOUNDATION INC 186 MILBURY RD COATESVILLE, PA 193205603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
DISTRICT NRI FOUNDATION INC 186 MILBURY RD COATESVILLE, PA 193205603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOGS IN BRAZIL3944 ECHO LANE GLENVILLE, PA 17329	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,108
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,391
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,886
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,371
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,183
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,088
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,711
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	721
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,301
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
DONORSCHOOSE ORG MAIL CODE 6656 PO BOX 7247 PHILADELPHIA, PA 19170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	568
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWN SYNDROME ASSOCIATION OF PITTSB 700 BURSCA DR STE 706 BRIDGEVILLE, PA 150171450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DOWNINGTOWN EAST WRESTLING BOOSTERS 50 DEVON DR EXTON, PA 193411783	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DOYLESTOWN HOSPITAL 595 W STATE ST DOYLESTOWN, PA 189012554	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM COME TRUEPO BOX 21167 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
DREAM COME TRUEPO BOX 21167 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
DREAM COME TRUEPO BOX 21167 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREAM COME TRUEPO BOX 21167 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
DREAM COME TRUEPO BOX 21167 LEHIGH VALLEY, PA 18002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	16
DRESS FOR SUCCESS LUZERNE COUNTY 38 W MARKET ST WILKES BARRE, PA 187011313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DREWS HOPE RESEARCH FOUNDATION PO BOX 924 NEWTOWN, PA 18940	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	925
DREXEL UNIVERSITYPO BOX 8215 PHILADELPHIA, PA 191019684	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
DUQUESNE UNIVERSITY OF THE HOLY SPI 406 ADMINISTRATION BUILDING PITTSBURGH, PA 15282	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUQUESNE UNIVERSITY OF THE HOLY SPI 406 ADMINISTRATION BUILDING PITTSBURGH, PA 15282	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
EAGLES AUTISM CHALLENGE INC 1 NOVACARE WAY PHILADELPHIA, PA 19145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
EAGLES AUTISM CHALLENGE INC 1 NOVACARE WAY PHILADELPHIA, PA 19145	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST HIGH SCHOOL BAND BOOSTERS ASSO 450 ELLIS LN W CHESTER, PA 193805123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
EAST HIGH SCHOOL BAND BOOSTERS ASSO 450 ELLIS LN W CHESTER, PA 193805123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
EASTER SEALS EASTERN PENNSYLVANIA 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS EASTERN PENNSYLVANIA 1501 LEHIGH ST STE 201 ALLENTOWN, PA 181033880	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EASTER SEALS OF SOUTHEASTERN PENNSY 3975 CONSHOHOCKN AVE PHILADELPHIA, PA 191315426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EASTERN PENNSYLVANIA DOWN SYNDROME 6900 HAMILTON BLVD PO BOX 60 TREXLERTOWN, PA 18087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTON AREA PUBLIC LIBRARY 515 CHURCH STREET EASTON, PA 180420000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EASTON EMERGENCY SQUAD 908 PACKER ST EASTON, PA 180427360	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EDINBORO UNIVERSITY ALUMNI ASSOC 210 MEADVILLE STREET EDINBORO, PA 16444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDINBORO UNIVERSITY ALUMNI ASSOC 210 MEADVILLE STREET EDINBORO, PA 16444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EDINBORO UNIVERSITY FOUNDATION 210 MEADVILLE STREET EDINBORO, PA 164440001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	900
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	66
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	44
ELIZABETHTOWN COLLEGE ONE ALPHA DRIVE ELZABETHTOWN, PA 170222298	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	22
ELWYN111 ELWYN RD ELWYN, PA 190634622	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELWYN OF PENNSYLVANIA AND DELAWARE 111 ELWYN RD ELWYN, PA 190634622	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
ENCORE SERIES INC 1518 WALNUT STREET SUITE 1706 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
ENTERPRISE CENTER 4548 MARKET STREET PHILADELPHIA, PA 19139	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ENTREPRENEUR WORKS FUND 400 MARKET STREET SUITE 210 PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
ENTREPRENEUR WORKS FUND 400 MARKET STREET SUITE 210 PHILADELPHIA, PA 19106	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
EPILEPSY ASSOCIATION OF WESTERN AND 1501 REEDSDALE STREET SUTE3002 PITTSBURGH, PA 152332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY ASSOCIATION OF WESTERN AND 1501 REEDSDALE STREET SUTE3002 PITTSBURGH, PA 152332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EPILEPSY ASSOCIATION OF WESTERN AND 1501 REEDSDALE STREET SUTE3002 PITTSBURGH, PA 152332341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
EPILEPSY FOUNDATION OF EASTER PA 919 WALNUT ST STE 700 PHILADELPHIA, PA 191075237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL ACADEMY 1785 BISHOP WHITE DR NEWTOWN SQUARE, PA 19073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
EPISCOPAL ACADEMY 1785 BISHOP WHITE DR NEWTOWN SQUARE, PA 19073	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE COMMUNITY FOUNDATION 459 W 6TH ST ERIE, PA 165071215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,775
ERIE DAWN INC2816 ELMWOOD AVE ERIE, PA 165081425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ERIE LACKAWANNA DINING CAR PRESERVA 201 SOUTH BLAKELY ST DUNMORE, PA 18512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE LACKAWANNA DINING CAR PRESERVA 201 SOUTH BLAKELY ST DUNMORE, PA 18512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ERIE OUTLAWS YOUTH BASEBALL 4417 ALLEGHENY RD ERIE, PA 165091012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 165080268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ERIE ZOOLOGICAL SOCIETY PO BOX 3268 ERIE, PA 165080268	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EXETER WRESTLING PARENTS CLUB 19 HAYDEN CICLE READING, PA 196060000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
EYNON STURGES VOLUNTEER HOSE CO 3 441 THOMAS ST EYNON, PA 184031241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F M KIRBY CENTER FOR THR PERFORM IN 71 PUBLIC SQUARE WILKESBARRE, PA 18701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FAIRMOUNT PARK CONSERVANCY 1617 JOHN F KENNEDY BLVD SUITE 1670 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
FAIRMOUNT PARK CONSERVANCY 1617 JOHN F KENNEDY BLVD SUITE 1670 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY LIVES ON FOUNDATION 582 WHARTON BLVD EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FAMILY LIVES ON FOUNDATION 582 WHARTON BLVD EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FAMILY LIVES ON FOUNDATION 582 WHARTON BLVD EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY LIVES ON FOUNDATION 582 WHARTON BLVD EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY LIVES ON FOUNDATION 582 WHARTON BLVD EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY PROMISE OF LOWER BUCKS 837 HOE RD LEVITTOWN, PA 190561444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF LOWER BUCKS 837 HOE RD LEVITTOWN, PA 190561444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FAMILY PROMISE OF LOWER BUCKS 837 HOE RD LEVITTOWN, PA 190561444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
FAMILY PROMISE OF LYCOMING COUNTY I 635 HEPBURN ST WILLIAMSPORT, PA 177015046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF SOUTHERN CHESTER 1156 WEST BALTIMORE PIKE KENNETT SQUARE, PA 19348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FAMILY SERVICE ASSOC OF BUCKS COUNT 4 CORNERSTONE DR LANGHORNE, PA 190471314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FAMILY SERVICE ASSOCIATION OF NORTH 31 WEST MARKET STREET WILKES BARRE, PA 18701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANTA1301 N 2ND STREET PHILADELPHIA, PA 19122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FIORENZAS FOOD FOR FRIENDS F4 INC 993 ERICSSON DR COATESVILLE, PA 19320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FIORENZAS FOOD FOR FRIENDS F4 INC 993 ERICSSON DR COATESVILLE, PA 19320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST STEP STAFFING 1952 EAST ALLEGHENY AVENUE 5TH FLOOR PHILADELPHIA, PA 19134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FLYING FUR ANIMAL RESCUE PO BOX 299 ZIEGLERVILLE, PA 194920299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
FLYING FUR ANIMAL RESCUE PO BOX 299 ZIEGLERVILLE, PA 194920299	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FOR PETES SAKE CANCER RESPITE FOUND 620 WEST GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOR THE LOVE OF ALEX INC PO BOX 4457 BETHLEHEM, PA 18018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
FOR THE LOVE OF ALEX INC PO BOX 4457 BETHLEHEM, PA 18018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
FOR THE LOVE OF ALEX INC PO BOX 4457 BETHLEHEM, PA 18018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
FORGE THEATRE INCPO BOX 474 PHOENIXVILLE, PA 194600474	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER LOVE PROJECTPO BOX 8779 PITTSBURGH, PA 15221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOUNDATION FOR FREE ENTERPRISE EDUC 3076 W 12TH ST ERIE, PA 165053857	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
FOUNDATION FOR INDIANA UNIVERSITY O G1 SUTTON HALL INDIANA, PA 157050001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
FOX CHASE CANCER CENTER MEDICAL GRO 333 COTTMAN AVE PHILADELPHIA, PA 191112434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOX CHASE CANCER CENTER MEDICAL GRO 333 COTTMAN AVE PHILADELPHIA, PA 191112434	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	85
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 176043003	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
FRANKLIN INSTITUTE 222 NORTH 20TH STREET PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
FRANKLIN INSTITUTE 222 NORTH 20TH STREET PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRICK ART & HISTORICAL CENTER INC 7227 REYNOLDS STREET PITTSBURGH, PA 152082919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FRIEDREICHS ATAXIA RESEARCH ALLIANC 533 W UWCHLAN AVE DOWNINGTON, PA 19335	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
FRIEDREICHS ATAXIA RESEARCH ALLIANC 533 W UWCHLAN AVE DOWNINGTON, PA 19335	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BRIAR BUSH 1212 EDGE HILL ROAD ABINGTON, PA 19001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF CELI3 COTTONWOOD CT LAFAYETTE HL, PA 194442325	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE CHESTER COUNTY LIBRA 450 EXTON SQUARE PKWY EXTON, PA 193412458	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PEACE TRAIN INC 251 S 13TH STREET PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE RIVERFRONT INC 12 FREEPORT STREET PITTSBURGH, PA 15223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF THE RIVERFRONT INC 12 FREEPORT STREET PITTSBURGH, PA 15223	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WISSAHICKON INC 40 W EVERGREEN AVENUE SUITE 108 PHILADELPHIA, PA 19118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRIENDS SELECT SCHOOL 1651 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
FULTON THEATRE COMPANY 12 NORTH PRINCE STREET LANCASTER, PA 176081865	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUREVER HOME ADOPTION CENTER 5984 MAIN STREET EAST PETERSBURG, PA 175201549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GALA CHORUSES INCPO BOX 99998 PITTSBURGH, PA 15233	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GENERAL MCLANE FOUNDATION 11771 EDINBORO RD EDINBORO, PA 16412	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE SCHOOL 1690 NEWTOWN LANGHORNE ROAD NEWTOWN, PA 18940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
GEORGE SCHOOL 1690 NEWTOWN LANGHORNE ROAD NEWTOWN, PA 18940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
GEORGE SCHOOL 1690 NEWTOWN LANGHORNE ROAD NEWTOWN, PA 18940	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,200
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,711
GETTYSBURG COLLEGE 300 N WASHINGTON ST BOX 426 GETTYSBURG, PA 17325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,785
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 173257034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 173257034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	111
GILDAS CLUB DELAWARE VALLEY INC 200 KIRK RD WARMINSTER, PA 189742332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
GIRL SCOUTS OF EASTERN PENNSYLVANIA 330 MANOR RD MIQUON, PA 194441741	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INC OF GREATER PHILADELPHIA & 1501 CHERRY STREET PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GIRLS ON THE RUN OF LANCASTER 1116 MANHEIM PIKE LANCASTER, PA 17601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL HOSE COMPANY 1 OF LATROBE 901 JEFFERSON STREET LATROBE, PA 15601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GRATZ COLLEGE7605 OLD YORK ROAD MELROSE PARK, PA 19027	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,902
GREAT VALLEY COMMUNITY ORGANIZATION 19 N BACTON HILL RD MALVERN, PA 193551005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER DELAWARE VALLEY SOCIETY OF 401 N 3RD ST PHILADELPHIA, PA 191234101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GREATER ERIE ALLIABCE FOR EQUALITY 301 W 10TH ST ERIE, PA 16502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREATER PHILADELPHIA HISPANIC CHAMB 1520 LOCUST STREET PHILADELPHIA, PA 19102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PHILADELPHIA YOUNG MENS CHR 400 FAYETTE ST 250 CONSHOHOCKEN, PA 19428	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	62,500
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PITTSBURGH COMMUNITY FOOD B 1 N LINDEN ST DUQUESNE, PA 151101097	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
GREATER WILKES-BARRE ASSOCIATION FO 1825 WYOMING AVE EXETER, PA 18643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREEN RIDGE VOLUNTEER FIRE COMPANY PO BOX 2057 ASTON, PA 190140057	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN RIDGE VOLUNTEER FIRE COMPANY PO BOX 2057 ASTON, PA 190140057	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	18
GREEN VALLEY ELEMENTARY SCHOOL H S 270 GREEN VALLEY RD SINKING SPG, PA 196089741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
GREEN VALLEY ELEMENTARY SCHOOL H S 270 GREEN VALLEY RD SINKING SPG, PA 196089741	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENMORE FARM ANIMAL RESCUE INC 246 CLONMELL UPLAND RD WEST GROVE, PA 193909016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GREENMORE FARM ANIMAL RESCUE INC 246 CLONMELL UPLAND RD WEST GROVE, PA 193909016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREENMORE FARM ANIMAL RESCUE INC 246 CLONMELL UPLAND RD WEST GROVE, PA 193909016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROVE CITY COLLEGE100 CAMPUS DR GROVE CITY, PA 161272101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	950
GROVE CITY COLLEGE100 CAMPUS DR GROVE CITY, PA 161272101	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
GROVE CITY COMMUNITY LIBRARY INC 125 W MAIN ST GROVE CITY, PA 161271221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROVE CITY COMMUNITY LIBRARY INC 125 W MAIN ST GROVE CITY, PA 161271221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GWYNEDD MERCY ACADEMY HIGH SCHOOL PO BOX 902 1345 SUMNEYTOWN PIKE GWYNEDD VALLEY, PA 194370902	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
H A C E167 W ALLEGHENY AVENUE PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
H A C E167 W ALLEGHENY AVENUE PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
H A C E167 W ALLEGHENY AVENUE PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 303 MARKET STREET KINGSTON, PA 18704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 189142812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 1847 EAST LINCOLN HIGHWAY COATESVILLE, PA 19320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 189142812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,510
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH ST PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 189142812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH ST PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH STREET PHILADELPHIA, PA 191212205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HABITAT FOR HUMANITY INTERNATIONAL 31 OAK AVENUE SUITE 100 CHALFONT, PA 189142812	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 1829 N 19TH ST PHILADELPHIA, PA 19121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
HABITAT FOR HUMANITY OF GREATER PIT 6435 FRANKSTOWN AVE SUITE 100 PITTSBURGH, PA 152064055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
HABITAT FOR HUMANITY OF MONTGOMERY 533 FOUNDRY ROAD EAGLEVILLE, PA 194033901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF MONTGOMERY 533 FOUNDRY ROAD EAGLEVILLE, PA 194033901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HAMOT HEALTH FOUNDATION 302 FRENCH ST ERIE, PA 165071428	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
HANDS HOLDING HEARTS 118 NORTH STATE STREET NEWTOWN, PA 18940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARMONY SINGERS OF PITTSBURGH INC PO BOX 571 BETHEL PARK, PA 15102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HARRISBURG SYMPHONY ASSOCIATION 800 CORPORATE CIRCLE SUITE 101 HARRISBURG, PA 17110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
HAVIN FOUNDATIONPO BOX 983 KITTANNING, PA 162010983	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAZELWOOD INITIATIVE INC 5344 2ND AVE PITTSBURGH, PA 15207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HAZLETON AREA PUBLIC LIBRARY 55 N CHURCH STREET HAZLETON, PA 18201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	51
HAZLETON AREA PUBLIC LIBRARY 55 N CHURCH STREET HAZLETON, PA 18201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEADSTRONG FOUNDATION 232 GREEN AVENUE HOLMES, PA 190431117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HEADSTRONG FOUNDATION 232 GREEN AVENUE HOLMES, PA 190431117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
HEART OF HOPE-THE CARALYNN TITTER F 4 MOORINGS RD WEST GROVE, PA 193909778	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEKIMA PLACE INC305 34TH STREET PITTSBURGH, PA 15201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HELPHOPELIVE INC TWO RADNOR CORP CTR - 100 MATSONFOR RD STE 100 RADNOR, PA 190874558	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
HEMPFIELD FOUNDATION 200 CHURCH ST LANDISVILLE, PA 175381332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEMPFIELD FOUNDATION 200 CHURCH ST LANDISVILLE, PA 175381332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 189028400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 189028400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 189028400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HEPATITIS B FOUNDATION 3805 OLD EASTON RD DOYLESTOWN, PA 189028400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HERITAGE VALLEY HEALTH SYSTEM 420 ROUSER ROAD SUITE 102 MOON TOWNSHIP, PA 15108	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	62
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE VALLEY HEALTH SYSTEM FOUND 420 ROUSER ROAD SUITE 102 MOON TOWNSHIP, PA 15108	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	8
HILLSIDE ELEMENTARY SCHOOL PTO 507 HOWELLVILLE RD BERWYN, PA 193121037	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	270
HISTORIC PRESERVATION & EDUCATION F 215 S 16TH ST PHILADELPHIA, PA 191023349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY CHILD SCHOOL AT ROSEMONT 1344 MONTGOMERY AVE ROSEMONT, PA 190101629	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HOLY FAMILY REGIONAL CATHOLIC SCHOO 2477 TRENTON ROAD LEVITTOWN, PA 190561424	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
HOLY GHOST PREP2429 BRISTOL PIKE BENSALEM, PA 19020	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY GHOST PREP2429 BRISTOL PIKE BENSALEM, PA 19020	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HOLY GHOST PREP2429 BRISTOL PIKE BENSALEM, PA 19020	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
HOLY GHOST PREP2429 BRISTOL PIKE BENSALEM, PA 19020	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY REDEEMER HEALTH SYSTEM 1648 HUNTINGDON PIKE MEADOWBROOK, PA 190468001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HOME AT LAST DOG RESCUE INC 904 E MONTGOMERY AVE NORTH WALES, PA 194542935	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOME AT LAST DOG RESCUE INC PO BOX 1341 NORTH WALES, PA 19454	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS CHILDRENS EDUCATION FUND ONE HOPE SQ 1901 CENTRE AVE NO 301 PITTSBURGH, PA 152190000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
HORSEWAYS INCPO BOX 545 GWYNEDD VALLEY, PA 194370545	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HOSANNA HOUSE INC 807 WALLACE AVENUE WILKINSBURG, PA 15221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE & COMMUNITY CARE 685 GOOD DR LANCASTER, PA 176012426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
HOSPICE OF THE SACRED HEART 600 BALTIMORE DRIVE WILKES BARRE, PA 187027901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
HOSPICE OF THE SACRED HEART 600 BALTIMORE DRIVE WILKES BARRE, PA 187027901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE SACRED HEART 600 BALTIMORE DRIVE WILKES BARRE, PA 187027901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5
HUMANE SOCIETY OF HARRISBURG AREA I 7790 GRAYSON RD HARRISBURG, PA 171115415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY OF HARRISBURG AREA I 7790 GRAYSON RD HARRISBURG, PA 171115415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF LACKAWANNA COUNTY 967 GRIFFIN POND RD S ABINGTN TWP, PA 184119214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HUNTERS SHARING THE HARVEST INC 6780 HICKORY LN HARRISBURG, PA 171123348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
IMMACULATA UNIVERSITY 1145 KING ROAD VILLA MARIA 243 IMMACULATA, PA 19345	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT SERVICES CORP 1952 E ALLEGHENY AVE PHILADELPHIA, PA 191343122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
IN PURSUIT OF GRACEPO BOX 20165 SCRANTON, PA 18503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
IN PURSUIT OF GRACEPO BOX 20165 SCRANTON, PA 18503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDEPENDENCE VISTOR CENTER CORPORAT 599 MARKET STREET 1 N INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
INDIANA COUNTY COMMUNITY ACTION PRO 827 WATER STREET INDIANA, PA 157011755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
INDIANA COUNTY COMMUNITY ACTION PRO 827 WATER STREET INDIANA, PA 157011755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIANA COUNTY COMMUNITY ACTION PRO 827 WATER STREET INDIANA, PA 157011755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
INDIANA COUNTY COMMUNITY ACTION PRO 827 WATER STREET INDIANA, PA 157011755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	930
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	620
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 19111	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	310
INTEGRATE FOR GOOD INC 1117 BRIDGE STREET 247 CREAMERY, PA 19430	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL ASSN OF PERFORMING AR 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
J WOOD PLATT CADDIE SCHOLARSHIP TRU 1974 SPROUL ROAD BROOMALL, PA 19008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JAMES A MICHENER ART MUSEUM 138 S PINE ST DOYLESTOWN, PA 189014931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JAMES A MICHENER ART MUSEUM 138 S PINE ST DOYLESTOWN, PA 189014931	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMIES DREAM TEAM4617 WALNUT ST MCKEESPORT, PA 151326234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
JAMIES DREAM TEAM4617 WALNUT ST MCKEESPORT, PA 151326234	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JANA MARIE FOUNDATION 1372 SOUTH ATHERTON STREET STATE COLLEGE, PA 16801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
JDRF INTERNATIONAL 501 MARTINDALE STREET SUITE 670 PITTSBURGH, PA 15212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
JDRF INTERNATIONAL 555 CROTON ROAD SUITE 111 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY ALLIANCE OF NORTHE 613 SJ STRAUSS LN KINGSTON, PA 18704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,025
JEWISH COMMUNITY ALLIANCE OF NORTHE 613 SJ STRAUSS LN KINGSTON, PA 18704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,900
JEWISH COMMUNITY CENTER OF SCRANTON 601 JEFFERSON AVE SCRANTON, PA 185101621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY & CHILDRENS SERVICE 5743 BARTLETT ST PITTSBURGH, PA 152171515	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
JEWISH FAMILY AND CHILDRENS SERVICE 2100 ARCH STREET 5TH FLOOR PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JEWISH FEDERATION OF GREATER PHILAD 2100 ARCH ST 8TH FLOOR PHILADELPHIA, PA 191031308	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PHILAD 2100 ARCH ST 8TH FLOOR PHILADELPHIA, PA 191031308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,013
JEWISH FEDERATION OF GREATER PHILAD 2100 ARCH ST 8TH FLOOR PHILADELPHIA, PA 191031308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,354
JEWISH FEDERATION OF GREATER PITTSB 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PITTSB 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
JEWISH FEDERATION OF GREATER PITTSB 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
JEWISH FEDERATION OF GREATER PITTSB 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FEDERATION OF GREATER PITTSB 2000 TECHNOLOGY DRIVE PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JEWISH HOME OF EASTERN PENNSYLVANIA 1101 VINE ST SCRANTON, PA 185102126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
JEWISH IDENTITY CENTER INC 10100 JAMISON AVENUE STE 210 PHILADELPHIA, PA 19116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH RELIEF AGENCY 225 E CITY AVE STE 210 BALA CYNWYD, PA 190042837	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JON BON JOVI SOUL FOUNDATION 1600 MARKET STREET SUITE 2600 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
JON BON JOVI SOUL FOUNDATION 1600 MARKET STREET SUITE 2600 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONATHAN BEECH MEMORIAL CONCERT INC 474 GREENWOOD RD KENNETT SQ, PA 193482529	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JUNIATA VALLEY SD 4251 HUTCHISON ROAD PETERSBURG, PA 16669	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
JUNIATA VALLEY SD 4251 HUTCHISON ROAD PETERSBURG, PA 16669	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIATA VALLEY SD 4251 HUTCHISON ROAD PETERSBURG, PA 16669	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
JUNIOR ACHIEVEMENT OF SOUTHEASTERN 994 OLD EAGLE SCHOOL RD STE 1014 WAYNE, PA 19087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
JUNIOR ACHIEVEMENT OF WESTERN PENNS 90 EMERSON LANE SUITE 1403 BRIDGEVILLE, PA 15017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	243
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	243
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF PITSSBURGH INC 33 TERMINAL WAY SUITE 531A PITTSBURGH, PA 152191212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
KE ALLSTAR BOOSTER CLUB 913 STANTON AVE OLYPHANT, PA 18447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KE ALLSTAR BOOSTER CLUB 913 STANTON AVE OLYPHANT, PA 18447	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,830
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLY ANNE DOLAN MEMORIAL FUND 580 VIRGINIA DRIVE SUITE 110 FORT WASHINGTON, PA 19034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
KENNETT EDUCATION FOUNDATION INC PO BOX 849 KENNETT SQUARE, PA 19348	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KENNETT MIDDLE SCHOOL PTO 195 SUNNY DELL RD LANDENBERG, PA 193501374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNETT MIDDLE SCHOOL PTO 195 SUNNY DELL RD LANDENBERG, PA 193501374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
KENNETT MIDDLE SCHOOL PTO 195 SUNNY DELL RD LANDENBERG, PA 193501374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
KEYSTONE HUMAN SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEYSTONE KIDSPACEPO BOX 2442 YORK, PA 17405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KEYSTONE KIDSPACEPO BOX 2442 YORK, PA 17405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
KEYSTONE KIDSPACEPO BOX 2442 YORK, PA 17405	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS SMILES INC3751 ISLAND AVE PHILADELPHIA, PA 191532300	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
KIMMEL CENTER INC 1500 WALNUT ST 17TH FLOOR PHILADELPHIA, PA 19102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINGS COLLEGE133 N RIVER STREET WILKESBARRE, PA 18711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
KINGS COLLEGE133 N RIVER STREET WILKESBARRE, PA 18711	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	325
KISKIMINETAS SPRINGS SCHOOL 1888 BRETT LANE SALTSBURG, PA 156818951	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITTY JUNCTION INC 3808 SWETLAND DRIVE DOYLESTOWN, PA 18902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KIWANIS CLUB OF WASHINGTON CROSSING PO 393 YARDLY, PA 19067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KODIS CLUB INC230 COWPATH RD SOUDERTON, PA 18964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KODIS CLUB INC230 COWPATH RD SOUDERTON, PA 18964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KOINOS COMMUNITY CHURCH 801 COMMERCE ST SINKING SPRING, PA 19608	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,400
KOINOS COMMUNITY CHURCH 801 COMMERCE ST READING, PA 196081354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KOINOS COMMUNITY CHURCH 801 COMMERCE ST READING, PA 196081354	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
LA SALLE ACADEMY 1434 NORTH 2ND STREET PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAFAYETTE COLLEGE 730 HIGH STREET 304 MARKLE HALL EASTON, PA 18042	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	240
LAKE ERIE ARBORETUM AT FRONTIER 1501 W 6TH ST ERIE, PA 165055036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE HARMONY VOLUNTEER FIRE COMPANY PO BOX 554 LAKE HARMONY, PA 186240554	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMANCHAPO BOX 656 UNIONVILLE, PA 19375	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
LAMANCHAPO BOX 656 UNIONVILLE, PA 193750656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
LAMANCHAPO BOX 656 UNIONVILLE, PA 19375	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMANCHAPO BOX 656 UNIONVILLE, PA 193750656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
LAMANCHAPO BOX 656 UNIONVILLE, PA 19375	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
LAMANCHAPO BOX 656 UNIONVILLE, PA 193750656	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER CATHOLIC HIGH SCHOOL 650 JULIETTE AVE LANCASTER, PA 17601	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
LANCASTER GENERAL HEALTH FOUNDATION 609 N CHERRY ST LANCASTER, PA 176022250	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LANCASTER SCIENCE CENTER 454 NEW HOLLAND AVENUE LANCASTER, PA 17602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	438
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANKENAU MEDICAL CENTER FOUNDATION 100 LANCASTER AVENUE WYNNEWOOD, PA 190963450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LASALLE COLLEGE HIGH SCHOOL 8605 CHELTENHAM AVENUE WYNDMOOR, PA 19038	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,600
LASALLE COLLEGE HIGH SCHOOL 8605 CHELTENHAM AVENUE WYNDMOOR, PA 19038	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LASALLE COLLEGE HIGH SCHOOL 8605 CHELTENHAM AVENUE WYNDMOOR, PA 19038	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
LAUREL HOUSEPO BOX 764 NORRISTOWN, PA 194040764	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
LAW ENFORCEMENT UNITED INC PO BOX 102 LYON STATION, PA 19536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEBANON VALLEY COLLEGE 101 N COLLEGE AVE ANNVILLE, PA 170031404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
LEGACY OF LIFE FOUNDATION 25 S MAIN STREET 217 YARDLEY, PA 190671527	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,217
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,100
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,750
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,894
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH UNIVERSITY 306 SOUTH NEW STREET SUITE 500 BETHLEHEM, PA 18015	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,100
LEHIGH VALLEY HOSPITALPO BOX 1883 ALLENTOWN, PA 18105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
LEHIGH VALLEY HOSPITALPO BOX 1883 ALLENTOWN, PA 18105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEHIGH VALLEY PUBLIC TELECOMMUNICAT 123 SESAME ST BETHLEHEM, PA 180154719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LEHIGH VALLEY PUBLIC TELECOMMUNICAT 839 SESAME STREET BETHLEHEM, PA 18105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIGHT OF LIFE MINISTRIES INC 913 WESTERN AVE PITTSBURGH, PA 15233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIGHT OF LIFE MINISTRIES INC 913 WESTERN AVE PITTSBURGH, PA 15233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
LIGHT OF LIFE MINISTRIES INC 913 WESTERN AVE PITTSBURGH, PA 15233	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LION FOUNDATION2627 CHESTNUT ST CAMP HILL, PA 170114623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIONS EYE BANK OF DELAWARE VALLEY 401 N 3RD ST STE 305 PHILADELPHIA, PA 191234101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIONS EYE BANK OF DELAWARE VALLEY 401 N 3RD ST STE 305 PHILADELPHIA, PA 191234101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
LITERACY PITTSBURGH 411 SEVENTH AVENUE PITTSBURGH, PA 152191919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE LEAGUE BASEBALL INC PO BOX 70 WEST GROVE, PA 19390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE SISTERS OF THE POOR OF THE S 1028 BENTON AVE PITTSBURGH, PA 152121607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
LIVING BEYOND BREAST CANCER 40 MONUMENT RD SUITE 104 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LIVING BEYOND BREAST CANCER 40 MONUMENT RD SUITE 104 BALA CYNWYD, PA 19004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING HOPE INTERNATIONAL INCORPORA 449 PENNSYLVANIA AVE FT WASHINGTON, PA 190343414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LIVING HOPE INTERNATIONAL INCORPORA 449 PENNSYLVANIA AVE FT WASHINGTON, PA 190343414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LONGWOOD FIRE CO 1001 E BALTIMORE PIKE KENNETT SQUARE, PA 193482301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	87
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONGWOOD FIRE CO 1001 E BALTIMORE PIKE KENNETT SQUARE, PA 193482301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LONGWOOD FIRE CO 1001 E BALTIMORE PIKE KENNETT SQUARE, PA 193482301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
LONGWOOD GARDENS INCPO BOX 501 KENNETT SQ, PA 193480501	NONE	4940(D)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER MACUNGLE FIRE DEPARTMENT PO BOX 3002 WESCOSVILLE, PA 181060002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LOWER MERION LITTLE LEAGUE INC PO BOX 95 GLADWYNE, PA 19035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LOWER MERION LITTLE LEAGUE INC PO BOX 95 GLADWYNE, PA 19035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOYAL LEGION MEMORIAL FUND 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
LULUS RESCUEPO BOX 46 PT PLEASANT, PA 189500046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LUPUS FOUNDATION OF AMERICA PHILADE 101 GREENWOOD AVENUE SUITE 200 JENKINTOWN, PA 19046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICA PHILADE 101 GREENWOOD AVENUE SUITE 200 JENKINTOWN, PA 19046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
LUPUS FOUNDATION OF AMERICA PHILADE 101 GREENWOOD AVENUE SUITE 200 JENKINTOWN, PA 19046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LUPUS FOUNDATION OF AMERICA PHILADE 101 GREENWOOD AVENUE SUITE 200 JENKINTOWN, PA 19046	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUV-N-BUNNS8630 BLOOMFIELD AVE PHILADELPHIA, PA 19115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUZERNE COUNTY HISTORICAL SOCIETY 49 S FRANKLIN ST WILKES BARRE, PA 187011202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LYCOMING COUNTY UNITED WAY INC ONE WEST THIRD STREET SUITE 208 WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	688
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYCOMING COUNTY UNITED WAY INC ONE WEST THIRD STREET SUITE 208 WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	868
LYCOMING COUNTY UNITED WAY INC ONE WEST THIRD STREET SUITE 208 WILLIAMSPORT, PA 17701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	172
MADLYN AND LEONARD ABRAMSON CENTER 1425 HORSHAM RD NORTH WALES, PA 194541320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADLYN AND LEONARD ABRAMSON CENTER 1425 HORSHAM RD NORTH WALES, PA 194541320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
MAGEE-WOMENS RESEARCH INSTITUTE AND 3339 WARD ST PITTSBURGH, PA 152134430	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MAIN LINE RESCUE INCPO BOX 89 CHESTER SPRGS, PA 194250089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAIN LINE RESCUE INCPO BOX 89 CHESTER SPRGS, PA 194250089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	625
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQ STE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,344
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,670
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	295
MAKE A WISH FOUNDATION OF PHILADELP 5 VALLEY SQUARE SUITE 210 BLUE BELL, PA 194222700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	455
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,570
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MAKE-A-WISH FOUNDATION OF GREATER P THE GULF TOWER 707 GRANT STREET FLOOR 37 PITTSBURGH, PA 15219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MALVERN PREPARATORY SCHOOL 418 S WARREN AVENUE MALVERN, PA 193552707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MALVERN PREPARATORY SCHOOL 418 S WARREN AVENUE MALVERN, PA 193552707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
MALVERN PREPARATORY SCHOOL 418 S WARREN AVENUE MALVERN, PA 193552707	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	350
MARCH OF DIMES INCPO BOX 8659 PHILADELPHIA, PA 19101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 300 CEDAR RIDGE DR SUIE 311/313 PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 300 CEDAR RIDGE DR SUIE 311/313 PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 300 CEDAR RIDGE SUITE 311/313 PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,112
MARCH OF DIMES INC 435 DEVON PARK DRIVE SUITE 300 WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 300 CEDAR RIDGE SUITE 311/313 PITTSBURGH, PA 15205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARIO LEMIEUX FOUNDATION TWO CHATHAM CENTER-SUITE 1661 112 WASHINGTON PLACE PITTSBURGH, PA 152194755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARSHALLTON CONSERVATION TRUST INC 1302 W STRASBURG RD WEST CHESTER, PA 193821632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS PLACE PITTSBURGH 650 WASHINGTON RD STE 1000 PITTSBURGH, PA 152282714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
MARYS SHELTER615 KENHORST BLVD READING, PA 196111717	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MARYWOOD UNIVERSITY 2300 ADAMS AVENUE SCRANTON, PA 185091514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MASTIFFS TO MUTTSPO BOX 754 CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MAZZONI CENTER 1348 BAINBRIDGE STREET PHILADELPHIA, PA 19147	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWOOD CORPORATION 3205 SKIPPACK PIKE WORCESTER, PA 194900000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MELMARK INC2600 WAYLAND RD BERWYN, PA 193122307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
MERCYHURST UNIVERSITY 501 E 38TH ST ERIE, PA 165460002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MESSIAH COLLEGE ONE COLLEGE AVE SUITE 3013 MECHANICSBURG, PA 17055	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
MESSIAH COLLEGE ONE COLLEGE AVE SUITE 3013 MECHANICSBURG, PA 17055	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	62,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
METROPOLITAN AREA NEIGHBORHOOD NUTR 420 NORTH 20TH STREET PHILADELPHIA, PA 19130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILAGRO HOUSE 669 WEST CHESTNUT ST LANCASTER, PA 17603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MILTONS S HERSHEY MEDICAL CENTER 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,150
MISERICORDIA CONVALESCENT HOME 998 S RUSSELL ST YORK, PA 174023542	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS, PA 186122090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS, PA 186122090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
MISERICORDIA UNIVERSITY 301 LAKE ST DALLAS, PA 186122090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISS GREATER HAZLETON SCHOLARSHIP P 349 WEST 30TH STREET HAZLE TOWNSHIP, PA 18202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MISS GREATER HAZLETON SCHOLARSHIP P 349 WEST 30TH STREET HAZLE TOWNSHIP, PA 18202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MIST1099 ARMSTRONG COURT WAYNE, PA 19087	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MMI PREPARATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
MOBILIZATION FOR ANIMALS PENNSYLVAN 103 CHURCH ROAD NORRISTOWN, PA 19403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
MONROE COUNTY MEALS ON WHEELS INC 901 POLK VALLEY ROAD STE 104 STROUDSBURG, PA 18360	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONSIGNOR BONNER & ARCHBISHOP PREND 403 N LANSDOWNE AVENUE DREXEL HILL, PA 190261113	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
MONSIGNOR BONNER & ARCHBISHOP PREND 403 N LANSDOWNE AVENUE DREXEL HILL, PA 190261113	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	138
MONSIGNOR BONNER & ARCHBISHOP PREND 403 N LANSDOWNE AVENUE DREXEL HILL, PA 190261113	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COUNTY COMMUNITY COLLEGE 340 DEKALB PIKE EAST HOUSE BLUE BELL, PA 194221412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MORAVIAN COLLEGE1200 MAIN ST BETHLEHEM, PA 18018	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,125
MOTHER OF MERCY HOUSE INC 709 E ALLEGHENY AVE PHILADELPHIA, PA 191342401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT LEBANON COMMUNITY FOUNDATION PO BOX 24514 PITTSBURGH, PA 152344514	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MUHLENBERG COLLEGE 2400 CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	251
MUHLENBERG COLLEGE 2400 CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUHLENBERG COLLEGE 2400 CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
MUHLENBERG COLLEGE 2400 CHEW STREET ALLENTOWN, PA 18104	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MUSCULAR DYSTROPHY ASSOCIATION 5940 HAMILTON BLVD ALLENTOWN, PA 18015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSEUM OF THE AMERICAN REVOLUTION 101 S THIRD STREET PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NAMI PENNSYLVANIA 1611 PEACH ST STE 218 ERIE, PA 165012121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
NATIONAL ASSOCIATION OF STATE MOTOR 1434 TRIM TREE RD INDIANA, PA 157015928	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR THE AMERICAN RE 101 S THIRD STREET PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
NATIONAL FOUNDATION FOR CELIAC AWAR PO BOX 544 AMBLER, PA 190025528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATIONAL KIDNEY FOUNDATION INC 2403 SIDNEY ST STE 230 PITTSBURGH, PA 15203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL MUSEUM OF AMERICAN JEWISH 101 SOUTH INDEPENDENCE MALL EAST PHILADELPHIA, PA 191062517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NEPHCURE KIDNEY INTERNATIONAL 150 S WARNER RD SUITE 402 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NETWORK OF VICTIM ASSISTANCE 2370 YORK ROAD B1 JAMISON, PA 18929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTOWN FIRE ASSOCIATION 14 LIBERTY ST NEWTOWN, PA 189402023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
NEWTOWN HISTORIC ASSOCIATION PO BOX 303 NEWTOWN, PA 189400303	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
NEWTOWN ROCK SOFTBALL ASSOCIATION PO BOX 756 NEWTOWN, PA 189400756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWTOWN ROCK SOFTBALL ASSOCIATION PO BOX 756 NEWTOWN, PA 189400756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
NEWTOWN ROCK SOFTBALL ASSOCIATION PO BOX 756 NEWTOWN, PA 189400756	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	130
NGA NEEDLEWORK GUILD OF AMERICA 7 KAY DR CHURCHVILLE, PA 189661518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NGA NEEDLEWORK GUILD OF AMERICA 7 KAY DR CHURCHVILLE, PA 189661518	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NITTANY MOUNTAIN BIKING ASSOCIATION PO BOX 1215 STATE COLLEGE, PA 168041215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH POCONO JR TROJANS P O BOX 355 MOSCOW, PA 184440000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEASTERN PENNSYLVANIA EDUCATION 100 WVIA WAY PITTSTON, PA 18640	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
NORTHWEST PHILADELPHIA INTERFAITH H 7047 GERMANTOWN AVE PHILADELPHIA, PA 19119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NORTHWEST PHILADELPHIA INTERFAITH H 7047 GERMANTOWN AVE PHILADELPHIA, PA 19119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST PHILADELPHIA INTERFAITH H 7047 GERMANTOWN AVE PHILADELPHIA, PA 19119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NUEVA ESPERANZA 4261 NORTH 5TH STREET PHILADELPHIA, PA 191402615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
NUEVA ESPERANZA 4261 NORTH 5TH STREET PHILADELPHIA, PA 191402615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKLEAF THERAPEUTIC HORSEMANSHIP CE 103 OAKLEY LN NICHOLSON, PA 184468129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OAKS MINISTRY290 BETHEL RD OXFORD, PA 19363	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OFFICE OF CATHOLIC EDUCATION 655 YORK ROAD WARMINSTER, PA 18974	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OFFICE OF CATHOLIC EDUCATION 655 YORK ROAD WARMINSTER, PA 18974	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
OLIVET BOYS AND GIRLS CLUB OF READI 1161 PERSHING BLVD READING, PA 196111701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ONE DOG AT A TIME ODAAT 225 MEADOW WOODS DR LEWISTOWN, PA 170448208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE WISH FOUNDATION 85 KIM WINONA CT FLEETWOOD, PA 19522	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPEN LAND CONSERVANCY OF CHESTER CO PO BOX 1031 PAOLI, PA 19301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERATION BETTER BLOCK INC 801 NORTH HOMEWOOD AVENUE PITTSBURGH, PA 152081444	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC PO BOX 2102 DOYLESTOWN, PA 18901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OPERATION WARM INCPO BOX 822431 PHILADELPHIA, PA 191822431	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OPPORTUNITY FINANCE NETWORK 123 S BROAD STREET SUITE 1930 PHILADELPHIA, PA 19109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY FINANCE NETWORK 123 S BROAD STREET SUITE 1930 PHILADELPHIA, PA 19109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
OPPORTUNITY HOUSE430 N 2ND ST READING, PA 196012738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ORPHEUS CLUB OF PHILADELPHIA 254 S VAN PELT ST PHILADELPHIA, PA 191034813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORPHEUS CLUB OF PHILADELPHIA 254 S VAN PELT ST PHILADELPHIA, PA 191034813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OSMANIA UNIVERSITY ALUMNI ASSOCIATI 150 ALLENDALE RD KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
OSTERHOUT FREE LIBRARY 71 S FRANKLIN STREET WILKESBARRE, PA 18701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OSTERHOUT FREE LIBRARY 71 S FRANKLIN STREET WILKESBARRE, PA 18701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OUR CLUBHOUSE 2816 SMALLMAN STREET PITTSBURGH, PA 152224722	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OUR LADY OF GRACE SCHOOL 1734 BOWER HILL ROAD PITTSBURGH, PA 152431545	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVER THE RAINBOW1461 S MAIN ST CHAMBERSBURG, PA 172018676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
OVER THE RAINBOW1461 S MAIN ST CHAMBERSBURG, PA 172018676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
OVER THE RAINBOW1461 S MAIN ST CHAMBERSBURG, PA 172018676	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERBROOK SCHOOL FOR THE BLIND 6333 MALVERN AVE PHILADELPHIA, PA 191512529	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
OXFORD ARTS ALLIANCE INC 38 S 3RD ST OXFORD, PA 193631603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
OXFORD ARTS ALLIANCE INC 38 S 3RD ST OXFORD, PA 193631603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFORD ARTS ALLIANCE INC 38 S 3RD ST OXFORD, PA 193631603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
OXFORD LIBRARY CO48 S 2ND ST OXFORD, PA 193631377	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
OXFORD LIBRARY CO48 S 2ND ST OXFORD, PA 193631377	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFORD LIBRARY CO48 S 2ND ST OXFORD, PA 193631377	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OXFORD SENIOR CENTER INC 12 E LOCUST ST OXFORD, PA 193631355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PA CAPITAL AREA ROBOTICS 3909 SILVER BROOK DRIVE MECHANICSBURG, PA 17050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
PA WOMEN WORK AN AFFILIATE OF THE N 650 SMITHFIELD STREET PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
PALS FOR LIFE ASSOCIATION 939 RADNOR RD WAYNE, PA 19087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALS FOR LIFE ASSOCIATION 939 RADNOR RD WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PATHWAYS PA INC 1300 E MACDADE BLVD FOLSOM, PA 19033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
PAWS AND AFFECTION INC 4 WYNNEWOOD CT NARBERTH, PA 190721730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,470
PENN STATE ALUMNI ASSOCIATION 2583 GATEWAY DRIVE SUITE 130 STATE COLLEGE, PA 168013098	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENN STATE HEALTH 500 UNIVERSITY DR MC H162 HERSHEY, PA 170332360	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
PENNSBURY ATHLETIC ASSOCIATION PO BOX 297 YARDLEY, PA 190670297	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PENNSYLVANIA ACADEMY OF THE FINE AR 128 N BROAD ST PHILADELPHIA, PA 191021424	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA ASSOCIATION FOR THE BL 555 GETTYSBURG PIKE STE A300 MECHANICSBURG, PA 170555206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PENNSYLVANIA BALLET ASSOCIATION 100 SOUTH BROAD STREET SUITE 2226 PHILADELPHIA, PA 19110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PENNSYLVANIA BALLET ASSOCIATION 100 SOUTH BROAD STREET SUITE 2226 PHILADELPHIA, PA 19110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA CITIZENS FOR BETTER LI 1080 EDGEWOOD ROAD YARDLEY, PA 19067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PENNSYLVANIA COALITION AGAINST DOME 3605 VARTAN WAY STE 101 HARRISBURG, PA 171109335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
PENNSYLVANIA HERITAGE FOUNDATION 400 NORTH STREET HARRISBURG, PA 17120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET 5TH FLOOR PHILADELPHIA, PA 191031443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET 5TH FLOOR PHILADELPHIA, PA 191031443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
PENNSYLVANIA HORTICULTURAL SOCIETY 100 N 20TH STREET 5TH FLOOR PHILADELPHIA, PA 191031443	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	213
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	193
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	112
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PENNSYLVANIA SOCIETY FOR THE PREVEN 350 EAST ERIE AVENUE PHILADELPHIA, PA 191341013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	5,625
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	750
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	5,859
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	400
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	1,000
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	15,325
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	2,350
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNSYLVANIA STATE UNIVERSITY 2583 GATEWAY DRIVE STE 130 STATE COLLEGE, PA 16801	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	226
PEOPLES EMERGENCY CENTER 325 N 39TH STREET PHILADELPHIA, PA 191044656	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PERKIOMEN VALLEY SCHOOL DISTRICT FO 3 IRON BRIDGE DR COLLEGEVILLE, PA 19426	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,971
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHACE SYNDROME COMMUNITY INC 144 WALNUT DR BADEN, PA 15005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,799
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	226
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	573
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILABUNDANCE3616 S GALLOWAY ST PHILADELPHIA, PA 191485402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
PHILADELPHIA ANIMAL WELFARE SOCIETY 100 N 2ND ST PHILADELPHIA, PA 191060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PHILADELPHIA ANIMAL WELFARE SOCIETY 100 N 2ND ST PHILADELPHIA, PA 191060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA ASSOCIATION OF COMMUNI 1315 WALNUT STREET SUITE 1600 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PHILADELPHIA CHINATOWN DEVELOPMENT 301-305 N 9TH ST PHILADELPHIA, PA 191071409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PHILADELPHIA FOUNDATION 1835 MARKET STREET PHILADELPHIA, PA 191032968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA MURAL ARTS ADVOCATES 1727-29 MOUNT VERNON STREET PHILADELPHIA, PA 191303321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65,000
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 191017646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	194
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PHILADELPHIA ORCHESTRA ASSOCIATION ONE SOUTH BROAD STREET 14TH FLOOR PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA RONALD MCDONALD HOUSE 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PHILADELPHIA TELANGANA ASSOCIATION 2427 COPPER CREEK RD CHESTER SPRINGS, PA 19425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PHILADELPHIA TELANGANA ASSOCIATION 2427 COPPER CREEK RD CHESTER SPRINGS, PA 19425	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35,000
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHILADELPHIA YOUTH NETWORK INC 400 MARKET STREET SUITE 200 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
PHIPPS CONSERVATORY AND BOTANICAL G 1 SCHENLEY PARK PITTSBURGH, PA 15213	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
PIKE COUNTY HUMANE SOCIETY INC PO BOX 255 MILFORD, PA 183370255	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE COUNTY HUMANE SOCIETY INC PO BOX 255 MILFORD, PA 183370255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PIKE COUNTY HUMANE SOCIETY INC PO BOX 255 MILFORD, PA 183370255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
PINE FORGE ATHLETIC ASSOCIATION 221 JORDAN DRIVE GILBERTSVILLE PA USA GILBERTSVILLE, PA 19525	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH ARTS & LECTURES INC 301 S CRAIG ST STE 200 PITTSBURGH, PA 152133738	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
PITTSBURGH COMMUNITY BROADCASTING C 67 BEDFORD SQ PITTSBURGH, PA 152031152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
PITTSBURGH FOUNDATION FIVE PPG PLACE SUITE 250 PITTSBURGH, PA 152225415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH PROMISE FOUNDATION 1901 CENTRE AVENUE SUITE 204 PITTSBURGH, PA 15219	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
PITTSBURGH PUBLIC THEATER CORPORATI 621 PENN AVE PITTSBURGH, PA 152223204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PITTSBURGH PUBLIC THEATER CORPORATI 621 PENN AVE PITTSBURGH, PA 152223204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH, PA 15222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
PITTSBURGH THEOLOGICAL SEMINARY OF 616 N HIGHLAND AVE PITTSBURGH, PA 152062525	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PITTSBURGH TRUST FOR CULTURAL RESOU 803 LIBERTY AVENUE PITTSBURGH, PA 152223703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PITTSBURGH TRUST FOR CULTURAL RESOU 803 LIBERTY AVENUE PITTSBURGH, PA 152223703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
PITTSBURGH TRUST FOR CULTURAL RESOU 803 LIBERTY AVENUE PITTSBURGH, PA 152223703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE SUITE 300 WARMINSTER, PA 18974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE SUITE 300 WARMINSTER, PA 18974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE SUITE 300 WARMINSTER, PA 18974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DRIVE SUITE 300 WARMINSTER, PA 18974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF WESTERN PENNS 933 LIBERTY AVE PITTSBURGH, PA 152223701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
PLAY ON PHILLY 1520 LOCUST STREET SUITE 901 PHILADELPHIA, PA 19102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PLAYHOUSE ARTISTS 12 WEST MECHANIC STREET UNIT 2A NEW HOPE, PA 189382218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAYHOUSE ARTISTS 12 WEST MECHANIC STREET UNIT 2A NEW HOPE, PA 189382218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	37,500
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
PLEASE TOUCH MUSEUM 4231 AVENUE OF THE REPUBLIC PHILADELPHIA, PA 19131	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
POLARIS PROJECT GIFT PROCESSING CENTER PO BOX 392710 PITTSBURGH, PA 15251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POLARIS PROJECT GIFT PROCESSING CENTER PO BOX 392710 PITTSBURGH, PA 15251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
POLITZ HEBREW ACADEMY OF NORTHEAST 9225 OLD BUSTLETON AVE PHILADELPHIA, PA 191154615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
POLITZ HEBREW ACADEMY OF NORTHEAST 9225 OLD BUSTLETON AVE PHILADELPHIA, PA 191154615	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POWER PACKS PROJECT 2219 DUTCH GOLD DRIVE LANCASTER, PA 17601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
POWER PACKS PROJECT 2219 DUTCH GOLD DRIVE LANCASTER, PA 17601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
POWER PACKS PROJECT 2219 DUTCH GOLD DRIVE LANCASTER, PA 17601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT 440 INC 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 191074719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PROJECT 440 INC 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 191074719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PROJECT 440 INC 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 191074719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT 440 INC 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 191074719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT 440 INC 1315 WALNUT STREET SUITE 320 PHILADELPHIA, PA 191074719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOME 1515 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PTA PENNSYLVANIA CONGRESS 383 SOUTH JENNERSVILLE ROAD WEST GROVE, PA 19390	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
QUANTUM THEATRE INC 5907 PENN AVE SUITE 210 PITTSBURGH, PA 15206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUEEN OF THE APOSTLES PARISH 715 HAWTHORNE ST AVOCA, PA 186411153	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
QUILTS FOR KIDS INC 369 BROWNSBURG RD NEWTOWN, PA 18940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
QUILTS FOR KIDS INC 369 BROWNSBURG RD NEWTOWN, PA 18940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUINTESSENCE THEATRE COMPANY 7058 GERMANTOWN AVE SUITE 202 PHILADELPHIA, PA 19119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
QUINTESSENCE THEATRE COMPANY 7058 GERMANTOWN AVE SUITE 202 PHILADELPHIA, PA 19119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RADNOR EDUCATIONAL FOUNDATION INC 135 S WAYNE AVE WAYNE, PA 19087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAYMOND AND MIRIM KLEIN JCC 10100 JAMISON AVE PHILADELPHIA, PA 191163832	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
READING PUBLIC LIBRARY FOUNDATION 100 S 5TH ST READING, PA 196021602	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
REGINA ACADEMY AT ST JOHN THE BAPTI 4040 DURHAM RD OTTSVILLE, PA 189429623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGINA ACADEMY AT ST JOHN THE BAPTI 4040 DURHAM RD OTTSVILLE, PA 189429623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
REGINA ACADEMY AT ST JOHN THE BAPTI 4040 DURHAM RD OTTSVILLE, PA 189429623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
REGINA ACADEMY AT ST JOHN THE BAPTI 4040 DURHAM RD OTTSVILLE, PA 189429623	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARD J CARON FOUNDATION PO BOX 150 GALEN HALL ROAD WERNERSVILLE, PA 19565	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ROBERT MORRIS UNIVERSITY 6001 UNIIVERSITY BLVD LAFAYETTE CENTER MOON TOWNSHIP, PA 15108	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	75
ROMAN CATHOLIC HIGH SCHOOL 301 NORTH BROAD STREET PHILADELPHIA, PA 191071011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROMAN CATHOLIC HIGH SCHOOL 301 NORTH BROAD STREET PHILADELPHIA, PA 191071011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
RONALD MCDONALD HOUSE CHARITIES INC 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE CHARITIES INC 3925 CHESTNUT ST PHILADELPHIA, PA 191043110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 451 44TH ST PENTHOUSE FL PITTSBURGH, PA 152011138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ROSEMONT COLLEGE OF THE HOLY CHILD 1400 MONTGOMERY AVENUE ROSEMONT, PA 19010	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
ROTARY CLUB OF LANCASTER FOUNDATION P O BOX 1387 LANCASTER, PA 17608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 193803132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 193803132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 193803132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 193803132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SAFE HAVEN OF PIKE COUNTY INC 402 BROAD STREET MILFORD, PA 18337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	175
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,250
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT FRANCIS UNIVERSITY 169 LAKEVIEW DRIVE LORETTO, PA 15940	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
SAINT JOSEPHS UNIVERSITY 5600 CITY AVENUE OFFICE OF DEVELOPMENT PHILADELPHIA, PA 191311395	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,375
SARAH A REED HOME2445 W 34TH ST ERIE, PA 165063549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SARAH HEINZ HOUSE ASSOCIATION 1 HEINZ ST PITTSBURGH, PA 152125920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
SARASWAT FOUNDATION INC 178 NORMAN DRIVE MORRISVILLE, PA 19067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAVE UNBORN LIFE A PENNSYLVANIA NON 5235 WOLF RD ERIE, PA 165051345	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVED ME INC2609 FEDERAL STREET PHILADELPHIA, PA 19146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SCHIPPERKERESCUE NET INC 2360 DAIRY RD LANCASTER, PA 176012308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
SCRANTON AREA FOUNDATION INC 615 JEFFERSON AVENUE 102 SCRANTON, PA 185101630	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
SD PROJECT196 SHERWOOD DR MONACA, PA 150612556	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHWE 1507 GRIMM DR ERIE, PA 165011580	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
SERGE GLOBAL INC 101 WEST AVE STE 305 JENKINTOWN, PA 190462039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SERVANT STAGE COMPANY 201 W MAIN ST STRASBURG, PA 175791109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVANT STAGE COMPANY 201 W MAIN ST STRASBURG, PA 175791109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SERVANT STAGE COMPANY 201 W MAIN ST STRASBURG, PA 175791109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SERVANT STAGE COMPANY 201 W MAIN ST STRASBURG, PA 175791109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVANT STAGE COMPANY 201 W MAIN ST STRASBURG, PA 175791109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SETON LASALLE CATHOLIC HIGH SCHOOL 1000 MCNEILLY ROAD PITTSBURGH, PA 15226	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	75
SEWICKLEY ACADEMY 315 ACADEMYAVENUE SEWICKLEY, PA 15143	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEWICKLEY ACADEMY 315 ACADEMYAVENUE SEWICKLEY, PA 15143	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SHAKE IT OFF INC543 WINDY HILL RD WEST CHESTER, PA 193826957	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHIPPENSBURG UNIVERSITY FOUNDATION 1871 OLD MAIN DR SHIPPENSBURG, PA 17257	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SHRINERS HOSPITALS FOR CHILDREN 1645 WEST 8TH STREET ERIE, PA 16505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
SHRINERS HOSPITALS FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 191404105	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 191404105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	263
SHRINERS HOSPITALS FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 191404105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
SHRINERS HOSPITALS FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 191404105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIMONS FUNDPO BOX 61 LAFAYETTE HL, PA 194440061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SISTERS PLACE INC418 MITCHELL AVE CLAIRTON, PA 150251409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SLIPPERY ROCK UNIVERSITY FOUNDATION P O BOX 233 SLIPPERY ROCK, PA 16057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CENTRAL COMMUNITY ACTION PROG 533 SOUTH MAIN STREET CHAMBERSBURG, PA 17201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPANDANA FOUNDATION 1146 YORKSHIRE DR BREINIGSVILLE, PA 18031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,869
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,820
SPARROW FUND124 3RD AVE PHOENIXVILLE, PA 194603838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	102
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL EQUESTRIANS 2800 STREET RD WARRINGTON, PA 189761637	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
SPECIAL OLYMPICS PENNSYLVANIA INC 2570 BLVD OF GENERALS STE 124 NORRISTOWN, PA 194033675	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD CARES COALITION INC 436 RIDGE LANE SPRINGFIELD, PA 19064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SPRINGFIELD QUAKERS ICE HOCKEY ASSO 207 CLAREMONT LN DOWNINGTOWN, PA 193351563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,250
SPRING-FORD AREA SCHOOL DISTRICT ED 350 S LEWIS RD ROYERSFORD, PA 194682711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	675
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SQUASH SMARTS INC3890 N 10TH ST PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
SQUASH SMARTS INC3890 N 10TH ST PHILADELPHIA, PA 19140	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SS SIMON & JUDE SCHOOL 6 CAVANAUGH COURT WEST CHESTER, PA 19382	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ALOYSIUS ACADEMY 401 S BRYN MAWR AVENUE BRYN MAWR, PA 190102210	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST CLAIR HEALTH CORPORATION 1000 BOWER HILL RD PITTSBURGH, PA 152431873	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ST FRANCIS HOME144 HILLSIDE DR SHILLINGTON, PA 19607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST IGNATIUS LOYOLA REGIONAL SCHOOL 2700 SAINT ALBANS DRIVE WEST LAWN, PA 196091134	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,425
ST JOSEPH'S PREPARATORY SCHOOL 1733 W GIRARD AVENUE PHILADELPHIA, PA 19130	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST LOUISE DE MARILLAC SCHOOL 320 MCMURRAY RD PITTSBURGH, PA 15241	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LOUISE DE MARILLAC SCHOOL 320 MCMURRAY RD PITTSBURGH, PA 15241	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST MARY INTERPAROCHIAL SCHOOL 440 LOCUST STREET PHILADELPHIA, PA 19106	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
ST MATTHEW SCHOOL 3040 COTTMAN AVE PHILADELPHIA, PA 19149	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ROSE OF LIMA ELEMENTARY SCHOOL 1522 N WANAMAKER STREET PHILADELPHIA, PA 191313828	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST SEBASTIAN REGIONAL SCHOOL 815 BROAD AVE BELLE VERNON, PA 150121608	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST STEPHENS EPISCOPAL SCHOOL 215 NORTH FRONT ST HARRISBURG, PA 17101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STOREHOUSE FOR TEACHERS 281 CORLISS ST PITTSBURGH, PA 152204813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
STOREHOUSE FOR TEACHERS 281 CORLISS ST PITTSBURGH, PA 152204813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STOREHOUSE FOR TEACHERS 281 CORLISS ST PITTSBURGH, PA 152204813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STORM THE HEAVENS FUND 2424 YORK STREET STE 319 PHILADELPHIA, PA 19125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	88
STORM THE HEAVENS FUND 2424 YORK STREET STE 319 PHILADELPHIA, PA 19125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	99
STORM THE HEAVENS FUND 2424 YORK STREET STE 319 PHILADELPHIA, PA 19125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAND-CAPITOL PERFORMING ARTS CENT 50 N GEORGE ST YORK, PA 174011214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
STRAY CAT PROJECT INCORPORATED 505 KINGS ROAD MORRISVILLE, PA 19067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STRONG WOMEN STRONG GIRLS INC 1620 MURRAY AVENUE 3RD FLOOR PITTSBURGH, PA 15217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUART TANK MEMORIAL ASSOCIATION IN 1840 FAIRVIEW AVE BERWICK, PA 186032517	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUNDAY BREAKFAST ASSOCIATION INC 302 N 13TH STREET PO BOX 297 PHILADELPHIA, PA 19105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SUSAN G KOMEN BREAST CANCER FOUNDAT 1133 SOUTH BRADDOCK AVENUE PITTSBURGH, PA 15218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	277
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 125 SOUTH 9TH ST SUITE 202 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSQUEHANNA UNIVERSITY 514 UNIVERSITY AVE SELINSGROVE, PA 178701164	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	450
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SWARTHMORE COLLEGE 500 COLLEGE AVENUE GIFT RECORDS SWARTHMORE, PA 19081	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SYDNEY HARPER FOUNDATION 637 S BOWMAN AVENUE MERION STATION, PA 190661434	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TAKE A BREATHER FOUNDATION 107 FORREST AVE SUITE 105 NARBERTH, PA 19072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TAKE A BREATHER FOUNDATION 107 FORREST AVE SUITE 105 NARBERTH, PA 19072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,565
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL NADU FOUNDATION INC 7409 GREEN HILL DRIVE MACUNGIE, PA 18062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11,250
TECH IMPACT 417 N 8TH STREET SUITE 203 PHILADELPHIA, PA 19123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TELESPOND SENIOR SERVICES INC 1200 SAGINAW STREET SCRANTON, PA 18505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	138
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELESPOND SENIOR SERVICES INC 1200 SAGINAW STREET SCRANTON, PA 18505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
TELESPOND SENIOR SERVICES INC 1200 SAGINAW STREET SCRANTON, PA 18505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
TEMPLE UNIVERSITY ALUMNI ASSOCIATIO 1852 N 10TH STREET PHILADELPHIA, PA 191226009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY ALUMNI ASSOCIATIO 1852 N 10TH STREET PHILADELPHIA, PA 191226009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	60
TEMPLE UNIVERSITY ALUMNI ASSOCIATIO 1852 N 10TH STREET PHILADELPHIA, PA 191226009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	44
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET/TASB PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET/TASB PHILADELPHIA, PA 19122	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
TEMPLE UNIVERSITY-OF THE COMMONWEAL 1852 N 10TH STREET PHILADELPHIA, PA 191220000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	225
TENNIS FOR KIDS 1738 LONG LEVEL ROAD WRIGHTSVILLE, PA 17368	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION PO BOX 7247-6370 PHILADELPHIA, PA 191706370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE AGAINST MALARIA FOUNDATION PO BOX 7247-6370 PHILADELPHIA, PA 191706370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE AGAINST MALARIA FOUNDATION PO BOX 7247-6370 PHILADELPHIA, PA 191706370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AGAINST MALARIA FOUNDATION PO BOX 7247-6370 PHILADELPHIA, PA 191706370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE ANGLICAN RELIEF AND DEVELOPMENT 800 MAPLEWOOD AVE AMBRIDGE, PA 150032316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
THE ARC OF CHESTER COUNTY 900 LAWRENCE DR WEST CHESTER, PA 193803415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ASSOCIATION FOR FRONTOTEMPORAL 2700 HORIZON DRIVE SUITE 120 KING OF PRUSSIA, PA 19406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BARNSTORMERSPO BOX 12 RIDLEY PARK, PA 190780012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	48
THE BARNSTORMERSPO BOX 12 RIDLEY PARK, PA 190780012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BLOCK CHURCHPO BOX 18055 PHILADELPHIA, PA 19147	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,084
THE BLOOMSBURG UNIVERSITY FOUNDATIO 50 E MAIN ST BLOOMSBURG, PA 17815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
THE BLOOMSBURG UNIVERSITY FOUNDATIO 50 E MAIN ST 4TH FLOOR BLOOMSBURG, PA 17815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BLOOMSBURG UNIVERSITY FOUNDATIO 50 E MAIN ST 4TH FLOOR BLOOMSBURG, PA 17815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
THE BLOOMSBURG UNIVERSITY FOUNDATIO 50 E MAIN ST BLOOMSBURG, PA 17815	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
THE CENTER THAT C A R E S CHILDREN 2701 CENTRE AVE PITTSBURGH, PA 152194905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHESTER FUND FOR EDUCATION AND 1500 HIGHLAND AVE CHESTER, PA 19013	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	525
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	395
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	605
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,130
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,735
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP PO BOX 781352 PHILADELPHIA, PA 191781352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	70
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE CHILDRENS HOSPITAL OF PHILADELP 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 191040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE CHRISTINE M MCCAFFREY COMMUNITY 2203 CABOT BLVD W LANGHORNE, PA 190471842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CLEARWATER CONSERVANCY OF CENTR 2555 N ATHERTON ST STATE COLLEGE, PA 168031133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,070
THE DEEP RUN VALLEY SPORTS ASSOCIAT PO BOX 380 HILLTOWN, PA 189270380	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE EASTERN PENNSYLVANIA CHAPTER OF VICTORIA BUSINESS CENTER 1489 BALTIMORE PIKE STE 227 SPRINGFIELD, PA 19064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE EASTERN PENNSYLVANIA CHAPTER OF VICTORIA BUSINESS CENTER 1489 BALTIMORE PIKE STE 227 SPRINGFIELD, PA 19064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE EASTERN PENNSYLVANIA CHAPTER OF VICTORIA BUSINESS CENTER 1489 BALTIMORE PIKE STE 227 SPRINGFIELD, PA 19064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE EASTERN PENNSYLVANIA CHAPTER OF VICTORIA BUSINESS CENTER 1489 BALTIMORE PIKE STE 227 SPRINGFIELD, PA 19064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION FOR ENHANCING COMMUN 200 N 3RD ST FL 8 HARRISBURG, PA 171011518	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE FREE LIBRARY OF PHILADELPHIA 1901 VINE ST ROOM 111 PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE GESU SCHOOL INC 1700 W THOMPSON ST PHILADELPHIA, PA 191215023	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAVERFORD SCHOOL 450 LANCASTER AVE HAVERFORD, PA 19041	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	740
THE HAVERFORD SCHOOL 450 LANCASTER AVE HAVERFORD, PA 19041	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
THE HILL SCHOOL860 BEECH STREET POTTSTOWN, PA 194645770	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,826
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE IM ABLE FOUNDATION 220 PARK ROAD NORTH BLDG 7 WYOMISSING, PA 196102945	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE LEONARD AND MADLYN ABRAMSON FAM 2929 WALNUT STREET SUITE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
THE MENTORING PARTNERSHIP OF SOUTHW 1901 CENTRE AVE STE 205 PITTSBURGH, PA 152194378	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MONTESSORI SCHOOL 1701 JARRETTOWN ROAD DRESHER, PA 19025	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
THE OPEN DOOR OF INDIANA PENNSYLVAN 665 PHILADELPHIA STREET 2ND FLOOR INDIANA, PA 157010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE PHILADELPHIA EDUCATION FUND 718 ARCH STREET SUITE 700N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 50 E KING STREET YORK, PA 17401	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SCHOLARSHIP FOUNDATION OF THE U 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
THE SCHOOL MINDFULNESS PROJECT INC 413 S 3RD ST PHILADELPHIA, PA 191471609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SCHUYLKILL CENTER FOR ENVIRONME 8480 HAGYS MILL RD PHILADELPHIA, PA 191281938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE SCHUYLKILL CENTER FOR ENVIRONME 8480 HAGYS MILL RD PHILADELPHIA, PA 191281938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE UNITED WAY OF SOUTHWESTERN PENN 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	902
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF SOUTHWESTERN PENN PO BOX 735 PITTSBURGH, PA 152300735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	972
THE UNITED WAY OF SOUTHWESTERN PENN 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	670
THE UNITED WAY OF SOUTHWESTERN PENN 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF SOUTHWESTERN PENN 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
THE UNITED WAY OF SOUTHWESTERN PENN PO BOX 735 PITTSBURGH, PA 152300735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	628
THE UNITED WAY OF SOUTHWESTERN PENN 1011 OLD SALEM ROAD SUITE 101 GREENSBURG, PA 156011017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	288
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY OF SOUTHWESTERN PENN PO BOX 735 PITTSBURGH, PA 152300735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE WAYNESBURG UNIVERSITY 51 W COLLEGE ST WAYNESBURG, PA 153701258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,680
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
THE WYOMING SEMINARY OF THE SUSQUEH 201 N SPRAGUE AVENUE KINGSTON, PA 187043506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEVILLAGE SERVICES PRESBYTERIAN CH 452 S ROBERTS RD ROSEMONT, PA 190101136	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THOMAS JEFFERSON UNIVERSITY HOSPITA 125 S 9TH STREET SUITE 600 PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THOMAS L & LINDA J MCCORMACK FOUNDA 115 REESMAN DR ALIQUIPPA, PA 150019128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDES CENTER846 N BROAD ST PHILADELPHIA, PA 19130	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
TOUR DE SHORE CHILDRENS FOUNDATION 2007 WALNUT ST PHILADELPHIA, PA 191034403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TOUR DE SHORE CHILDRENS FOUNDATION 2007 WALNUT ST PHILADELPHIA, PA 191034403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSFORMATION YOGA PROJECT PO BOX 762 KENNETT SQ, PA 193480762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	101
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
TRAVIS MANION FOUNDATION 164 E STATE ST DOYLESTOWN, PA 18901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREE HOUSE BOOKS 1430 W SUSQUEHANNA AVE PHILADELPHIA, PA 191211632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE PUBLIC SCHOOL OF GE 340 MORRIS ROAD FORT WASHINGTON, PA 19034	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	475
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,792
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	20,511
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,750
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	105
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 FMC TOWER PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST SUITE 300 PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 FMC TOWER PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,850
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 FMC TOWER PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,900
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,175
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 FMC TOWER PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT STREET SUITE 300 - GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRUSTEES OF THE UNIVERSITY OF PENNS 2929 WALNUT ST STE 300 GAAR PHILADELPHIA, PA 191045099	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,930
TRYING TOGETHER5604 SOLWAY ST PITTSBURGH, PA 152171267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
UNION MISSION OF LATROBE INC PO BOX 271 LATROBE, PA 156500271	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIONVILLE HS750 UNIONVILLE ROAD KENNETT SQUARE, PA 19348	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
UNIONVILLE SPORTS COUNCIL 383 RING ROAD CHADDS FORD, PA 19317	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITE FOR HER 127 EAST CHESTNUT STREET WEST CHESTER, PA 19380	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	316
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED MITOCHONDRIAL DISEASE FOUNDA 8085 SALTSBURG ROAD SUITE 201 PITTSBURGH, PA 152391977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED NEIGHBORHOOD CENTERS OF NORT 777 KEYSTONE INDUSTRIAL PARK ROAD THROOP, PA 18512	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 220 SOUTH VALLEY ROAD PAOLI, PA 19301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
UNITED WAY OF BUCKS COUNTY 413 HOOD BLVD FAIRLESS HILLS, PA 19030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY SUITE 302 EXTON, PA 19341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,775
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	952
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	204
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	479
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF ERIE COUNTY 420 W 6TH ST STE 200 ERIE, PA 165073210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
UNITED WAY OF FRANKLIN COUNTY 182 S 2ND STREET CHAMBERSBURG, PA 172010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
UNITED WAY OF FRANKLIN COUNTY 182 S 2ND STREET CHAMBERSBURG, PA 172010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF FRANKLIN COUNTY 182 S 2ND STREET CHAMBERSBURG, PA 172010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF FRANKLIN COUNTY 182 S 2ND STREET CHAMBERSBURG, PA 172010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF GREATER HAZLETON INC 134 S WYOMING ST HAZLETON, PA 18201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER HAZLETON INC 134 S WYOMING ST HAZLETON, PA 18201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 19103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FRANKLIN PARKWAY PHILADELPHIA, PA 191031218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
UNITED WAY OF MERCER COUNTY 493 S HERMITAGE RD HERMITAGE, PA 16148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,071
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	556
UNITED WAY OF SOUTHERN CHESTER COUN PO BOX 362 KENNETT SAUARE, PA 193480362	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	273
UNITED WAY OF THE BRADFORD AREA INC PO BOX 504 BRADFORD, PA 167010504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE BRADFORD AREA INC PO BOX 504 BRADFORD, PA 167010504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
UNITED WAY OF THE GREATER LEHIGH VA 1110 AMERICAN PARKWAY NE ALLENTOWN, PA 18109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE, PA 18701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,213
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE, PA 18701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	483
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE, PA 18701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	599
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE 2ND FLOOR WILKESBARRE, PA 18701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF YORK COUNTY 800 E KING STREET YORK, PA 174031781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,564
UNITED WAY OF YORK COUNTY 800 E KING STREET YORK, PA 174031781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	648
UNITED WAY OF YORK COUNTY 800 E KING STREET YORK, PA 174031781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	502
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF YORK COUNTY 800 E KING STREET YORK, PA 174031781	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	251
UNIVERSITY CITY DISTRICT 3940 CHESTNUT ST PHILADELPHIA, PA 191043111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
UNIVERSITY OF PITTSBURGH THOMAS P CRAWFORD PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PITTSBURGH THOMAS P CRAWFORD PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF PITTSBURGH THOMAS P CRAWFORD PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF PITTSBURGH THOMAS P CRAWFORD PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF PITTSBURGH PARK PLAZA 128 NORTH CRAIG STREET PITTSBURGH, PA 15260	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	176
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF SCRANTON 800 LINDEN STREET BROWN HALL FLOOR 4 SCRANTON, PA 185104694	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPMC50 MOFFET ST PITTSBURGH, PA 15243	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
UPPER DUBLIN HIGH SCHOOL PTO 800 LOCH ALSH AVE FORT WASHINGTON, PA 19034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
UPPER ROOM OF ERIE 1024 PEACH STREET ERIE, PA 16501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPTOWN STRING BAND PHILADELPHIAMUMM 831 AVENUE D PARKLAND, PA 19047	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
URBAN AFFAIRS COALITION 1207 CHESTNUT ST PHILADELPHIA, PA 191074104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,303
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET 6TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
VALLEY FORGE MILITARY ACADEMY 1001 EAGLE ROAD WAYNE, PA 190873613	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY FORGE MILITARY ACADEMY 1001 EAGLE ROAD WAYNE, PA 190873613	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
VANGUARD SCHOOL 1777 NORTH VALLEY ROAD MALVERN, PA 19355	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	120
VANGUARD SCHOOL 1777 NORTH VALLEY ROAD MALVERN, PA 19355	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANGUARD SCHOOL 1777 NORTH VALLEY ROAD MALVERN, PA 19355	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	40
VETRI FOUNDATION FOR CHILDREN 211 N 13TH STREET SUITE 303 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
VETRI FOUNDATION FOR CHILDREN 211 N 13TH STREET SUITE 303 PHILADELPHIA, PA 19107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLA MARIA ACADEMY 370 CENTRAL AVE MALVERN, PA 19355	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	250
VILLA MARIA ACADEMY 370 CENTRAL AVE MALVERN, PA 19355	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	23,796
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	34
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	22,500
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,058
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE DEVELOPMENT OFFICE VILLANOVA, PA 19085	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,550
VOLUNTARY ACTION CENTER OF NORTHEAS 829 JEFFERSON AVE SCRANTON, PA 18510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALNUT STREET THEATRE CORP DEVELOPMENT OFFICE 825 WALNUT STREET PHILADELPHIA, PA 19107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WARD HOME INC 1101 HARTMAN STREET MCKEESPORT, PA 15132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
WASHINGTON CITY MISSION INC 84 W WHEELING ST WASHINGTON, PA 153016918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER STREET HEALTH SERVICES 210 S PRINCE ST LANCASTER, PA 176047267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
WATER STREET HEALTH SERVICES 210 S PRINCE ST LANCASTER, PA 176047267	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
WEISENBERG VOLUNTEER FIRE DEPARTMEN PO BOX 51 KUTZTOWN, PA 19530	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOMING CENTER FOR NEW PENNSYLVAN 211 N 13TH STREET 4TH FLOOR PHILADELPHIA, PA 19107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WERNERSVILLE PUBLIC LIBRARY ASSOCIA 100 N REBER STREET WERNERSVILLE, PA 19565	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WEST CHESTER FOOD CUPBOARD 431 SOUTH BOLMAR ST WEST CHESTER, PA 19382	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST CHESTER FOOD CUPBOARD 431 SOUTH BOLMAR ST WEST CHESTER, PA 19382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WEST GROVE FIRE COMPANY PO BOX 201 WEST GROVE, PA 19390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WEST GROVE FIRE COMPANY PO BOX 201 WEST GROVE, PA 19390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST GROVE FIRE COMPANY PO BOX 201 WEST GROVE, PA 19390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WEST GROVE FIRE COMPANY PO BOX 201 WEST GROVE, PA 19390	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
WEST GROVE FIRE COMPANY PO BOX 242 W GROVE, PA 193900242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST GROVE FIRE COMPANY PO BOX 201 WEST GROVE, PA 19390	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
WEST POINT ELEMENTARY SCHOOL PARENT 533 SAINT ANDREWS DR GREENSBURG, PA 156016066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
WEST POINT ELEMENTARY SCHOOL PARENT 533 SAINT ANDREWS DR GREENSBURG, PA 156016066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST RIDGE FIRE DEPARTMENT 3142 W 26TH ST ERIE, PA 165062536	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
WESTERN BERKS AMBULANCE ASSOCIATION 2506 BELMONT AVE WEST LAWN, PA 196091535	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE FLOOR 2 PITTSBURGH, PA 15222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
WESTMINSTER COLLEGE 319 S MARKET STREET NEW WILMINGTON, PA 16172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
WESTMINSTER COLLEGE 319 S MARKET STREET NEW WILMINGTON, PA 16172	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER COLLEGE 319 S MARKET STREET NEW WILMINGTON, PA 16172	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
WESTMORELAND MUSEUM OF ART 221 NORTH MAIN STREET GREENSBURG, PA 15601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WESTTOWN-THORNBURY ELEMENTARY SCHOO 750 WESTBOURNE RD WEST CHESTER, PA 193827466	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITEMARSH FOUNDATION PO BOX 538 LAFAYETTE HL, PA 194440538	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	492
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	996
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	829
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	91
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	66
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	729
WHYY INC150 NORTH SIXTH STREET PHILADELPHIA, PA 191061589	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	78
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	130
WIDENER UNIVERSITY ONE UNIVERSITY PLACE CHESTER, PA 19013	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	26
WILDLANDS CONSERVANCY INC 3701 ORCHID PL EMMAUS, PA 180491638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM M MEREDITH HOME AND SCHOOL 725 S 5TH ST PHILADELPHIA, PA 191473043	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WILLIAM PENN CHARTER SCHOOL OVERSEE 3000 W SCHOOL HOUSE LN PHILADELPHIA, PA 191445412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
WILSON EDUCATION FOUNDATION 2601 GRANDVIEW BLVD WEST LAWN, PA 19609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS FOR SUCCESSPO BOX 1184 FRAZER, PA 193550950	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WISSAHICKON SKATING CLUB 550 W WILLOW GROVE AVE PHILA, PA 191184126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WOLF SANCTUARY OF PA INC 465 SPEEDWELL FORGE RD LITITZ, PA 17543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOLF SANCTUARY OF PA INC 465 SPEEDWELL FORGE RD LITITZ, PA 17543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
WOLF SANCTUARY OF PA INC 465 SPEEDWELL FORGE RD LITITZ, PA 17543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	113
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN TRANSITION INC 718 ARCH ST STE 401N PHILADELPHIA, PA 19106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
WOMENS CENTER & SHELTER OF GREATER PO BOX 9024 PITTSBURGH, PA 152240024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS HUMANE SOCIETY 3839 RICHLIEU RD PO BOX 1470 BENSALEM, PA 190202116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WOMENS LAW PROJECT 125 S 9TH STREET SUITE 300 PHILADELPHIA, PA 191075125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WOOD SERVICESPO BOX 36 LANGHORNE, PA 19047	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODLANDS FOUNDATION INC 134 SHENOT RD WEXFORD, PA 150907455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WYNDCROFT SCHOOL1395 WILSON ST POTTSTOWN, PA 19464	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
WYNDCROFT SCHOOL1395 WILSON ST POTTSTOWN, PA 19464	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESLIBERIA INC51 COURTYARD DR CARLISLE, PA 170134901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
YMCA INDIANA COUNTY PENNSYLVANIA 60 N BEN FRANKLIN RD INDIANA, PA 15701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COLLEGE OF PENNSYLVANIA 441 COUNTRY CLUB RD YORK, PA 174033651	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
YORK COUNTY LIBRARY SYSTEM 159 EAST MARKET STREET YORK, PA 17401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,246
YORK COUNTY LIBRARY SYSTEM 159 EAST MARKET STREET YORK, PA 17401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY LITERACY COUNCIL 800 EAST KING STREET YORK, PA 17403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YORK COUNTY SOCIETY FOR THE PREVENT 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
YORK COUNTY SOCIETY FOR THE PREVENT 3159 N SUSQUEHANNA TRL YORK, PA 174067922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY SOCIETY FOR THE PREVENT 3159 N SUSQUEHANNA TRL YORK, PA 174067922	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
YORK COUNTY SOCIETY FOR THE PREVENT 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
YORK COUNTY SOCIETY FOR THE PREVENT 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY SOCIETY FOR THE PREVENT 3159 SUSQUEHANNA TRAIL NORTH YORK, PA 17406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
YOUNG MENS CHRISTIAN ASSOC OF MONRO 809 MAIN ST STROUDSBURG, PA 183601601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 2500 LOWER STATE ROAD DOYLESTOWN, PA 189012634	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 40 WEST NORTHHAMPTON ST WILKESBARRE, PA 187011775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 815 W 4TH ST WILLIAMSPORT, PA 177015801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
YOUTH EDUCATION IN THE ARTS 601 W HAMILTON ST ALLENTOWN, PA 181012103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH WORK FOUNDATION OF THE UNION 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUTH WORK FOUNDATION OF THE UNION 140 S BROAD ST PHILADELPHIA, PA 191023003	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YWCA GREATER HARRISBURG YWCA GREATER HARRISBURG HARRISBURG, PA 17103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZAWADI FUND INTERNATIONAL 571 FOXWOOD LN PAOLI, PA 193012037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASESORES FINANCIEROS COMUNITARIOS I PO BOX 192726 SAN JUAN, PR 009192726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASESORES FINANCIEROS COMUNITARIOS I PO BOX 192726 SAN JUAN, PR 009192726	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BASURA CERO PUERTO RICO URB SANTA MARA 30 MIMOSA ST SAN JUAN, PR 009276701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CARLOS BELTRAN BASEBALL ACADEMY INC PO BOX 1115 FLORIDA, PR 00650	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARA SAN JUAN, PR 00927	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,916
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARA SAN JUAN, PR 00927	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARA SAN JUAN, PR 00927	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
COLEGIO SAN IGNACIO DE LOYOLA URB SANTA MARIA 1940 CALLE SAUCO SAN JUAN, PR 00927	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUNDACION CHANA GOLDSTEIN Y SAMUEL 776 AVE PONCE DE LEON SAN JUAN, PR 009252207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FUNDACION PUERTORRIQUENA SINDROME D PO BOX 195273 SAN JUAN, PR 009195273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INSTITUTO PSICOPEDAGOGICO DE PUERTO PO BOX 363744 SAN JUAN, PR 009363744	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND DOG INCORPORATED PO BOX 1669 FAJARDO, PR 00738	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
MUSEO DE ARTE CONTEMPORANEO DE PUER PO BOX 362377 SAN JUAN, PR 009362377	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MUSEO DE ARTE DE PUERTO RICO INC 299 AVE DE DIEGO SAN JUAN, PR 009091766	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUERTO RICO COMMUNITY FOUNDATION IN PO BOX 70362 SAN JUAN, PR 009368362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PUERTO RICO COMMUNITY FOUNDATION IN PO BOX 70362 SAN JUAN, PR 009368362	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PUERTO RICO CONSERVATION TRUST PO BOX 9023554 SAN JUAN, PR 009023554	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED CARIBENA DE VARAMIENTOS -CARIBB PO BOX 361715 SAN JUAN, PR 00936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RICKY MARTIN FOUNDATION CORP PO BOX 13534 SAN JUAN, PR 009083534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RICKY MARTIN FOUNDATION CORP PO BOX 13534 SAN JUAN, PR 009083534	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICKY MARTIN FOUNDATION CORP PO BOX 13534 SAN JUAN, PR 009083534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
RICKY MARTIN FOUNDATION CORP PO BOX 13534 SAN JUAN, PR 009083534	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAN AGUSTIN DEL COQUI INC PO BOX 127 AGUAS BUENAS, PR 00703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JORGE CHILDRENS FOUNDATION INC PO BOX 6719 SAN JUAN, PR 009146719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOCIEDAD DE EDUCACION Y REHABILITAC PO BOX 364189 SAN JUAN, PR 009364189	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TRUST FOR ENDOWMENT FUND OF ENTERPR 268 AVE MUOZ RIVERA SUITE 1004 SAN JUAN, PR 00918	NONE	INTERNATIONAL	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
360 HIGH SCHOOL 182 THURBERS AVENUE PROVIDENCE, RI 02905	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	189
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A WISH COME TRUE INC 1010 WARWICK AVE WARWICK, RI 02888	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AIDS CARE OCEAN STATE INC 18 PARKIS AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
AIDS CARE OCEAN STATE INC 18 PARKIS AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS CARE OCEAN STATE INC 18 PARKIS AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	645
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 245 WATERMAN ST SUITE 306 PROVIDENCE, RI 029065215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
AMATEUR ATHLETIC UNION OF THE UNITE 4 PINE GROVE ST PAWTUCKET, RI 02861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
AMATEUR ATHLETIC UNION OF THE UNITE 4 PINE GROVE ST PAWTUCKET, RI 02861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	668
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,125
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 931 JEFFERSON BLVD SUITE 3004 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION FOUN 128 DORRANCE STREET PROVIDENCE, RI 029032814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CIVIL LIBERTIES UNION FOUN 128 DORRANCE STREET PROVIDENCE, RI 029032814	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION FOUN 128 DORRANCE STREET PROVIDENCE, RI 029032814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 1 STATE STREET STE 200 PROVIDENCE, RI 029065005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
AMERICAN LUNG ASSOCIATION 260 WEST EXCHANGE ST STE 102B PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 260 WEST EXCHANGE ST STE 102B PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	366
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	47
AMERICAN NATIONAL RED CROSS 100 NIANTIC AVE STE A PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
AMERICAN NATIONAL RED CROSS 100 NIANTIC AVE STE A PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 NIANTIC AVE STE A PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN NATIONAL RED CROSS 100 NIANTIC AVE STE A PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN NATIONAL RED CROSS 105 GANO STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 100 NIANTIC AVE STE A PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071358	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	525
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071358	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071358	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	15,000
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071358	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	25
AMOS HOUSE460 PINE STREET PROVIDENCE, RI 029071358	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	253
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 2374 POST RD SUITE 103 WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ANIMAL RESCUE LEAGUE OF SOUTHERN RH PO BOX 458 WAKEFIELD, RI 028800458	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 2374 POST RDOAD SUITE 211 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AS 220 95 MATHEWSON STREET UNIT 204 PROVIDENCE, RI 029033217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
AS 220 95 MATHEWSON STREET UNIT 204 PROVIDENCE, RI 029033217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
AUDUBON SOCIETY OF RHODE ISLAND 12 SANDERSON RD SMITHFIELD, RI 029172606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
BARRINGTON EDUCATION FOUNDATION INC 283 COUNTY ROAD BARRINGTON, RI 02806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1441 PARK AVE CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BEST BUDDIES INTERNATIONAL INC 1441 PARK AVE CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,475
BEST BUDDIES INTERNATIONAL INC 1441 PARK AVE CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	165
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
BISHOP HENDRICKEN HIGH SCHOOL 2615 WARWICK AVENUE WARWICK, RI 02889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	42
BISHOP MCVINNEY-PROVIDENCE 155 GORDON AVE PROVIDENCE, RI 029051909	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP MCVINNEY-PROVIDENCE 155 GORDON AVE PROVIDENCE, RI 029051909	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BLACKSTONE PARKS CONSERVANCY PO BOX 603141 PROVIDENCE, RI 029060141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BLACKSTONE PARKS CONSERVANCY PO BOX 603141 PROVIDENCE, RI 029060141	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 86 GRAND VIEW AVE LINCOLN, RI 02865	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	38
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
BOY SCOUTS OF AMERICA PO BOX 14777 EAST PROVIDENCE, RI 029140777	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF EAST PROVIDENC 115 WILLIAMS AVE E PROVIDENCE, RI 029143510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	448
BOYS & GIRLS CLUB OF EAST PROVIDENC 115 WILLIAMS AVE E PROVIDENCE, RI 029143510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	112
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF PAWTUCKET ONE MOELLER PLACE PAWTUCKET, RI 028605775	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BOYS & GIRLS CLUBS OF WARWICK PO BOX 8938 WARWICK, RI 028880930	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
BOYS CLUBS & GIRLS CLUBS OF NEWPORT 95 CHURCH STREET NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
BOYS CLUBS & GIRLS CLUBS OF NEWPORT 95 CHURCH STREET NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	425
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,560
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,650
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN UNIVERSITY OF PROVIDENCE 350 EDDY STREET PROVIDENCE, RI 02912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	625
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	400
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
CAMP KER-ANNA1030 DEXTER ST CENTRAL FALLS, RI 028631717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITY FUND 1 CATHEDRAL SQ PROVIDENCE, RI 029033601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
CENTRAL FALLS 949 DEXTER ST LOWER LEVEL CENTRAL FALLS, RI 02863	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS FRIEND AND SERVICE 153 SUMMER ST PROVIDENCE, RI 029034011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CITY YEAR INC 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,275
CITY YEAR INC 275 WESTMINSTER STREET SUITE 500 PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN OCEAN ACCESS 23 JOHNNYCAKE HILL ROAD SUITE 4 MIDDLETOWN, RI 028425635	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COLLEGE CRUSADE OF RHODE ISLAND 134 THURBERS AVENUE SUITE 111 PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLLEGE VISIONS 131 WASHINGTON STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY COLLEGE OF RHODE ISLAND F 1762 LOUISQUISSET PIKE LINCOLN, RI 02865	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	134
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY PREPARATORY SCHOOL 135 PRAIRIE AVENUE PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CONFETTI FOUNDATION 212 OLD AIRPORT ROAD MIDDLETOWN, RI 028420000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRANSTON PUBLIC LIBRARY ASSOCIATION 140 SOCKANOSSET CROSS RD CRANSTON, RI 029205539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	284
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,100
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSROADS RHODE ISLAND 160 BROAD ST PROVIDENCE, RI 029034028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
CUMBERLAND YOUTH SOCCER ASSOCIATION PO BOX 7625 CUMBERLAND, RI 028640897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CVMA OF RI 9-2PO BOX 606 COVENTRY, RI 02816	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 029073313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 029073313	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DORCAS INTERNATIONAL INSTITUTE OF R 645 ELMWOOD AVE PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DOWN SYNDROME SOCIETY OF RHODE ISLA 100 WASHINGTON STREET UNIT 325 WEST WARWICK, RI 02893	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	775
EAST BAY FOOD PANTRY532 WOOD ST BRISTOL, RI 028090000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GREENWICH ANIMAL PROTECTION LE 44 WORTHINGTON ROAD CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EAST GREENWICH ANIMAL PROTECTION LE 44 WORTHINGTON ROAD CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
EAST GREENWICH ANIMAL PROTECTION LE 44 WORTHINGTON ROAD CRANSTON, RI 02920	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST GREENWICH FLAG FOOTBALL LEAGUE 1 LIBERTY EAST GREENWICH, RI 02818	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
EAST GREENWICH LACROSSE ASSOCIATION 5586 POST RD SUITE 202 E GREENWICH, RI 02818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EVERETT9 DUNCAN AVE PROVIDENCE, RI 02906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRSTWORKS 275 WESTMINSTER STREET SUITE 501 PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FOSTER FORWARD55 S BROW ST EAST PROVIDENCE, RI 02914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FOSTER FORWARD55 S BROW ST EAST PROVIDENCE, RI 02914	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOSTER FORWARD55 S BROW ST EAST PROVIDENCE, RI 02914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,800
FOSTER FORWARD55 S BROW ST EAST PROVIDENCE, RI 02914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
FOSTER PARROTS LTDPO BOX 34 HOPE VALLEY, RI 02832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,155
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	38
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE WARWICK ANIMAL SHELT PO BOX 9285 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FUND FOR UCAP75 CARPENTER ST PROVIDENCE, RI 029033004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GIRL SCOUTS OF SOUTHEASTERN NEW ENG 500 GREENWICH AVENUE WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	425
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
GIRLS ON THE RUN RHODE ISLAND PO BOX 72787 PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,858
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,550
GLORIA GEMMA BREAST CANCER RESOURCE 249 ROOSEVELT AVENUE SUITE 201 PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD NEIGHBORS INC 55 TURNER AVENUE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GORDON SCHOOL 45 MAXFIELD AVENUE EAST PROVIDENCE, RI 029144226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	55
GREATER PROVIDENCE YOUNG MENS CHRIS 900 CENTERVILLE ROAD WARWICK, RI 028864372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER PROVIDENCE YOUNG MENS CHRIS 21 PEACE STREET PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GREATER PROVIDENCE YOUNG MENS CHRIS 21 PEACE STREET 6TH FLOOR PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 68 SHANNOCK, RI 028750068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 68 SHANNOCK, RI 028750068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HEATHER ABBOTT FOUNDATION 181 BELLEVUE AVENUE NO 407 NEWPORT, RI 028403989	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
HOPE HOSPICE & PALLIATIVE CARE RHOD 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEHEALTH1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25
HOPEHEALTH HOSPICE & PALLIATIVE CAR 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
HOPEHEALTH HOSPICE & PALLIATIVE CAR 1085 N MAIN ST PROVIDENCE, RI 029045719	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE OF HOPE COMMUNITY DEVELOPMENT 3188 POST ROAD WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOUSING NETWORK RHODE ISLAND ASSOC 1070 MAIN STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
IMPOSSIBLE DREAM INC 575 CENTERVILLE RD WARWICK, RI 028864371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	167
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INSPIRING MINDS 190 BROAD STREET 2W PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	167
INSTITUTE FOR THE STUDY AND PRACTIC 265 OXFORD ST PROVIDENCE, RI 029051838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE FOR THE STUDY AND PRACTIC 265 OXFORD ST PROVIDENCE, RI 029051838	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ISLAMIC SCHOOL OF RHODE ISLAND INC 840 PROVIDENCE ST WEST WARWICK, RI 028931135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
ISLAMIC SCHOOL OF RHODE ISLAND INC 840 PROVIDENCE ST WEST WARWICK, RI 028931135	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND MOVING COMPANYPO BOX 746 NEWPORT, RI 028400007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ISLAND MOVING COMPANYPO BOX 746 NEWPORT, RI 028400007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
JOHNSON & WALES UNIVERSITY 8 ABBOTT PARK PL PROVIDENCE, RI 029033703	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JONNYCAKE CENTER OF WESTERLY 23 INDUSTRIAL DRIVE WESTERLY, RI 028910273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JOSEPH A WHELAN SCHOOL 1440 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
JOSEPH A WHELAN SCHOOL 1440 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOSEPH A WHELAN SCHOOL 1440 MINERAL SPRING AVENUE NORTH PROVIDENCE, RI 02904	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	9
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF RHODE ISLAND 57 GREENE ST WARWICK, RI 028862623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JUNIOR LEAGUE OF RHODE ISLAND 21 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
JUNIOR LEAGUE OF RHODE ISLAND 21 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RHODE ISLAND 21 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LA SALLE ACADEMY612 ACADEMY AVE PROVIDENCE, RI 02908	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,700
LIFESPAN FOUNDATIONPO BOX H PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINKS50 EAST COURT NORTH KINGSTOWN, RI 028522018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LUCYS HEARTH19 VALLEY ROAD MIDDLETOWN, RI 02842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	189
LUCYS HEARTH19 VALLEY ROAD MIDDLETOWN, RI 02842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUCYS HEARTH19 VALLEY ROAD MIDDLETOWN, RI 02842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,907
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	162
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,942
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
MAKE-A-WISH FOUNDATION OF MASSACHUS 20 HEMINGWAY DRIVE EAST PROVIDENCE, RI 02915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
MARINE TOYS FOR TOTS FOUNDATION ONE NARRAGANSETT STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN LUTHER KING COMMUNITY CENTER 20 DR MARCUS WHEATLAND BLVD NEWPORT, RI 028402050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARTIN LUTHER KING COMMUNITY CENTER 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 028400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARTIN LUTHER KING COMMUNITY CENTER 20 DR MARCUS F WHEATLAND BLVD NEWPORT, RI 028400000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY C WHEELER SCHOOL INC 216 HOPE STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
MCAULEY CORPORATION 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	10,000
MCAULEY CORPORATION 622 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWBROOK FARMS SCHOOL 200 MIDDLE ROAD EAST GREENWICH, RI 02818	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	390
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029084849	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
MEALS ON WHEELS OF RI INC 70 BATH ST PROVIDENCE, RI 029083632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEETING STREET1000 EDDY STREET PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MODERN HAIKUPO BOX 930 PORTSMOUTH, RI 02871	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MODERN HAIKUPO BOX 930 PORTSMOUTH, RI 02871	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MODERN HAIKUPO BOX 930 PORTSMOUTH, RI 02871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MOSES BROWN SCHOOL 250 LLOYD AVENUE PROVIDENCE, RI 029062313	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MOUNT HOPE LEARNING CENTER 140 CYPRESS STREET PROVIDENCE, RI 02906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MT ST CHARLES ACADEMY INC 800 LOGEE ST WOONSOCKET, RI 028955508	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
MT ST CHARLES ACADEMY INC 800 LOGEE ST WOONSOCKET, RI 028955508	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	725
NAMI RHODE ISLAND 154 WATERMAN STREET SUITE 5B PROVIDENCE, RI 02906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI RHODE ISLAND 154 WATERMAN STREET SUITE 5B PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NATHANS ANGELS MEMORIAL FOUNDATION PO BOX 7584 CUMBERLAND, RI 028640806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
NAVAL WAR COLLEGE FOUNDATION INC 686 CUSHING ROAD NEWPORT, RI 02841	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW URBAN ARTS 705 WESTMINSTER ST PROVIDENCE, RI 029034016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
NEW URBAN ARTS 705 WESTMINSTER ST PROVIDENCE, RI 029034016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW URBAN ARTS 705 WESTMINSTER ST PROVIDENCE, RI 029034016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEWPORT ART MUSEUM AND ART ASSOCIAT 76 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 02852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 02852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	302
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 02852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 02852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 02852	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH KINGSTOWN EXETER ANIMAL PROTE PO BOX 83 NORTH KINGSTOWN, RI 028520083	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,025
NORTH KINGSTOWN FOOD PANTRY INC 445 SCHOOL STREET N KINGSTOWN, RI 028526237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
NORTH KINGSTOWN FOOD PANTRY INC 445 SCHOOL STREET N KINGSTOWN, RI 028526237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH KINGSTOWN FOOD PANTRY INC 445 SCHOOL STREET N KINGSTOWN, RI 028526237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NORTH KINGSTOWN FOOD PANTRY INC 445 SCHOOL STREET N KINGSTOWN, RI 028526237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NORTH KINGSTOWN FOOD PANTRY INC 445 SCHOOL STREET N KINGSTOWN, RI 028526237	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OCEAN COMMUNITY YMCA 95 HIGH STREET WESTERLY, RI 028911812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
OLIVIA DEATON FOUNDATION 450 N BROADWAY E PROVIDENCE, RI 029142016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
OLNEYVILLE HOUSING CORP 66 CHAFFEE STREET PROVIDENCE, RI 02909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPENDOORS485 PLAINFIELD STREET PROVIDENCE, RI 02909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ORDER OF ST BENEDICT IN PORTSMOUTH 285 CORYS LN PORTSMOUTH, RI 028711362	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
PAWS WATCHPO BOX 7005 WARWICK, RI 02887	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWS WATCHPO BOX 7005 WARWICK, RI 02887	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PAWTUCKET CENTRAL FALLS DEVELOPMENT 204 BROAD STREET PAWTUCKET, RI 02860	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	429
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	855
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	66
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	91
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	133
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLAN INTERNATIONAL USA INC 155 PLAN WAY WARWICK, RI 02886	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	33
PORTSMOUTH ABBEY SCHOOL 285 CORYS LANE PORTSMOUTH, RI 02871	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PRESERVATION SOCIETY OF NEWPORT COU 424 BELLEVUE AVENUE NEWPORT, RI 02840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
PROGRESSO LATINO626 BROAD ST CENTRAL FALLS, RI 028632835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE AFTER SCHOOL ALLIANCEINC 81 CARPENTER STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	335
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	325
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,075
PROVIDENCE ANIMAL RESCUE LEAGUE 34 ELBOW ST PROVIDENCE, RI 029034621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE ATHENAEUM 251 BENEFIT ST PROVIDENCE, RI 029032709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE CHAPTER OF CHUMS INC 105 HAZARD AVENUE EAST PROVIDENCE, RI 02914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE CHILDRENS MUSEUM 100 SOUTH ST PROVIDENCE, RI 029034749	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,450
PROVIDENCE CITYARTS FOR YOUTH INC 891 BROAD STREET PROVIDENCE, RI 02907	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,433
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE549 RIVER AVE PROVIDENCE, RI 029187000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
PROVIDENCE COLLEGE549 RIVER AVE PROVIDENCE, RI 029187000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE HARKINS 412 PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE549 RIVER AVE PROVIDENCE, RI 029187000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,617
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE HARKINS 412 PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE HARKINS 412 PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	42
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	551
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 029141714	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 029141714	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PROVIDENCE COUNTRY DAY SCHOOL 660 WATERMAN AVENUE EAST PROVIDENCE, RI 029141714	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE FOUNDATION 30 EXCHANGE TERRACE 4TH FLOOR PROVIDENCE, RI 029031748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
PROVIDENCE PERFORMING ARTS CENTER 220 WEYBOSSET STREET PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE PRESERVATION SOCIETY 24 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE PRESERVATION SOCIETY 24 MEETING ST PROVIDENCE, RI 029031214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PROVIDENCE PUBLIC LIBRARY 150 EMPIRE STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFOCUS INC45 GREELEY STREET PROVIDENCE, RI 029040000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RHODE HOME RESCUE209 UNIT ST PROVIDENCE, RI 029093940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RHODE HOME RESCUE209 UNIT ST PROVIDENCE, RI 029093940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE HOME RESCUE209 UNIT ST PROVIDENCE, RI 029093940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	818
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	422
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	239
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	727
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND COMMUNITY FOOD BANK AS 200 NIANTIC AVE PROVIDENCE, RI 029073150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	29
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
RHODE ISLAND HOSPITAL593 EDDY ST PROVIDENCE, RI 029034923	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND HOSPITAL FOUNDATION PO BOX H PROVIDENCE, RI 02901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	151
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVENUE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
RHODE ISLAND MENTORING PARTNERSHIP 2065 WARWICK AVE UNIT 1 WARWICK, RI 02889	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND NATURAL HISTORY SURVEY PO BOX 1858 KINGSTON, RI 028811858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PBS FOUNDATION 50 PARK LN PROVIDENCE, RI 029073124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
RHODE ISLAND PHILHARMONIC ORCHESTRA 667 WATERMAN AVENUE EAST PROVIDENCE, RI 02914	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND PUBLIC RADIO ONE UNION STATION PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON ST PROVIDENCE, RI 029072813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND RESCUE MINISTRIES 627 CRANSTON ST PROVIDENCE, RI 029072813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND SOCIETY FOR THE PREVEN 186 AMARAL ST RIVERSIDE, RI 029152223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	97
RHODE ISLAND SOCIETY FOR THE PREVEN 186 AMARAL ST RIVERSIDE, RI 029152223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND SOCIETY FOR THE PREVEN 186 AMARAL ST RIVERSIDE, RI 029152223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND SOCIETY FOR THE PREVEN 186 AMARAL ST RIVERSIDE, RI 029152223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	79
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
RHODE ISLAND ZOOLOGICAL SOCIETY 1000 ELMWOOD AVENUE PROVIDENCE, RI 029073655	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	59
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIGHT TO LIFE SERVICES INC PO BOX 28285 PROVIDENCE, RI 029080285	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
RIGHT TO LIFE SERVICES INC PO BOX 28285 PROVIDENCE, RI 029080285	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
RIVERZEDGE ARTS PROJECT 192 2ND AVENUE WOONSOCKET, RI 02895	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERZEDGE ARTS PROJECT 196 2ND AVE WOONSOCKET, RI 028954038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT POTTER LEAGUE FOR ANIMALS IN 87 OLIPHANT LN MIDDLETOWN, RI 02842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
ROCKY HILL SCHOOL530 IVES RD E GREENWICH, RI 028184609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	552
ROCKY HILL SCHOOL530 IVES RD E GREENWICH, RI 028184609	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	414
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKY HILL SCHOOL530 IVES RD E GREENWICH, RI 028184609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	276
ROCKY HILL SCHOOL530 IVES RD E GREENWICH, RI 028184609	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	138
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF PROVIDENCE 45 GAY ST PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SAINT ELIZABETH COMMUNITY 2364 POST RD SUITE 100 WARWICK, RI 028862232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
SAINT ELIZABETH COMMUNITY 2364 POST RD SUITE 100 WARWICK, RI 028862232	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	658
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVE REGINA UNIVERSITY 100 OCHRE POINT AVE NEWPORT, RI 02840	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,450
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	164
SAN MIGUEL EDUCATION CENTER 525 BRANCH AVE PROVIDENCE, RI 02904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	41
SANTANA CENTER FOR EQUINE EDUCATION 1459 BOSTON NECK RD SAUNDERSTOWN, RI 028742606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE ONE SOUL ANIMAL RESCUE LEAGUE PO BOX 498 WAKEFIELD, RI 02880	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
SAVE THE BAY INC 100 SAVE THE BAY DR PROVIDENCE, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,630
SCHOOL ONE220 UNIVERSITY AVE PROVIDENCE, RI 029065434	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKILLS FOR RHODE ISLANDS FUTURE 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SKILLS FOR RHODE ISLANDS FUTURE 30 EXCHANGE TERRACE PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SMITH & AGLIS POTBELLY MANOR INC 401 TEN ROD ROAD NORTH KINGSTOWN, RI 028524759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOJOURNER HOUSE INC386 SMITH ST PROVIDENCE, RI 029083727	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SOPHIA ACADEMY 582 ELMWOOD AVENUE PROVIDENCE, RI 02907	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SOUTH KINGSTOWN LAND TRUST 227 ROBINSON STREET WAKEFIELD, RI 02879	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST PROVIDENCE, RI 029071031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST PROVIDENCE, RI 029071031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	875
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	427
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,690
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	935
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	149
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	820
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	858
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS RHODE ISLAND INC 370 GEORGE WASHINGTON HIGHWAY SMITHFIELD, RI 029171921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ST GEORGES SCHOOLPO BOX 1910 NEWPORT, RI 028400190	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,115
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS HOME FOR CHILDREN 420 FRUIT HILL AVENUE NORTH PROVIDENCE, RI 029111815	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ST PATRICKS CHURCH BURRILLVILLE 45 HARRISVILLE MAIN STREET HARRISVILLE, RI 02830	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
ST PETERS BY THE SEA CHURCH 72 CENTRAL ST NARRAGANSETT, RI 028823647	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ST RAPHAEL ACADEMY 123 WALCOTT STREET PAWTUCKET, RI 02860	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 028953023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 028953023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STADIUM THEATRE FOUNDATION 28 MONUMENT SQUARE WOONSOCKET, RI 028953023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEERE HOUSE100 BORDEN ST PROVIDENCE, RI 029034803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SWEET BINKS RABBIT RESCUE PO BOX 415 FOSTER, RI 028250415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEACH FOR AMERICA INC 166 VALLEY STREET BUILDING 6M SUITE 105 PROVIDENCE, RI 02909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM NO FILTER35 BRISTOL AVE RIVERSIDE, RI 029152742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE AUTISM PROJECT 1516 ATWOOD AVENUE JOHNSTON, RI 02919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CORLISS INSTITUTE INC 1788 BROAD STREET CRANSTON, RI 02905	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE DAMES INC 589 ATWELLS AVENUE SUITE 200 PROVIDENCE, RI 02909	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE HAITIAN PROJECT INC PO BOX 6891 PROVIDENCE, RI 029406891	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE INTERFAITH COMMUNITY DIRE EMERG ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JONNYCAKE CENTER INC 1231 KINGSTOWN RD PEACE DALE, RI 028792441	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE PLAYERS400 BENEFIT ST PROVIDENCE, RI 029032924	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE RHODE ISLAND COMMUNITY FOUNDATI ONE UNION STATION PROVIDENCE, RI 029031758	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE RHODE ISLAND COMMUNITY FOUNDATI ONE UNION STATION PROVIDENCE, RI 029031758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE SALVATION ARMY 34 COMMERCIAL ST CRANSTON, RI 02905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 34 COMMERCIAL ST CRANSTON, RI 02905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAMARITANS INCPO BOX 9086 PROVIDENCE, RI 02940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
THE SAMARITANS INCPO BOX 9086 PROVIDENCE, RI 02940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
THE SAMARITANS INCPO BOX 9086 PROVIDENCE, RI 02940	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SANDRA FEINSTEIN-GAMM THEATRE 1245 JEFFERSON BOULEVARD WARWICK, RI 02886	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
THE TOMORROW FUND593 EDDY ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
THE TOMORROW FUND593 EDDY ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TOMORROW FUND593 EDDY ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE UNIVERSITY OF RHODE ISLAND FOUN 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE UNIVERSITY OF RHODE ISLAND FOUN 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOLF SCHOOL215 FERRIS AVE EAST PROVIDENCE, RI 02906	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
THREE ANGELS FUND594 INDIAN AVE MIDDLETOWN, RI 028425718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
THUNDERMIST HEALTH CENTER 171 SERVICE AVENUE BUILDING 2 WARWICK, RI 02886	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	260
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
TRINITY REPERTORY COMPANY 201 WASHINGTON ST PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 1789 BROAD STREET CRANSTON, RI 02905	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
UNITED STATES CONFERENCE OF CATHOLI 65 FRUIT HILL AVENUE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	36
UNITED STATES CONFERENCE OF CATHOLI 65 FRUIT HILL AVENUE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED STATES CONFERENCE OF CATHOLI 65 FRUIT HILL AVENUE PROVIDENCE, RI 02909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	12
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,788
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,675
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	346
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,895
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF RHODE ISLAND INC 50 VALLEY STREET PROVIDENCE, RI 029092459	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,868
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF RHODE ISLAND FOUNDATI 79 UPPER COLLEGE ROAD KINGSTON, RI 028812023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VINTAGE PET RESCUE 109 DANIELSON PIKE FOSTER, RI 028251418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VNA OF CARE NEW ENGLAND FOUNDATION 51 HEALTH LN WARWICK, RI 028862710	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	164
VNA OF CARE NEW ENGLAND FOUNDATION 51 HEALTH LN WARWICK, RI 028862710	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	167
VNA OF CARE NEW ENGLAND FOUNDATION 51 HEALTH LN WARWICK, RI 028862710	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	83
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER SERVICES FOR ANIMALS PO BOX 6263 PROVIDENCE, RI 029406263	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
WASHINGTON OAK SCHOOL 801 READ SCHOOL HOUSE ROAD COVENTRY, RI 02816	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
WASHINGTON OAK SCHOOL PTO 801 READ SCHOOL HOUSE RD COVENTRY, RI 028168713	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WELCOME HOUSE OF SOUTH COUNTY 8 NORTH RD PEACE DALE, RI 028792165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WEST BAY CHORALEPO BOX 8856 WARWICK, RI 028880856	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILDLIFE REHABILITATORS ASSOCIATION 2865 TOWER HILL RD SAUNDERSTOWN, RI 028742207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE REHABILITATORS ASSOCIATION 2865 TOWER HILL RD SAUNDERSTOWN, RI 028742207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WILDLIFE REHABILITATORS ASSOCIATION 2865 TOWER HILL RD SAUNDERSTOWN, RI 028742207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOMEN & INFANTS HOSPITAL OF RHODE I 101 DUDLEY STREET PROVIDENCE, RI 029052401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS FUND OF RHODE ISLAND 245 WATERMAN STREET 503 PROVIDENCE, RI 02906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEAR UP INC 40 FOUNTAIN ST 7TH FLOOR PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
YOUNG VOICES150 MILLER AVE PROVIDENCE, RI 029051400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
YOUNG VOICES150 MILLER AVE PROVIDENCE, RI 029051400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH PRIDE INC 743 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
YOUTH PRIDE INC 743 WESTMINSTER STREET PROVIDENCE, RI 02903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	49
ACADEMIC MAGNET FOUNDATION 5109A W ENTERPRISE ST N CHARLESTON, SC 294054066	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIKEN TECHNICAL COLLEGE FOUNDATION PO DRAWER 696 AIKEN, SC 298020696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
AIKEN TECHNICAL COLLEGE FOUNDATION PO DRAWER 696 AIKEN, SC 298020696	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
ALIANZA HISPANA-HISPANIC ALLIANCE PO BOX 17934 GREENVILLE, SC 296068934	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL FOR ONE MINISTRIESPO BOX 2488 LANCASTER, SC 29721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS EPISCOPAL DAY SCHOOL INC 1425 CHEROKEE ROAD FLORENCE, SC 29501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ALLIANCE FOR THE MENTALLY ILL OF GR 2320 E NORTH ST STE L GREENVILLE, SC 296071250	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 901 S PINE ST SPARTANBURG, SC 293023310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 4124 CLEMSON BLVD SUITE L ANDERSON, SC 29621	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
AMERICAN CANCER SOCIETY INC 200 CENTER POINT CIRCLE STE 100 COLUMBIA, SC 29210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 154 MILESTONE WAY GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
AMERICAN CANCER SOCIETY INC 950-48TH AVE N SUITE 101 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 200 CENTER POINT CIRCLE STE 100 COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 154 MILESTONE WAY GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	61
AMERICAN CANCER SOCIETY INC 200 CENTER POINT CIRCLE STE 100 COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 200 CENTER POINT CIRCLE STE 100 COLUMBIA, SC 29210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 154 MILESTONE WAY GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
AMERICAN LUNG ASSOCIATION 44-A MARKFIELD DRIVE CHARLESTON, SC 294075225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 2424- A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2424-A CITY HALL LANE NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 3531 PAMPAS DRIVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS 940 GROVE RD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 200 PIEDMONT BOULEVARD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS 940 GROVE RD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
AMERICAN NATIONAL RED CROSS 200 PIEDMONT BOULEVARD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 200 PIEDMONT BOULEVARD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN NATIONAL RED CROSS 940 GROVE RD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
AMHS PARTNERS IN EDUCATION 5109A W ENTERPRISE ST N CHARLESTON, SC 294054066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDERSON INTERFAITH MINISTRIES INC PO BOX 1136 ANDERSON, SC 29622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
ANDERSON INTERFAITH MINISTRIES INC PO BOX 1136 ANDERSON, SC 29622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
ANDERSON INTERFAITH MINISTRIES INC PO BOX 1136 ANDERSON, SC 29622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
ANIMAL ADOPTION LEAGUE OF YORK COUN PO BOX 2453 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL LOVERS OF EDISTO CANINE RESC 8112 PALMETTO RD EDISTO ISLAND, SC 294386840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
ANIMAL LOVERS OF EDISTO CANINE RESC 8112 PALMETTO RD EDISTO ISLAND, SC 294386840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
ANIMAL MISSION127 HUMANE LANE COLUMBIA, SC 292094605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL MISSION127 HUMANE LANE COLUMBIA, SC 292094605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ANIMAL MISSION127 HUMANE LANE COLUMBIA, SC 292094605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ANIMAL PROTECTION LEAGUE OF SOUTH C PO BOX 5354 COLUMBIA, SC 292505354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	397
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,461
ARTS CENTER OF COASTAL CAROLINA 14 SHELTER COVE LANE HILTON HEAD ISLAND, SC 29928	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASSOCIATION FOR THE BLIND AND VISUA 1 CARRIAGE LANE BLDG A CHARLESTON, SC 29407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALD IS BEAUTIFUL HAIRLESS & SMALL 14 S FAIRFIELD RD GREENVILLE, SC 296055002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BANDS OF WANDO FOUNDATION PO BOX 927 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BANDS OF WANDO FOUNDATION PO BOX 927 MOUNT PLEASANT, SC 29465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,063
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUFORT COUNTY BLACK CHAMBER OF 711 BLADEN ST BEAUFORT, SC 299014574	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BEAUFORT MEMORIAL HOSPITAL ENDOWMEN PO BOX 2233 BEAUFORT, SC 29901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
BEAUFORT-JASPER YMCA OF THE LOWCOUN 1801 RICHMOND AVENUE PORT ROYAL, SC 29935	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL ELEMENTARY 6000 E HIGHWAY 55 EAST CLOVER, SC 297108552	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	350
BETHEL ELEMENTARY 6000 HIGHWAY 55 EAST CLOVER, SC 29710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BETHEL PRESBYTERIAN CHURCH 2445 HIGHWAY 557 CLOVER, SC 297107310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BETHEL PRESBYTERIAN CHURCH 2445 HIGHWAY 557 CLOVER, SC 297107310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
BIG RED BARN RETREAT 8024 WINNSBORO RD BLYTHEWOOD, SC 290169797	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	800
BISHOP ENGLAND HIGH SCHOOL 363 SEVEN FARMS DRIVE CHARLESTON, SC 29492	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,500
BLESSED SACRAMENT SCHOOL 7 SAINT TERESA DRIVE CHARLESTON, SC 294077243	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE STAR MOTHERS OF AMERICA INC PO BOX 2364 LEXINGTON, SC 290712364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
BLUE STAR MOTHERS OF AMERICA INC PO BOX 2364 LEXINGTON, SC 290712364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
BLUE STAR MOTHERS OF AMERICA INC PO BOX 2364 LEXINGTON, SC 290712364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE STAR MOTHERS OF AMERICA INC PO BOX 2364 LEXINGTON, SC 290712364	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
BOY SCOUTS OF AMERICA 9297 MEDICAL PLAZA DR STE C NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 420 S CHURCH STREET SPARTANBURG, SC 29306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	199
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 9297 MEDICAL PLAZA DR STE C NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 420 S CHURCH ST SPARTANBURG, SC 293065232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 420 SOUTH CHURCH STREET SPARTANBURG, SC 29306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 420 S CHURCH ST SPARTANBURG, SC 293065232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 1 PARK PLAZA GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
BOY SCOUTS OF AMERICA 9297 MEDICAL PLAZA DR STE C NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 420 S CHURCH ST SPARTANBURG, SC 293065232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1 PARK PLAZA GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
BOY SCOUTS OF AMERICA 420 S CHURCH ST SPARTANBURG, SC 293065232	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1 PARK PLAZA GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
BOYS & GIRLS CLUB OF THE GRAND STRA 306 NORTH OAK STREET MYRTLE BEACH, SC 295773309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOYS & GIRLS CLUB OF THE GRAND STRA 306 NORTH OAK STREET MYRTLE BEACH, SC 295773309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF THE GRAND STRA 306 NORTH OAK STREET MYRTLE BEACH, SC 295773309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF UPSTATE INC PO BOX 2794 SPARTANBURG, SC 29304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOYS AND GIRLS CLUBS OF LOWCOUNTRY PO BOX 1908 BLUFFTON, SC 29910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF LOWCOUNTRY PO BOX 22267 HILTON HEAD ISLAND, SC 29925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS AND GIRLS CLUBS OF THE MIDLAND 500 GRACERN ROAD COLUMBIA, SC 29210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
BOYS AND GIRLS CLUBS OF THE MIDLAND 500 GRACERN RAOD COLUMBIA, SC 29210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAIN RESTORATION MINISTRIES INC 1040 EDGEWATER CORP PKWY STE 106 INDIAN LAND, SC 297074514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
BRAIN RESTORATION MINISTRIES INC 1040 EDGEWATER CORP PKWY STE 106 INDIAN LAND, SC 297074514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BRAIN RESTORATION MINISTRIES INC 1040 EDGEWATER CORP PKWY STE 106 INDIAN LAND, SC 297074514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFORD HIGH4290 TABERNACLE ROAD LANCASTER, SC 297206054	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CALVARY HOME FOR CHILDREN 110 CALVARY HOME CIR ANDERSON, SC 296211002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CANCER ASSOCIATION OF SPARTANBURG A PO BOX 1582 SPARTANBURG, SC 293041582	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	310
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	61
CANCER SOCIETY OF GREENVILLE COUNTY 113 MILLS AVE GREENVILLE, SC 296054017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
CANCER SURVIVORS PARK ALLIANCE 24 CLEVELAND ST GREENVILLE, SC 296013648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CARDINAL NEWMAN SCHOOL 2945 ALPINE ROAD COLUMBIA, SC 29223	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CARMENS RESCUE108 WEBBINGTON PL SIMPSONVILLE, SC 29681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA ART ASSOCIATION 135 MEETING STREET CHARLESTON, SC 29401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CAROLINA BASSET HOUND RESCUE INC PO BOX 80082 CHARLESTON, SC 294160082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CAROLINA BASSET HOUND RESCUE INC PO BOX 80082 CHARLESTON, SC 294160082	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA BASSET HOUND RESCUE INC PO BOX 80082 CHARLESTON, SC 294160082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CAROLINA BASSET HOUND RESCUE INC PO BOX 80082 CHARLESTON, SC 294160082	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CAROLINA COMMUNITY CARE INC 2275 INDIA HOOK RD ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA CROWN INC227 MAIN ST A FT MILL, SC 297151740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
CAROLINA CROWN INC227 MAIN ST A FT MILL, SC 297151740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CAROLINA CROWN INC227 MAIN ST A FT MILL, SC 297151740	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINA POODLE RESCUE 6705 UNION HWY PACOLET, SC 293724110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CATS COTTAGE4693 MADELINE DR ROCK HILL, SC 297328335	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CENTRAL CAROLINA COMMUNITY FOUNDATI 2142 BOYCE STREET SUITE 402 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL SOUTH CAROLINA HABITAT FOR 209 S SUMTER ST COLUMBIA, SC 292014558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
CENTRAL SOUTH CAROLINA HABITAT FOR 209 S SUMTER ST COLUMBIA, SC 292014558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
CENTRAL SOUTH CAROLINA HABITAT FOR 209 S SUMTER ST COLUMBIA, SC 292014558	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHABAD OF CHARLESTON INC 477 MATHIS FERRY RD MT PLEASANT, SC 29464	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHALLENGE TO CONQUER CANCER PO BOX 8232 GREENVILLE, SC 29604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
CHAPMAN CULTURAL CENTER INC 200 E SAINT JOHN ST SPARTANBURG, SC 293065295	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHAPMAN CULTURAL CENTER INC 200 E SAINT JOHN ST SPARTANBURG, SC 293065295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CHAPMANS DACHSHUND RESCUE 1200 CHAMBERS RD YORK, SC 297451284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHAPMANS DACHSHUND RESCUE 1200 CHAMBERS RD YORK, SC 297451284	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHARLESTON ANIMAL SOCIETY 2455 REMOUNT RD N CHARLESTON, SC 294066138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,910
CHARLESTON DAY SCHOOL INC 15 ARCHDALE ST CHARLESTON, SC 294011918	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON JEWISH FEDERATION PO BOX 80100 CHARLESTON, SC 29416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	108
CHARLESTON LIBRARY SOCIETY 164 KING ST CHARLESTON, SC 294012212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLESTON ORPHAN HOUSE INC 5055 LACKAWANNA BLVD NORTH CHARLESTON, SC 294054529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CHARLESTON PARKS CONSERVANCY POST OFFICE BOX 31187 CHARLESTON, SC 29417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CHARLESTON PARKS CONSERVANCY POST OFFICE BOX 31187 CHARLESTON, SC 29417	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHASE AFTER A CURE 175 DONNING DRIVE SUMMERVILLE, SC 29483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CHASE AFTER A CURE 175 DONNING DRIVE SUMMERVILLE, SC 29483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHASE AFTER A CURE 175 DONNING DRIVE SUMMERVILLE, SC 29483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEROKEE COUNTY MEALS-ON-WHEELS 403 W MONTGOMERY STREET GAFFNEY, SC 29341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILDRENS ADVCY CTR OF SPARTANBURG 100 WASHINGTON PL SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CHILDRENS ADVCY CTR OF SPARTANBURG 100 WASHINGTON PL SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVCY CTR OF SPARTANBURG 100 WASHINGTON PL SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	245
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,185
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ATTENTION HOME INC PO BOX 2912 ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CHILDRENS CANCER PARTNERS OF THE CA 900 SO PINE STREET SUITE F SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS MUSEUM OF THE UPSTATE INC 300 COLLEGE STREET GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS TRUST FUND OF SOUTH CAROL 1330 LADY STREET SUITE 310 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST CHURCH EPISCOPAL SCHOOL 245 CAVALIER DR GREENVILLE, SC 296074265	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
CITADEL BRIGADIER FOUNDATION INC 171 MOULTRIE ST THE CITADEL CHARLESTON, SC 294090002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 294090001	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,100
CITY YEAR INC 1122 LADY STREET SUITE 600 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY YEAR INC 1122 LADY STREET SUITE 600 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CITY YEAR INC 1122 LADY STREET SUITE 600 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CL BOSTON TERRIER RESCUE FOUNDATION 311 COTTAGE FARM DR BEAUFORT, SC 299025949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN START219 TOWNSEND ST ANDERSON, SC 296254336	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLEMSON COMMUNITY CARE INC PO BOX 271 CLEMSON, SC 296330271	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
CLEMSON MEALS ON WHEELS INC PO BOX 1415 CLEMSON, SC 296331415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON MEALS ON WHEELS INC PO BOX 1415 CLEMSON, SC 296331415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,510
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,305
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	11,000
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,540
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,185
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,250
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	118
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,060
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	8,370
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	710
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	90
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	220
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	110
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	34
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	4,535
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,500
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMSON UNIVERSITY FOUNDATION PO BOX 1889 CLEMSON, SC 29633	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	110
COACHES 4 CHARACTER INC 411 RIVERS EDGE 814 GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
COASTAL LEATHER ALLEGIANCE TO WISDO 4115 LITTLE RIVER RD APT 6F MYRTLE BEACH, SC 295770829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL LEATHER ALLEGIANCE TO WISDO 4115 LITTLE RIVER RD APT 6F MYRTLE BEACH, SC 295770829	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	850
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,500
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE ST CHARLESTON, SC 294240001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	275
COLLEGE OF CHARLESTON FOUNDATION 66 GEORGE STREET CHARLESTON, SC 29424	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	55
COLUMBIA FILM SOCIETYPO BOX 7063 COLUMBIA, SC 29202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBIA MUSEUM OF ART PO BOX 2068 COLUMBIA, SC 29202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,000
COLUMBIA URBAN LEAGUE INC 1400 BARNWELL ST COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
COLUMBIA URBAN LEAGUE INC 1400 BARNWELL ST COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLUMBUS HOPE FOUNDATIONS INC 4904 BOUNDVIEW COURT SUMMERVILLE, SC 29485	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COLUMBUS PARKER TRACK CLUB PO BOX 145 LANCASTER, SC 297210145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COLUMBUS PARKER TRACK CLUB PO BOX 145 LANCASTER, SC 297210145	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF THE MIDLA 2712 MIDDLEBURG DR STE 219 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY FOUNDATION OF GREENVILLE 630 EAST WASHINGTON STREET SUITE A GREENVILLE, SC 29601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	618
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY KITCHEN INC OF MYRTLE BEA PO BOX 563 MYRTLE BEACH, SC 29578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITY KITCHEN INC OF MYRTLE BEA PO BOX 563 MYRTLE BEACH, SC 29578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMUNITY KITCHEN INC OF MYRTLE BEA PO BOX 563 MYRTLE BEACH, SC 29578	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY WORKS101 W ANTRIM DR GREENVILLE, SC 296072505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
COMMUNITY WORKS101 W ANTRIM DR GREENVILLE, SC 296072505	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
CONVERSE COLLEGE580 E MAIN ST SPARTANBURG, SC 293021931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONVERSE COLLEGE580 E MAIN ST SPARTANBURG, SC 293021931	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CONWAY HOSPITAL FOUNDATION INC 300 SINGLETON RIDGE RD CONWAY, SC 295280829	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COTTON BRANCH FARM 328 LIGHTWOOD KNOT RD LEESVILLE, SC 29070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CROWDERS CREEK ELEMENTARY PTO 5515 CHARLOTTE HWY CLOVER, SC 297107521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROWDERS CREEK ELEMENTARY PTO 5515 CHARLOTTE HWY CLOVER, SC 297107521	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CURE SANFILIPPO FOUNDATION PO BOX 6901 COLUMBIA, SC 29260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 4151 SPRUILL AVE SUITE 250 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DANNY AND RONS RESCUEPO BOX 604 CAMDEN, SC 29021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DANNY AND RONS RESCUEPO BOX 604 CAMDEN, SC 29021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
DANNY AND RONS RESCUEPO BOX 604 CAMDEN, SC 29021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,329
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DARLINGTON COUNTY HUMANE SOCIETY IN PO BOX 503 DARLINGTON, SC 29540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIS YOUTH AND FAMILY DEVELOPMENT 219 S 6TH ST HARTSVILLE, SC 295504201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DINING FOR WOMENPO BOX 25633 GREENVILLE, SC 29616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
DIOCESE OF CHARLESTON 1633 WAVERLY RD PAWLEYS ISL, SC 295855842	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOBY'S BRIDGE ELEMENTARY 1000 DRAGON WAY FORT MILL, SC 29715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	290
DOBYS BRIDGE ELEMENTARY PTO 1000 DRAGON WAY FORT MILL, SC 29715	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	910
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DORCHESTER PAWS 136 FOUR PAWS LANE SUMMERVILLE, SC 29483	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DREHER HIGH SCHOOL BAND BOOSTER CLU 3319 MILLWOOD AVE COLUMBIA, SC 292051828	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
DUTCH FORK HIGH SCHOOL TOUCH DOWN C 1400 OLD TAMAH RD IRMO, SC 290639799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EAST COOPER COMMUNITY OUTREACH 1145 SIX MILE RD MOUNT PLEASANT, SC 29466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST COOPER MEALS ON WHEELS INC PO BOX 583 MT PLEASANT, SC 294650583	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM RD COLUMBIA, SC 29204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
EASTMINSTER PRESBYTERIAN CHURCH 3200 TRENHOLM RD COLUMBIA, SC 29204	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDISTO ISLAND OPEN LAND TRUST INC PO BOX 1 EDISTO ISLAND, SC 294380001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ELLEN TAYLOR FOUNDATION FOR JUNIORS PO BOX 4501 N MYRTLE BCH, SC 295974501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ELLEN TAYLOR FOUNDATION FOR JUNIORS PO BOX 4501 N MYRTLE BCH, SC 295974501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELLEN TAYLOR FOUNDATION FOR JUNIORS PO BOX 4501 N MYRTLE BCH, SC 295974501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
EMMANUELS HAMMER 143 DRY ROCK RD TOWNVILLE, SC 29689	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
EPWORTH CHILDRENS HOME PO BOX 50466 COLUMBIA, SC 292500466	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPWORTH CHILDRENS HOME 2900 MILLWOOD AVE COLUMBIA, SC 292051359	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,957
EPWORTH CHILDRENS HOME PO BOX 50466 COLUMBIA, SC 292500466	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
EPWORTH CHILDRENS HOME 2900 MILLWOOD AVE COLUMBIA, SC 292051359	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPWORTH CHILDRENS HOME 2900 MILLWOOD AVE COLUMBIA, SC 292051359	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
ERSKINE COLLEGE POST OFFICE BOX 338 DUE WEST, SC 296390338	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	435
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ETV ENDOWMENT OF SOUTH CAROLINA INC 401 E KENNEDY ST STE B-1 SPARTANBURG, SC 293021970	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
FAMILY JUSTICE CENTER OF GEORGETOWN PO BOX 366 GEORGETOWN, SC 29442	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF YORK COUNTY INC 404 E MAIN ST ROCK HILL, SC 297305321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
FAMILY PROMISE OF YORK COUNTY INC 404 E MAIN ST ROCK HILL, SC 297305321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FAMILY PROMISE OF YORK COUNTY INC 404 E MAIN ST ROCK HILL, SC 297305321	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FENTON MOORHEAD EVANGELISTIC ASSOCI PO BOX 26625 GREENVILLE, SC 29616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FINE ARTS CENTER OF KERSHAW COUNTY PO BOX 1498 CAMDEN, SC 29021	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
FIRST TEE OF SPARTANBURG INC 1168 N PLEASANTBURG DRIVE GREENVILLE, SC 29607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL CARE CENTER INC PO BOX 1401 FORT MILL, SC 297161401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FORT MILL DISTRICT BAND BOOSTER CLU 2764 PLEASANT ROAD 10503 FORT MILL, SC 29708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FORT MILL DISTRICT BAND BOOSTER CLU PO BOX 611 FORT MILL, SC 297160611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL DISTRICT BAND BOOSTER CLU 2764 PLEASANT ROAD 10503 FORT MILL, SC 29708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
FORT MILL DISTRICT BAND BOOSTER CLU PO BOX 611 FORT MILL, SC 297160611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FORT MILL DISTRICT BAND BOOSTER CLU PO BOX 611 FORT MILL, SC 297160611	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL ELEMENTARY147 MUNN RD FORT MILL, SC 297150370	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	180
FORT MILL ELEMENTARY SCHOOL PTO 182 SPRINGFIELD PKWY FORT MILL, SC 297150000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	442
FORT MILL ELEMENTARY SCHOOL PTO 182 SPRINGFIELD PKWY FORT MILL, SC 297150000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL GRIDIRON CLUB 2764 PLEASANT RD 11310 FORT MILL, SC 29708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FORT MILL GRIDIRON CLUB 2764 PLEASANT RD 11310 FORT MILL, SC 29708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FORT MILL HIGH SCHOOL ATHLETIC BOOS PO BOX 2061 FORT MILL, SC 297160000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT MILL HIGH SCHOOL ATHLETIC BOOS PO BOX 2061 FORT MILL, SC 297160000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
FORT MILL HIGH SCHOOL ATHLETIC BOOS PO BOX 2061 FORT MILL, SC 297160000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
FORT MILL HISTORY MUSEUM INC 107 CLEBOURNE ST FORT MILL, SC 29715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR FORT MILL SCHOOLS IN PO BOX 476 FORT MILL, SC 297160476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
FOUNDATION FOR FORT MILL SCHOOLS IN PO BOX 476 FORT MILL, SC 297160476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	333
FOUNDATION FOR FORT MILL SCHOOLS IN PO BOX 476 FORT MILL, SC 297160476	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAZEE CENTER8110 HIGHWAY 81 N EASLEY, SC 296427804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
FRESHSTART1935 CLEMENTS AVENUE NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FRIENDS OF THE ANIMAL SHELTER INC PO BOX 2207 AIKEN, SC 298022207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE ANIMAL SHELTER INC PO BOX 2207 AIKEN, SC 298022207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF THE ANIMAL SHELTER INC PO BOX 2207 AIKEN, SC 298022207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF THE ANIMAL SHELTER INC PO BOX 2207 AIKEN, SC 298022207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PALMETTO BLUFF CONSE PO BOX 2716 BLUFFTON, SC 299102716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE PICKENS COUNTY GUARD PO BOX 1692 EASLEY, SC 296411692	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF YORK COUNTY ANIMAL SHELT PO BOX 304 YORK, SC 297457751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	6,000
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 296130002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF EASTERN SOUTH CAROLI 1971 GLENNS BAY ROAD SURFSIDE BEACH, SC 29575	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN TRI COUNTY SC 2431 CHERRY ROAD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GIRLS ON THE RUN TRI COUNTY SC 2431 CHERRY ROAD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS ON THE RUN TRI COUNTY SC 2431 CHERRY ROAD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRLS ON THE RUN TRI COUNTY SC 2431 CHERRY ROAD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
GIVE HOPE INCPO BOX 2071 FORT MILL, SC 297162071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLD HILL ELEMENTARY 1000 DAVID GIBSON BLVD FORT MILL, SC 297158484	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
GOLD HILL MIDDLE SCHOOL ATHLETIC BO 1025 DAVE GIBSON BLVD TEGA CAY, SC 297086416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	118
GOLD HILL MIDDLE SCHOOL ATHLETIC BO 1025 DAVE GIBSON BLVD TEGA CAY, SC 297086416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLD HILL MIDDLE SCHOOL ATHLETIC BO 1025 DAVE GIBSON BLVD TEGA CAY, SC 297086416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GRAND STRAND HUMANE SOCIETY INC 3241 MR JOE WHITE AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
GRAND STRAND HUMANE SOCIETY INC 3241 MR JOE WHITE AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND STRAND HUMANE SOCIETY INC 3241 MR JOE WHITE AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
GREEN HEART PROJECT INC 759 KING STREET SUITE A CHARLESTON, SC 29403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GREENVILLE AREA PARKINSON SOCIETY 40 JOHN MCCARROLL WAY GREENVILLE, SC 29607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENVILLE CHAMBER FOUNDATION INC 550 S MAIN STREET STE 550 GREENVILLE, SC 29601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
GREENVILLE CHAMBER FOUNDATION INC 550 S MAIN STREET STE 550 GREENVILLE, SC 29601	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
GREENVILLE TECH FOUNDATION INC MS 6002 PO BOX 5616 GREENVILLE, SC 296065616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2411 GEORGETOWN, SC 294422411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 2411 GEORGETOWN, SC 294422411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HABITAT FOR HUMANITY INTERNATIONAL 2545 BOHICKET ROAD JOHNS ISLAND, SC 294557232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4255 ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 616 PARRIS ISLAND GATEWAY BEAUFORT, SC 29906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2270 SOUTH PINE STREET SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 3323 AIKEN, SC 29802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1990 MT PLEASANT, SC 29465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1206 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY OF ANDERSON IN 210 S MURRAY AVE ANDERSON, SC 296241515	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY OF HORRY COUNT 165 CO-OP RD MYRTLE BEACH, SC 295887375	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HALFWAY THERE RESCUE 1605 SHETLAND LN ROCK HILL, SC 297304998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	9,600
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
HAMMOND SCHOOL854 GALWAY LANE COLUMBIA, SC 29209	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRIET HANCOCK CENTER FOUNDATION PO BOX 556 COLUMBIA, SC 292020556	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HARRISBURG ELEMENTARY 4945 CHARLOTTE HIGHWAY LANCASTER, SC 29720	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	270
HARRISBURG ELEMENTARY SCHOOL PTO 10251 HARRISBURG ROAD INDIAN LAND, SC 29707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	595
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARTSVILLE COMMUNITY ORGANIZATION I C/O HILL JORDAN CPA 121 N 5TH ST HARTSVILLE, SC 29550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
HARTSVILLE COMMUNITY ORGANIZATION I C/O HILL JORDAN CPA 121 N 5TH ST HARTSVILLE, SC 29550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
HARTSVILLE COMMUNITY ORGANIZATION I C/O HILL JORDAN CPA 121 N 5TH ST HARTSVILLE, SC 29550	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45,000
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	273
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	142
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST HOPE FOOD BANK 2220 SHOP ROAD COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	71
HEAD & NECK CANCER ALLIANCE INC PO BOX 21688 CHARLESTON, SC 29413	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HEATHER PERKINS TREW FOUNDATION PO BOX 5521 HILTON HEAD ISLAND, SC 29938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEATHWOOD HALL EPISCOPAL SCHOOL 3000 S BELTLINE BLVD COLUMBIA, SC 292015130	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
HELP 4 KIDS 2523 FORESTBROOK ROAD UNIT E MYRTLE BEACH, SC 29588	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HELPING AND LENDING OUTREACH SUPPOR 4995 LACROSS ROAD SUITE 1250 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HILTON HEAD HUMANE ASSOCIATION INC PO BOX 21790 HILTON HEAD, SC 299251790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,450
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HILTON HEAD ISLAND DEEP WELL PROJEC PO BOX 5543 HILTON HEAD, SC 299385543	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC COLUMBIA FOUNDATION INC 1601 RICHLAND ST COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
HITCHCOCK WOODS FOUNDATION PO BOX 1702 AIKEN, SC 298021702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOME WORKS OF AMERICA INC 3823 W BELTLINE BLVD COLUMBIA, SC 29204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS NO MORE INC 2711 MIDDLEBURG DRIVE STE 213 COLUMBIA, SC 29204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12,500
HOMELESS TO HOPE FURNITURE WAREHOUS PO BOX 1171 ISLE OF PALMS, SC 29451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	330
HOMELESS TO HOPE FURNITURE WAREHOUS PO BOX 1171 ISLE OF PALMS, SC 29451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMELESS TO HOPE FURNITURE WAREHOUS PO BOX 1171 ISLE OF PALMS, SC 29451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HOMES OF HOPE INC3 DUNEAN STREET GREENVILLE, SC 29611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HOMES OF HOPE INC3 DUNEAN STREET GREENVILLE, SC 29611	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 290634030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOMEWARD BOUND PET RESCUE PO BOX 4335 IRMO, SC 290634030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOPE HELPING OTHERS PROGRESS THROUG 904 FINLEY RD ROCK HILL, SC 29730	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	192
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HELPING OTHERS PROGRESS THROUG 904 FINLEY RD ROCK HILL, SC 29730	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
HOPE INCPO BOX 774 ROCK HILL, SC 297316774	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOPE LAUGH PLAY 1826 ARAGON BEACH ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE LAUGH PLAY 1826 ARAGON BEACH ROAD ROCK HILL, SC 29732	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
HOPEFUL HORIZONSPO BOX 1775 BEAUFORT, SC 299012502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HORRY COUNTY K-12 FOUNDATION 5001 N KINGS HWY STE 107 RAINBOW HARBOR STE 107 MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORRY-GEORGETOWN TECHNICAL COLLEGE 743 HEMLOCK AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HORRY-GEORGETOWN TECHNICAL COLLEGE 743 HEMLOCK AVE MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HOSPICE CARE OF THE LOWCOUNTRY INC PO BOX 3827 BLUFFTON, SC 299103827	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LN COLUMBIA, SC 292094605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LANE COLUMBIA, SC 29209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY FOR THE PREVENTION 121 HUMANE LANE COLUMBIA, SC 29209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IN THE MIDDLE 42 GROVES WOOD COURT COLUMBIA, SC 29212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
INDIAN LAND ELEMENTARY PTO 4137 DOBYS BRIDGE ROAD INDIAN LAND, SC 29707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ISLAND SCHOOL COUNCIL POBOX 23047 HILTON HEAD ISLAND, SC 29926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAND SCHOOL COUNCIL POBOX 23047 HILTON HEAD ISLAND, SC 29926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ISSAQUEENA COMPOSITE 103 E BROOKWOOD DR CLEMSON, SC 29631	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JAMES R CLARK MEMORIAL SICKLE CELL 1420 GREGG ST COLUMBIA, SC 292013528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES R CLARK MEMORIAL SICKLE CELL 1420 GREGG ST COLUMBIA, SC 292013528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1122 LADY STREET SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,065
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 5 CENTURY DRIVE SUITE 240 GREENVILLE, SC 29615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,060
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1122 LADY STREET SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1122 LADY STREET SUITE 640 COLUMBIA, SC 29201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
JESSES PLACE RESCUE INC 66 TIMBERIDGE DR LAKE WYLIE, SC 297109009	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF GREATER SOUTH 2711 MIDDLEBURG DRIVE SUITE 301 COLUMBIA, SC 29204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	404
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF UPSTATE SOUTH 530 HOWELL RD STE 103 GREENVILLE, SC 296152000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JUSTICE MINISTRIESPO BOX 5216 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,680
JUSTICE MINISTRIESPO BOX 5216 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	840
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RDG STE 3800 GREENVILLE, SC 296013662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RDG STE 3800 GREENVILLE, SC 296013662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RDG STE 3800 GREENVILLE, SC 296013662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RDG STE 3800 GREENVILLE, SC 296013662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
KEEP GREENVILLE COUNTY BEAUTIFUL 301 UNIVERSITY RDG STE 3800 GREENVILLE, SC 296013662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER COUNTY COUNCIL OF THE ART PO BOX 613 LANCASTER, SC 297210613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
LANCASTER SPCAPO BOX 3042 LANCASTER, SC 297213042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANDER FOUNDATION 320 STANLEY AVENUE CAMPUS BOX 6004 GREENWOOD, SC 29649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
LANDER FOUNDATION 320 STANLEY AVENUE CAMPUS BOX 6004 GREENWOOD, SC 29649	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
LEAD-CHS FOUNDATION 4500 LEEDS AVENUE SUITE 100 NORTH CHARLESTON, SC 29405	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEAD-CHS FOUNDATION 4500 LEEDS AVENUE SUITE 100 NORTH CHARLESTON, SC 29405	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,500
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	881
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	470
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEROY SPRINGS & COMPANY INC PO BOX 1209 FORT MILL, SC 297161209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	341
LEXINGTON COUNTY SCHOOL DISTRICT NO PO BOX 1869 LEXINGTON, SC 29071	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
LEXINGTON MEDICAL CENTER FOUNDATION 2720 SUNSET BLVD WEST COLUMBIA, SC 29169	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINDSAY PETTUS GREENWAY INC P O BOX 1776 LANCASTER, SC 29721	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIVING BREAD INCPO BOX 9371 GREENVILLE, SC 29604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LOVEYOURSELF ALWAYS 6133 COLONY DR COLUMBIA, SC 292033809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOVEYOURSELF ALWAYS 6133 COLONY DR COLUMBIA, SC 292033809	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
LOW COUNTRY DAY SCHOOL INC 300 BLUE STEM DR PAWLEYS ISLAND, SC 295857763	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
LOWCOUNTRY AUTISM FOUNDATION INC 135 RUTLEDGE AVE MSC 561 CHARLESTON, SC 29425	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWCOUNTRY FOOD BANK INC 2864 AZALEA DR CHARLESTON, SC 294058216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20,000
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD BUILDING 2 CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LOWCOUNTRY LOCAL FIRST 1630 MEETING STREET ROAD BUILDING 2 CHARLESTON, SC 29405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWCOUNTRY ORPHAN RELIEF PO BOX 70185 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOWER RICHLAND ALUMNI FOUNDATION 2420 EXTON SHORE DR COLUMBIA, SC 292093218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
LOWER RICHLAND ALUMNI FOUNDATION 2420 EXTON SHORE DR COLUMBIA, SC 292093218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER RICHLAND ALUMNI FOUNDATION 2420 EXTON SHORE DR COLUMBIA, SC 292093218	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
LRADAC FOUNDATION 2711 COLONIAL DR COLUMBIA, SC 292036818	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
MAD - MECKLENBURG AMBULANCE DRIVERS 7428 FALLEN TIMBER LN TEGA CAY, SC 297088352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAD - MECKLENBURG AMBULANCE DRIVERS 7428 FALLEN TIMBER LN TEGA CAY, SC 297088352	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	825
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR C17 GREENVILLE, SC 296072533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,970
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR STE C17 GREENVILLE, SC 296072545	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR STE C17 GREENVILLE, SC 296072545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF SC INC 225 S PLEASANTBURG DR C17 GREENVILLE, SC 296072533	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
MARKET THEATRE COMPANY 110 FEDERAL ST ANDERSON, SC 29625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARY ANN MORRIS ANIMAL SOCIETY INC 254 SLOW PITCH RD BAMBERG, SC 29039	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS OF GREENVILLE INC 15 OREGON ST GREENVILLE, SC 296051748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	11
MEMORY MATTERSPO BOX 22330 HILTON HEAD ISLAND, SC 29925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
MIDLANDS EDUCATION AND BUSINESS ALL 7300 COLLEGE STREET IRMO SC 29063 COLUMBIA, SC 29202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	97
MIDLANDS HOUSING ALLIANCE INC 2025 MAIN STREET COLUMBIA, SC 292012125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	569
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
MIDLANDS TECHNICAL COLLEGE FOUNDATI 7300 COLLEGE STREET IRMO, SC 29063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
MOBILE MEAL SERVICE OF SPARTANBURG 419 EAST MAIN STREET SPARTANBURG, SC 29304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOBILE MEAL SERVICE OF SPARTANBURG 419 EAST MAIN STREET SPARTANBURG, SC 29304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MOBILE MEAL SERVICE OF SPARTANBURG 419 EAST MAIN STREET SPARTANBURG, SC 29304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
MOTHER EMANUEL MEMORIAL FOUNDATION 110 CALHOUN ST CHARLESTON, SC 294013510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHER EMANUEL MEMORIAL FOUNDATION 110 CALHOUN ST CHARLESTON, SC 294013510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
MOUNT PLEASANT SWIM CLUB PARENTSASS PO BOX 882 MOUNT PLEASANT, SC 294650082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,030
MUTTS AND MITTENS MANOR RESCUE AND 9095 HIGHWAY 701S CONWAY, SC 29527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUTTS AND MITTENS MANOR RESCUE AND 9095 HIGHWAY 701S CONWAY, SC 29527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MUTTS AND MITTENS MANOR RESCUE AND 9095 HIGHWAY 701S CONWAY, SC 29527	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
NATION FORD HIGH 1404 A O JONES BLVD FORT MILL, SC 29715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATION FORD HIGH SCHOOL MARINE CORP 1400 AO JONES BLVD FORT MILL, SC 29715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
NATIVITY CHURCH & SCHOOL 1061 FOLLY ROAD CHARLESTON, SC 29412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NATIVITY CHURCH & SCHOOL 1061 FOLLY ROAD CHARLESTON, SC 29412	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURALAND TRUSTP O BOX 728 GREENVILLE, SC 29602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
NATURALAND TRUSTP O BOX 728 GREENVILLE, SC 29602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NEIGHBORHOOD FOCUSPO BOX 9127 GREENVILLE, SC 29604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW DIRECTIONS OFHORRY COUNTY 732 8TH AVE NORTH MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
NEW DIRECTIONS OFHORRY COUNTY 732 8TH AVE NORTH MYRTLE BEACH, SC 29577	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEW RIVER COMMUNITY CHURCH 133 CARROLL CV LAKE WYLIE, SC 297108015	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	203
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOAHS ARKS RESCUE4084 SPRING IS OKATIE, SC 299094052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOAHS ARKS RESCUE 4084 SPRING ISLAND OKATIE, SC 29909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NOAHS ARKS RESCUE4084 SPRING IS OKATIE, SC 299094052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTH POINTE ELEMENTARY SCHOOL PTO 3325 SC-81 ANDERSON, SC 29621	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST PRESBYTERIAN CHURCH 601 POLO ROAD COLUMBIA, SC 29223	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
NORTHSIDE DEVELOPMENT CORPORATION 698 HOWARD STREET SPARTANBURG, SC 293032964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NORTHSIDE DEVELOPMENT CORPORATION 698 HOWARD STREET SPARTANBURG, SC 293032964	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKRIDGE ELEMENTARY SCHOOL PTO 5670 OAKRIDGE RD CLOVER, SC 297108390	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	62
OAKRIDGE ELEMENTARY SCHOOL PTO 5670 OAKRIDGE RD CLOVER, SC 297108390	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	186
OAKRIDGE MIDDLE5657 OAKRIDGE RD CLOVER, SC 29710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAKRIDGE MIDDLE5657 OAKRIDGE RD CLOVER, SC 29710	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
OAKRIDGE MIDDLE SCHOOL PTSO 5657 OAKRIDGE RD CLOVER, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
OAKVIEW ELEMENTARY 515 GODFREY ROAD SIMPSONVILLE, SC 296814927	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE-EIGHTY PLACEPO BOX 20038 CHARLESTON, SC 29413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPERATION CARE CAROLINA ANIMAL RESC 2756 DR NICHOLS RD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
OPERATION CARE CAROLINA ANIMAL RESC 2756 DR NICHOLS RD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION CARE CAROLINA ANIMAL RESC 2756 DR NICHOLS RD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
OPERATION CARE CAROLINA ANIMAL RESC 2756 DR NICHOLS RD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
OPERATION HOME INC 3973 RIVERS AVENUE SUITE 104 NORTH CHARLESTON, SC 29405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORANGEBURG PREPARATORY SCHOOL 2651 NORTH RD ORANGEBURG, SC 291181824	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ORCHARD PARK ELEMENTARY 474 THIRD BAXTER STREET FORT MILL, SC 29708	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	90
ORCHARD PARK ELEMENTARY PTO INC 474 THIRD BAXTER ST FORT MILL, SC 297087402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	447
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR LADY OF MERCY COMMUNITY OUTREAC PO BOX 607 JOHNS ISLAND, SC 294570607	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
PALMETTO CONCERT BAND PO BOX 1603 COLUMBIA, SC 292021603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	550
PALMETTO HEALTH FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	10,000
PALMETTO HEALTH FOUNDATION 1600 MARION ST COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PALMETTO PLACE CHILDRENS EMERGENCY PO BOX 3395 COLUMBIA, SC 29230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARENT BOOSTER USA INC 1625 HWY 55 EAST CLOVER, SC 29710	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
PARK WEST CAMPUS EDUCATIONAL FUND I 3300 THOMAS CAIRO BLVD MT PLEASANT, SC 294666981	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWLEYS ISLAND CHRISTIAN ACADEMY 10304 OCEAN HWY PAWLEYS ISLAND, SC 29585	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
PAWLEYS ISLAND CHRISTIAN ACADEMY 10304 OCEAN HWY PAWLEYS ISLAND, SC 29585	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	125
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,695
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
PAWMETTOLIFELINE INC 1275 BOWER PARKWAY COLUMBIA, SC 29212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
PEACE CENTER FOUNDATION 101 W BROAD ST GREENVILLE, SC 296012611	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,010
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETS INC OF THE MIDLANDS PO BOX 6394 W COLUMBIA, SC 291716394	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
PETS INC OF THE MIDLANDS PO BOX 6394 WEST COLUMBIA, SC 29169	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PICKENS COUNTY HABITAT FOR HUMANITY 309 EAST CEDAR ROCK STREET PICKENS, SC 29671	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT TECHNICAL COLLEGE FOUNDATI PO BOX 1467 GREENWOOD, SC 29648	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PILGRIMS INN INCPO BOX 11328 ROCK HILL, SC 29731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PINE STREET SCHOOL PARENT-TEACHER O 500 S PINE ST SPARTANBURG, SC 293022732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	212
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLEASANT KNOLL ELEMENTARY SCHOOL PT 2346 PLEASANT KNOLL RD STE PTO FORT MILL, SC 297080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	307
PLEASANT KNOLL ELEMENTARY SCHOOL PT 2346 PLEASANT KNOLL RD STE PTO FORT MILL, SC 297080000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
PORTER-GAUD FOUNDATION 300 ALBEMARLE RD CHARLESTON, SC 294077524	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER-GAUD FOUNDATION 300 ALBEMARLE RD CHARLESTON, SC 294077524	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,600
PORTER-GAUD FOUNDATION 300 ALBEMARLE RD CHARLESTON, SC 294077524	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,500
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
PORTER-GAUD SCHOOL 300 ALBEMARLE RD CHARLESTON, SC 29407	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN COLLEGE 503 S BROAD ST CLINTON, SC 29325	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,000
PRESERVATION SOCIETY OF CHARLESTON 147 KING STREET CHARLESTON, SC 294012221	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION STREET COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	100
PRISMA HEALTH MIDLANDS FOUNDATION 1600 MARION ST COLUMBIA, SC 29201	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
PROJECT ALIVE & KICKING PO BOX 63202 N CHARLESTON, SC 294193202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT CHALLENGE PLAYHOUSE PATRONS PO BOX 663 ANDERSON, SC 296220663	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PROJECT HOST INCPO BOX 345 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
PROJECT HOST INCPO BOX 345 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	4,975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT SAFE PET 1516 VILLAGE HARBOR DR LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
PTA SOUTH CAROLINA CONGRESS 1691 SPRINGFIELD PKWY FORT MILL, SC 297158811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PTA SOUTH CAROLINA CONGRESS 1691 SPRINGFIELD PKWY FORT MILL, SC 297158811	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAY TANNER FOUNDATION 709 WOODROW ST PMB 201 COLUMBIA, SC 29205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
READING PARTNERS 6296 RIVERS AVENUE SUITE 305 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
READING PARTNERS 6296 RIVERS AVENUE SUITE 305 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 6296 RIVERS AVE STE 305 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
READING PARTNERS 6296 RIVERS AVENUE SUITE 305 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
READING PARTNERS 6296 RIVERS AVE STE 305 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBUILD UPSTATEPO BOX 8693 GREENVILLE, SC 296048693	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
RECYCLED PETS INC 3081 CEDARVALE RD ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
RICHARDSON RESCUE 1968 GARVIN ROAD YORK, SC 29745	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RIDEABILITY THERAPEUTIC RIDING CENT 937 SPIRIT TRAIL CLOVER, SC 297100000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
RIVER HILLS LAKE WYLIE LIONS COMMUN PO BOX 5183 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER HILLS LAKE WYLIE LIONS COMMUN PO BOX 5183 LAKE WYLIE, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RIVERWALK ACADEMY 5750 MOUNT GALLANT ROAD ROCK HILL, SC 29732	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST STE 790 CHARLESTON, SC 29403	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROPER ST FRANCIS FOUNDATION 125 DOUGHTY ST STE 790 CHARLESTON, SC 29403	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,000
ROSALUZ 9789 CHARLOTTE HWY STE 400 147 FORT MILL, SC 297077179	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RUFF LIFE ANIMAL RESCUE PO BOX 1565 FORT MILL, SC 29716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUFF LIFE ANIMAL RESCUE PO BOX 1565 FORT MILL, SC 29716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RUFF LIFE ANIMAL RESCUE PO BOX 1565 FORT MILL, SC 29716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
S O S HEALTH CARE INCPO BOX 7136 MYRTLE BEACH, SC 29572	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT PAUL THE APOSTLE CATHOLIC SCH 152 ALABAMA ST SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	220
SAINT PAUL THE APOSTLE CATHOLIC SCH 152 ALABAMA ST SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
SAINT PAUL THE APOSTLE CATHOLIC SCH 152 ALABAMA ST SPARTANBURG, SC 29302	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SANDHILLS SCHOOL 1500 HALLBROOK DR COLUMBIA, SC 292094021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SANDHILLS SCHOOL 1500 HALLBROOK DR COLUMBIA, SC 292094021	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SEA HAVEN INCPO BOX 600 NORTH MYRTLE BEACH, SC 29597	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA PINES FOREST PRESERVE FOUNDATIO 175 GREENWOOD DR HILTON HEAD ISLAND, SC 299284506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SECOND HELPINGSPO BOX 23621 HILTON HEAD ISLAND, SC 29925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SENIOR RESOURCES INC 2817 MILLWOOD AVE COLUMBIA, SC 292051261	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SET FREE ALLIANCEPO BOX 1709 SIMPSONVILLE, SC 29681	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SHARING GODS LOVE INCPO BOX 1021 IRMO, SC 290631021	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
SHEPHERDS TABLE TSHEPHERDSTABLESCCOASTNET CONWAY, SC 29528	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,500
SHRINERS HOSPITALS FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SISTERCARE INCPO BOX 1029 COLUMBIA, SC 292021029	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOTERIA WORLD OUTREACH MINISTRIES I 210 SHAW STREET GREENVILLE, SC 29609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SOUTH CAROLINA ASSOCIATION FOR COMM PO BOX 20577 CHARLESTON, SC 29413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTH CAROLINA COMMUNITY LOAN FUND 1051 A GARDNER ROAD CHARLESTON, SC 29407	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA CONGRESS OF PARENTS 1025 DAVE GIBSON BLVD FORT MILL, SC 297086416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	118
SOUTH CAROLINA CONGRESS OF PARENTS 1025 DAVE GIBSON BLVD FORT MILL, SC 297086416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
SOUTH CAROLINA CONGRESS OF PARENTS 515 GODFREY RD SIMPSONVILLE, SC 296814927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA CONGRESS OF PARENTS 1025 DAVE GIBSON BLVD FORT MILL, SC 297086416	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
SOUTH CAROLINA EQUALITY PO BOX 544 COLUMBIA, SC 292020544	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOUTH CAROLINA PHILHARMONIC INC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA PHILHARMONIC INC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,160
SOUTH CAROLINA PHILHARMONIC INC 500 TAYLOR STREET SUITE 300 COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTH CAROLINA SHERIFFS ASSOCIATION PO BOX 21428 COLUMBIA, SC 292211428	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA SOCIETY FOR THE PREV 305 AIRPORT RD GREENVILLE, SC 29607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SOUTH CAROLINA STATE MUSEUM FOUNDAT 301 GERVAIS STREET LOADING ZONE D COLUMBIA, SC 29201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SOUTH CAROLINA STATE UNIVERSITY FOU PO BOX 7187 ORANGEBURG, SC 291170001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH CAROLINA UNITED METHODIST FOU PO BOX 193 CLOVER, SC 29710	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
SOUTH STRAND LIONS CLUB FOUNDATION PO BOX 15946 SURFSIDE BCH, SC 295875946	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SPARTANBURG HUMANE SOCIETY INC 150 DEXTER RD SPARTANBURG, SC 293032088	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
SPECIAL OLYMPICS SOUTH CAROLINA 109 OAK PARK DRIVE IRMO, SC 29603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
SPOLETO FESTIVAL U S A 14 GEORGE STREET CHARLESTON, SC 294011524	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD ELEMENTARY 1691 SPRINGFIELD PARKWAY FORT MILL, SC 29715	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
ST BERNARD PROJECT INC 6904 N MAIN ST STE 105 COLUMBIA, SC 29203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ST JOSEPHS CATHOLIC SCHOOL INC 100 SAINT JOSEPHS DR GREENVILLE, SC 296073795	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS CATHOLIC CHURCH 111 HAMPTON AVE GREENVILLE, SC 296011928	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
ST MARYS CATHOLIC CHURCH 111 HAMPTON AVE GREENVILLE, SC 296011928	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
ST MARYS CATHOLIC CHURCH 111 HAMPTON AVE GREENVILLE, SC 296011928	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PHILIP NERI CHURCH 292 MUNN ROAD EAST FORT MILL, SC 29715	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
SUMTER COUNTY COMMUNITY DEVELOPMENT 337 MANNING AVE SUMTER, SC 291505742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SUMTER COUNTY COMMUNITY DEVELOPMENT 337 MANNING AVE SUMTER, SC 291505742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SURFRIDER FOUNDATION 468 HUGER STREET APT A CHARLESTON, SC 29403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
TAMASSEE DAR SCHOOLPO BOX 8 TAMASSEE, SC 296860008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
TAMASSEE DAR SCHOOLPO BOX 8 TAMASSEE, SC 296860008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH MY PEOPLEPO BOX 2848 PAWLEYS ISLAND, SC 29585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	52
TEACH MY PEOPLEPO BOX 2848 PAWLEYS ISLAND, SC 29585	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TEGA CAY ELEMENTARY SCHOOL PARENT-T 2185 GOLD HILL ROAD TEGA CAY, SC 29708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHARLES LEA CENTER FOUNDATION I 195 BURDETTE STREET SPARTANBURG, SC 29307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE CHILDRENS RELIEF FUND INC 14 WEDGEFIELD DR HILTON HEAD, SC 29926	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FORT MILL COMMUNITY PLAYHOUSE I P O BOX 354 FORT MILL, SC 29716	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
THE HUMANE SOCIETY OF MCCORMICK COU PO BOX 900 MC CORMICK, SC 298350900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE HUMANE SOCIETY OF MCCORMICK COU PO BOX 900 MC CORMICK, SC 298350900	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HUMANE SOCIETY OF NORTH MYRTLE PO BOX 3369 NORTH MYRTLE BEACH, SC 295820000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE LITERACY CENTERPO BOX 3725 BLUFFTON, SC 29910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST MSC 955 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST MSC 955 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	200
THE MEDICAL UNIVERSITY OF SOUTH CAR 18 BEE STREET MSC 450 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
THE MEDICAL UNIVERSITY OF SOUTH CAR 18 BEE STREET MSC 450 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MEDICAL UNIVERSITY OF SOUTH CAR 18 BEE STREET MSC 450 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
THE MEDICAL UNIVERSITY OF SOUTH CAR HCC OFFICE OF DEVELOPMENT - 86 JONATHAN LUCAS ST MSC 955 CHARLESTON, SC 29425	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
THE PALMETTO SCHOOL AT THE CHILDREN PO BOX 2912 ROCK HILL, SC 29732	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PERFORMING ARTS CONSORTIUM INC PO BOX 22507 HILTON HEAD, SC 299252507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMY 417 RUTHERFORD STREET GREENVILLE SC 29609 GREENVILLE, SC 29602	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY604 PARK AVE SE AIKEN, SC 29801	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 1529 JOHN B WHITE BLVD SPARTANBURG, SC 29301	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
THE SALVATION ARMYPO BOX 241808 CHARLOTTE, SC 28224	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,750
THE SALVATION ARMYPO BOX 11585 ROCK HILL, SC 29731	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHARK CLUB INCPO BOX 4140 MURRELLS INLT, SC 295762686	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THE SHARK CLUB INCPO BOX 4140 MURRELLS INLT, SC 295762686	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARRIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARRIS ROAD GREENVILLE, SC 29605	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THOMAS SUMTER ACADEMY INC 5265 CAMDEN HWY REMBERT, SC 291288656	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
TIME 4 CHANGE1 DAN DR SEABROOK, SC 299403300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,569
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIME 4 CHANGE1 DAN DR SEABROOK, SC 299403300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
TIME 4 CHANGE1 DAN DR SEABROOK, SC 299403300	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TRI-COUNTY CRADLE-TO-CAREER COLLABO 6296 RIVERS AVENUE SUITE 308 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRI-COUNTY CRADLE-TO-CAREER COLLABO 6296 RIVERS AVENUE SUITE 308 NORTH CHARLESTON, SC 29406	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
TRI-COUNTY TECHNICAL COLLEGE FOUNDA PO BOX 587 PENDLETON, SC 29670	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
TRIDENT LITERACY ASSOCIATION INC 6185-D RIVERS AVE NORTH CHARLESTON, SC 294060000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT TECHNICAL COLLEGE FOUNDATIO PO BOX 61227 CHARLESTON, SC 294191227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
TRIDENT TECHNICAL COLLEGE FOUNDATIO PO BOX 61227 CHARLESTON, SC 294191227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,000
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,390
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,956
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,304
TRIDENT UNITED WAY INC 6296 RIVERS AVE N CHARLESTON, SC 294060000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	652
TRIDENT URBAN LEAGUE INC 1064 GARDNER ROAD SUITE 307 CHARLESTON, SC 294130249	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY COLLEGIATE SCHOOL 5001 HOFFMEYER ROAD DARLINGTON, SC 29532	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRINITY COLLEGIATE SCHOOL 5001 HOFFMEYER ROAD DARLINGTON, SC 29532	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TRIPLE TREE AERODROME INC 330 MARY HANNA RD WOODRUFF, SC 29388	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRIPLE TREE AERODROME INC 330 MARY HANNA RD WOODRUFF, SC 29388	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNION COUNTY MEALS ON WHEELS 109 W SOUTH ST UNION, SC 29379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED CHRISTIAN MINISTRIES OFABBEV PO BOX 502 ABBEVILLE, SC 29620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 296013320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 296013320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED MINISTRIES 606 PENDLETON ST GREENVILLE, SC 296013320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
UNITED SERVICE ORGANIZATIONS INC 3250 AIRPORT BLVD SUITE 7 WEST COLUMBIA, SC 29170	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,903
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,883
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,954
UNITED WAY OF GREENVILLE COUNTY INC 105 EDINBURGH COURT GREENVILLE, SC 296072529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	965
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HORRY COUNTY INC PO BOX 673 CONWAY, SC 29528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 290210737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	154
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 290210737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	312
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF KERSHAW COUNTY PO BOX 737 CAMDEN, SC 290210737	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
UNITED WAY OF OCONEE COUNTY INC PO BOX 1693 SENECA, SC 29679	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
UNITED WAY OF OCONEE COUNTY INC PO BOX 1693 SENECA, SC 29679	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF OCONEE COUNTY INC PO BOX 1693 SENECA, SC 29679	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF PICKENS COUNTY PO BOX 96 EASLEY, SC 29641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 299010202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 299010202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,193
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 299010202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 299010202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE LOWCOUNTRY INC PO BOX 202 BEAUFORT, SC 299010202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	494
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	403
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	81
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	399
UNITED WAY OF THE MIDLANDS 1818 BLANDING STREET COLUMBIA, SC 292012433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	293
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE PIEDMONT INC PO BOX 5624 SPARTANBURG, SC 293045624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
UNITED WAY OF THE PIEDMONT INC PO BOX 5624 SPARTANBURG, SC 293045624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
UNITED WAY OF THE PIEDMONT INC PO BOX 5624 SPARTANBURG, SC 293045624	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	814
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,007
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	770
UNITED WAY OF YORK COUNTY SC PO BOX 925 ROCK HILL, SC 29731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	385
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,650
UNIVERSITY OF SOUTH CAROLINA BUSINE 1014 GREENE STREET COLUMBIA, SC 29208	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	6,850
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA EDUCAT 471 UNIVERSITY PARKWAY AIKEN, SC 29801	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	11,000
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1027 BARNWELL STREET COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,500
UNIVERSITY OF SOUTH CAROLINA EDUCAT 1600 HAMPTON STREET SUITE 737 C COLUMBIA, SC 29208	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UPPER PALMETTO YMCA 151 S OAKLAND AVE ROCK HILL, SC 29730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
UPSTATE WARRIOR SOLUTION INC PO BOX 27232 GREENVILLE, SC 29616	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
VAN WYCK ELEMENTARY SCHOOL PTO 4945 CHARLOTTE HWY LANCASTER, SC 297207791	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY SPORTS OUTREACH INC PO BOX 1542 FORT MILL, SC 297160000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
VIKING BASEBALL BOOSTER CLUB 10120 TWO NOTCH RD STE 2 301 COLUMBIA, SC 292234385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
VIKING BASEBALL BOOSTER CLUB 10120 TWO NOTCH RD STE 2 301 COLUMBIA, SC 292234385	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE CHURCH574 RIMER POND RD BLYTHEWOOD, SC 290169448	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
VILLAGE CHURCH574 RIMER POND RD BLYTHEWOOD, SC 290169448	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
VILLAGE CHURCH574 RIMER POND RD BLYTHEWOOD, SC 290169448	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VILLAGE CHURCH574 RIMER POND RD BLYTHEWOOD, SC 290169448	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	100
VITAL CONNECTIONS OF THE MIDLANDS I 6862 LOWER RICHLAND BLVD HOPKINS, SC 290619198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VITAL CONNECTIONS OF THE MIDLANDS I 6862 LOWER RICHLAND BLVD HOPKINS, SC 290619198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VITAL CONNECTIONS OF THE MIDLANDS I 6862 LOWER RICHLAND BLVD HOPKINS, SC 290619198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
VOLUNTEERS IN MEDICINE CLINIC 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
WANDO HIGH SCHOOL BAND BOOSTERS PO BOX 927 MT PLEASANT, SC 294650927	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	148
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WATER MISSIONS INTERNATIONAL PO BOX 71489 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
WATER MISSIONS INTERNATIONAL PO BOX 71489 NORTH CHARLESTON, SC 29415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
WILDLIFE ACTION INCPO BOX 866 MULLINS, SC 295740000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDSOR TRACE CDE 230 PINE ACRES RD WINDSOR, SC 298562072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WINDSOR TRACE CDE 230 PINE ACRES RD WINDSOR, SC 298562072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WINDWOOD FARM HOME FOR CHILDREN INC 4857 WINDWOOD FARM ROAD AWENDAW, SC 29429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINDWOOD FARM HOME FOR CHILDREN INC 4857 WINDWOOD FARM ROAD AWENDAW, SC 29429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	473
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WINTHROP UNIVERSITY FOUNDATION 302 TILLMAN HALL ROCK HILL, SC 297330001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,550
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOFFORD COLLEGE429 N CHURCH ST SPARTANBURG, SC 293033612	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
WORLD OUTREACH COMMUNITY INC PO BOX 34 FORT MILL, SC 297160034	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,400
WORLD PARROT TRUST USA INC 400 S MAIN ST UNIT 985 TRAVELERS RST, SC 296901439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WWW PILOTSNPAWS ORG INCORPORATED 4651 HOWE RD LANDRUM, SC 29356	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YMCA OF COASTAL CAROLINA 5000 CLAIRE CHAPIN EPPS FAMILY YMCA MYRTLE BEACH, SC 29577	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YMCA OF GREATER CHARLOTTE ONE THUNDERBIRD LANE LAKE WYLIE, SC 29710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF GREATER CHARLOTTE ONE THUNDERBIRD LANE LAKE WYLIE, SC 29710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
YORK COUNTY COUNCIL ON ALCOHOL AND PO BOX 4437 ROCK HILL SC 29731 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	36
YORK COUNTY COUNCIL ON ALCOHOL AND PO BOX 4437 ROCK HILL SC 29731 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY COUNCIL ON ALCOHOL AND PO BOX 4437 ROCK HILL SC 29731 ROCK HILL, SC 29732	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	36
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
YORK COUNTY FREE CLINIC INC 410 OAKLAND AVE ROCK HILL, SC 297303530	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	606
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	810
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	476
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	162
YORK COUNTY HUMANE SOCIETY 8177 REGENT PARKWAY STE 103 FORT MILL, SC 297158388	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH CORPSPO BOX 211126 COLUMBIA, SC 29221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
YOUTH CORPSPO BOX 211126 COLUMBIA, SC 29221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,000
AUGUSTANA COLLEGE ASSOCIATION 2001 S SUMMIT AVE SIOUX FALLS, SD 571970001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUGUSTANA COLLEGE ASSOCIATION 2001 S SUMMIT AVE SIOUX FALLS, SD 571970001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
AUGUSTANA COLLEGE ASSOCIATION 2001 S SUMMIT AVE SIOUX FALLS, SD 571970001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
AVERA MCKENNANPO BOX 5045 SIOUX FALLS, SD 571170000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVERA MCKENNANPO BOX 5045 SIOUX FALLS, SD 571170000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
AVERA MCKENNANPO BOX 5045 SIOUX FALLS, SD 571170000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
BOY SCOUTS OF AMERICA 800 N WEST AVE SIOUX FALLS, SD 571045720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOME SOCIETY OF SOUTH DAK 409 NORTH WESTERN AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CHILDRENS HOME SOCIETY OF SOUTH DAK PO BOX 1749 SIOUX FALLS, SD 571011749	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CRAZY HORSE MEMORIAL FOUNDATION 12151 AVENUE OF THE CHEIFS CRAZY HORSE, SD 577308900	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMBE300 W 11TH ST SIOUX FALLS, SD 57104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING SOUTH DAKOTA 4701 N WESTPORT AVE SIOUX FALLS, SD 57107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,425
HEARTLAND HUMANE SOCIETY INC 3400 E HIGHWAY 50 YANKTON, SD 570786432	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
INSTITUTE OF RANGE & THE AMERICAN M PO BOX 998 HOT SPRINGS, SD 577470998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSTITUTE OF RANGE & THE AMERICAN M PO BOX 998 HOT SPRINGS, SD 577470998	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
LAKE AREA TECHNICAL INSTITUTE FOUND 1201 ARROW AVE NE WATERTOWN, SD 572012959	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
LUNCH IS SERVED INC1600 E 12TH ST SIOUX FALLS, SD 57103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MITCHELL COMMUNITY SCHOLARSHIP FUND 821 N CAPITAL MITCHELL, SD 57301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIVE AMERICAN HERITAGE ASSOCIATIO PO BOX 512 RAPID CITY, SD 57709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RE-MEMBERPO BOX 5054 PINE RIDGE, SD 577705054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SIOUX EMPIRE UNITED WAY INC 1000 N WEST AVENUE STE 120 SIOUX FALLS, SD 571041374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SIOUX EMPIRE UNITED WAY INC 1000 N WEST AVENUE STE 120 SIOUX FALLS, SD 571041374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIOUX EMPIRE UNITED WAY INC 1000 N WEST AVENUE STE 120 SIOUX FALLS, SD 571041374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	193
SIOUX EMPIRE UNITED WAY INC 1000 N WEST AVENUE STE 120 SIOUX FALLS, SD 571041374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
SIOUX EMPIRE UNITED WAY INC 1000 N WEST AVENUE STE 120 SIOUX FALLS, SD 571041374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIOUX FALLS AREA COMMUNITY FOUNDATI 200 CHERAPA PL SIOUX FALLS, SD 571032205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SIOUX FALLS CATHOLIC SCHOOL FOUNDAT 3100 W 41ST ST SIOUX FALLS, SD 571054222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIOUX FALLS HUMANE SOCIETY 3720 E BENSON RD SIOUX FALLS, SD 571049610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIOUX FALLS HUMANE SOCIETY 3720 E BENSON RD SIOUX FALLS, SD 571049610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
SOUTH DAKOTA STATE UNIVERSITY FOUND 815 MEDARY AVENUE BOX 525 BROOKINGS, SD 57007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,220
ST FRANCIS HOUSE OF SIOUX FALLS 1301 E AUSTIN ST SIOUX FALLS, SD 571031408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS HOUSE OF SIOUX FALLS 1301 E AUSTIN ST SIOUX FALLS, SD 571031408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	210
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	140
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	330
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	525
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	108
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	12
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS INDIAN SCHOOL PO BOX 326 CHAMBERLAIN, SD 57326	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
UNITED WAY OF HURONPO BOX 652 HURON, SD 573500652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
UNITED WAY OF HURONPO BOX 652 HURON, SD 573500652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HURONPO BOX 652 HURON, SD 573500652	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,432
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF SOUTH DAKOTA FOUNDATI 1110 N DAKOTA ST VERMILLION, SD 57069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VOLUNTEERS OF AMERICA INC 1309 W 51ST ST SIOUX FALLS, SD 571056659	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
VOLUNTEERS OF AMERICA INC 1309 W 51ST ST SIOUX FALLS, SD 571056659	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION 220 S MINNESOTA AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
YOUNG MENS CHRISTIAN ASSOCIATION 220 S MINNESOTA AVENUE SIOUX FALLS, SD 57104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
7ELEMENT ATHLETICS INC 501 UNION ST 4TH FL NASHVILLE, TN 372191712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
A SOLDIERS JOURNEY HOME PO BOX 578 HIXSON, TN 373439998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ADVANCE MEMPHISPO BOX 2201 MEMPHIS, TN 38101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
AGAPE ACERS INC108 AGAPE WAY JEFFERSON CTY, TN 377603446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAPE ACERS INC108 AGAPE WAY JEFFERSON CTY, TN 377603446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
AGAPE ACERS INC108 AGAPE WAY JEFFERSON CTY, TN 377603446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AGAPE ACERS INC108 AGAPE WAY JEFFERSON CTY, TN 377603446	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGAPE ANIMAL RESCUEPO BOX 292766 NASHVILLE, TN 372292766	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
AGAPE CHILD AND FAMILY SERVICES INC 3160 DIRECTORS ROW MEMPHIS, TN 381310401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
ALAGILLE SYNDROME ALLIANCE CHER BOR PO BOX 22 COLLIERVILLE, TN 38027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALAGILLE SYNDROME ALLIANCE CHER BOR PO BOX 22 COLLIERVILLE, TN 38027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALPHA OMICRON PI FOUNDATION 5390 VIRGINIA WAY BRENTWOOD, TN 370277529	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 7625 HAMILTON PARK DR CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4825 TROUSDALE DRIVE SUITE 220 NASHVILLE, TN 37220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 871 N WEISGARBER ROAD KNOXVILLE, TN 379092780	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 1378 UNION AVENUE MEMPHIS, TN 38104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2935 HIGHWAY 45 BYPASS JACKSON, TN 38305	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 519 EAST 4TH STREET CHATTANOOGA, TN 37403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,855
AMERICAN HEART ASSOCIATION INC 519 EAST 4TH STREET CHATTANOOGA, TN 37403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,545
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,165
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,632
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	456
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,167
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	535
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,440
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,518
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,265
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,330
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,098
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LEBANESE SYRIAN ASSOC CHAR 501 ST JUDE PLACE MEMPHIS, TN 381051905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,950
AMERICAN NATIONAL RED CROSS 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN NATIONAL RED CROSS 6921 MIDDLEBROOK PIKE KNOXVILLE, TN 37909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMISTAD MISSIONPO BOX 23030 NASHVILLE, TN 37202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	630
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
APPALACHIA SERVICE PROJECT INC 4523 BRISTOL HWY JOHNSON CITY, TN 37601	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
APPALACHIAN BLACK BEAR REHABILITATI PO BOX 364 TOWNSEND, TN 378820364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN INSTITUTE FOR CREATIVE 1505 GARTLAND AVE NASHVILLE, TN 372062754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	367
APPALACHIAN INSTITUTE FOR CREATIVE 1505 GARTLAND AVE NASHVILLE, TN 372062754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
APPALACHIAN INSTITUTE FOR CREATIVE 1505 GARTLAND AVE NASHVILLE, TN 372062754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARK OF CLEVELAND INCPO BOX 1514 CLEVELAND, TN 373641514	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
ARTS ALLIANCE MOUNTAIN EMPIRE PO BOX 94 BRISTOL, TN 376210094	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ARTS MEMPHIS575 S MENDENHALL RD MEMPHIS, TN 381174215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASTER COLLEGE PREPARATORY INC 111 S HIGHLAND STREET SUITE 108 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	273
ASTER COLLEGE PREPARATORY INC 111 S HIGHLAND STREET SUITE 108 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	682
ASTER COLLEGE PREPARATORY INC 111 S HIGHLAND STREET SUITE 108 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR SCHOOL 171 BAYLOR SCHOOL ROAD CHATTANOOGA, TN 374052506	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
BELCOURT THEATRE INC 2102 BELCOURT AVE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BELCOURT THEATRE INC 2102 BELCOURT AVE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELCOURT THEATRE INC 2102 BELCOURT AVE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BELIEVE IN BRISTOL VA INC PO BOX 1931 BRISTOL, TN 37621	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BELMONT UNIVERSITY 1900 BELMONT BOULEVARD FIDELITY HALL 109 NASHVILLE, TN 37212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELMONT UNIVERSITY 1900 BELMONT BOULEVARD FIDELITY HALL 109 NASHVILLE, TN 37212	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,550
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS & BIG SISTERS OF MIDDL 1704 CHARLOTTE AVE STE 130 NASHVILLE, TN 372032972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
BIG EARS FESTIVAL 900 S GAY ST STE 1001 KNOXVILLE, TN 379021840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
BIG FLUFFY DOG RESCUE 1507 WENDELL AVE NASHVILLE, TN 37206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIJOU THEATER CENTER 803 SOUTH GAY STREET KNOXVILLE, TN 37902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	511
BLUES FOUNDATION INC 421 SOUTH MAIN ST MEMPHIS, TN 381034464	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BONAPARTES RETREATPO BOX 150232 NASHVILLE, TN 37215	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOK EM161 RAINS AVE NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOONES CREEK ELEMENTARY SCHOOL PARE 348 CHRISTIAN CHURCH RD GRAY, TN 376154500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	38
BOSTON TERRIER RESCUE OF EAST TENNE 4501 MONTVALE RD MARYVILLE, TN 37803	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSTON TERRIER RESCUE OF EAST TENNE 4501 MONTVALE RD MARYVILLE, TN 37803	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1333 OLD WEISGARBER RD KNOXVILLE, TN 37909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE PO BOX 150409 NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN ST KNOXVILLE, TN 379176634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN ST KNOXVILLE, TN 379176634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE TENNESSEE 967 IRWIN ST KNOXVILLE, TN 379176634	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,700
BOYS AND GIRLS CLUBS OF CHATTANOOGA PO BOX 11567 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,090
BOYS AND GIRLS CLUBS OF CHATTANOOGA 610 LINDSAY ST CHATTANOOGA, TN 374033405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREAKTHROUGH CORPORATION 900 E HILL AVE STE 145 KNOXVILLE, TN 37915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BREAKTHROUGH CORPORATION 900 E HILL AVE STE 145 KNOXVILLE, TN 37915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BRENTWOOD ACADEMY INC 219 GRANNY WHITE PIKE BRENTWOOD, TN 370275753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIARCREST CHRISTIAN SCHOOL SYSTEM 76 S HOUSTON LEVEE ROAD EADS, TN 38028	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES USA INC477 N 5TH ST MEMPHIS, TN 381051869	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	116
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
CATHOLIC CHARITIES OF TENNESSEE INC 2806 MCGAVOCK PIKE NASHVILLE, TN 37214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
CEDAR BLUFF ELEMENTARY 709 NORTH CEDAR BLUFF RD KNOXVILLE, TN 37923	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CEDAR BLUFF ELEMENTARY 709 NORTH CEDAR BLUFF RD KNOXVILLE, TN 37923	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
CEDAR BLUFF ELEMENTARY 709 NORTH CEDAR BLUFF RD KNOXVILLE, TN 37923	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
CEDAR BLUFF ELEMENTARY 709 NORTH CEDAR BLUFF RD KNOXVILLE, TN 37923	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR NONPROFIT MANAGEMENT INC 37 PEABODY STREET SUITE 201 NASHVILLE, TN 37210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTRAL BAPTIST CHURCH 300 NORTH ROAN STREET JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	8,000
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHARLEY FOUNDATION INC PO BOX 120126 NASHVILLE, TN 372120126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,850
CHATTANOOGA AREA FOOD BANK INC 2009 CURTAIN POLE RD CHATTANOOGA, TN 374062306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTANOOGA AREA FOOD BANK INC 2009 CURTAIN POLE RD CHATTANOOGA, TN 374062306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHATTANOOGA CHURCH MINISTRIES INC PO BOX 11203 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,500
CHATTANOOGA CHURCH MINISTRIES INC 727 EAST 11TH STREET CHATTANOOGA, TN 37401	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHATTANOOGA KIWANIS YOUTH FOUNDATIO PO BOX 1103 CHATTANOOGA, TN 37401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	355
CHATTANOOGA ROOM IN THE INN INC 230 N HIGHLAND PARK AVENUE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHATTANOOGA-HAMILTON COUNTY PUBLIC 100 E 10TH ST STE 500 CHATTANOOGA, TN 374024217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHEEKWOOD BOTANICAL GARDEN AND MUSE 1200 FORREST PARK DR NASHVILLE, TN 372054206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	273
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
CHI OMEGA FOUNDATION 3395 PLAYERS CLUB PKWY MEMPHIS, TN 381258863	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS INTERNATIONAL SUMMER VILL PO BOX 11265 KNOXVILLE, TN 379391265	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
CHINESE AGAPE FOUNDATION PO BOX 312 TELLICO PLNS, TN 373850312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHRIST PRESBYTERIAN ACADEMY 2323A OLD HICKORY BLVD NASHVILLE, TN 372155311	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN BROTHERS LA SALLE HIGH SC 5900 WALNUT GROVE RD MEMPHIS, TN 381202104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,800
CHRISTIAN BROTHERS UNIVERSITY OFFICE OF ADVANCEMENT 650 EAST PARKWAY SOUTH MEMPHIS, TN 38104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	163
CHURCH HEALTH CENTER OF MEMPHIS INC 1350 CONCOURSE AVE STE 142 MEMPHIS, TN 38104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH HEALTH CENTER OF MEMPHIS INC 1350 CONCOURSE AVE STE 142 MEMPHIS, TN 38104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
COALITION FOR KIDS INCPO BOX 3156 JOHNSON CITY, TN 37602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CODECREW 88 UNION AVENUE 2ND FLOOR MEMPHIS, TN 381035126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODECREW 88 UNION AVENUE 2ND FLOOR MEMPHIS, TN 381035126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	78
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	67
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
COMMON TABLE HEALTH ALLIANCE 6027 WALNUT GROVE RD SUITE 215 MEMPHIS, TN 38117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
COMMUNITY FOUNDATION OF GREATER CHA 1400 WILLIAMS STREET CHATTANOOGA, TN 37408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOUNDATION OF GREATER CHA 1400 WILLIAMS STREET CHATTANOOGA, TN 37408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY FOUNDATION OF GREATER MEM 1900 UNION AVE MEMPHIS, TN 381044029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY FOUNDATION OF GREATER MEM 1900 UNION AVE MEMPHIS, TN 381044029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTACT 211 OF NORTHEAST TENNESSEE PO BOX 3336 KINGSPORT, TN 37664	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CUMBERLAND HEIGHTS FOUNDATION INC PO BOX 90727 NASHVILLE, TN 372090727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
CUMBERLAND HEIGHTS FOUNDATION INC PO BOX 90727 NASHVILLE, TN 372090727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUMBERLAND HEIGHTS FOUNDATION INC PO BOX 90727 NASHVILLE, TN 372090727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
CUMBERLAND HEIGHTS FOUNDATION INC PO BOX 90727 NASHVILLE, TN 372090727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CYSTIC FIBROSIS FOUNDATION 4538 TROUSDALE DR NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVER TENNESSEE INC PO BOX 158503 NASHVILLE, TN 37215	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DIXIE SPAY NEUTER EXPRESS 182 AIRPORT RD NW CLEVELAND, TN 373124213	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
DOBYNS - BENNETT HIGH SCHOOL 1 TRIBE WAY KINGSPORT, TN 37664	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOBYNS - BENNETT HIGH SCHOOL 1 TRIBE WAY KINGSPORT, TN 37664	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,715
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	885
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DUCKS UNLIMITED INC 1 WATERFOWL WAY MEMPHIS, TN 38120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	805
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	475
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
EAST TENNESSEE ALLIANCE FOR ANIMALS 5251 C HWY 153 PMB 119 HIXSON, TN 373430000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
EAST TENNESSEE CHILDRENS HOSPITAL A 2018 W CLINCH AVE KNOXVILLE, TN 379162301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE CHILDRENS HOSPITAL A 2018 W CLINCH AVE KNOXVILLE, TN 379162301	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DRIVE SUITE 1101 KNOXVILLE, TN 37902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DRIVE SUITE 1101 KNOXVILLE, TN 37902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TENNESSEE FOUNDATION 520 W SUMMIT HILL DRIVE SUITE 1101 KNOXVILLE, TN 37902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	232
EAST TENNESSEE STATE UNIVERSITY FOU PO BOX 70721 JOHNSON CITY, TN 37614	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ECONOMIC CLUB OF MEMPHIS 407 FOGELMAN COLLEGE MEMPHIS, TN 38152	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUKENYA7090 NOLEN PARK CIRCLE NOLENSVILLE, TN 37135	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EL AYUDANTE INCPO BOX 10805 JACKSON, TN 383080113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EMERALD CHARTER SCHOOLS 1014 HEISKELL AVE KNOXVILLE, TN 37921	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERALD YOUTH FOUNDATION 1014 HEISKELL AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
EMORY VALLEY CENTER INC 723 EMORY VALLEY RD OAK RIDGE, TN 37830	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
ERLANGER HEALTH SYSTEM FOUNDATIONS 975 E THIRD ST STE B-508 CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PROMISE OF KNOXVILLE PO BOX 10184 KNOXVILLE, TN 37939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY PROMISE OF KNOXVILLE PO BOX 10184 KNOXVILLE, TN 37939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FAMILY PROMISE OF KNOXVILLE PO BOX 10184 KNOXVILLE, TN 37939	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FARRAGUT HIGH SCHOOL FOOTBALL BOOST PO BOX 22635 KNOXVILLE, TN 379330635	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FAYETTE CARES INCPO BOX 326 SOMERVILLE, TN 380680326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	410
FAYETTE CARES INCPO BOX 326 SOMERVILLE, TN 380680326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAYETTE CARES INCPO BOX 326 SOMERVILLE, TN 380680326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAYETTE CARES INCPO BOX 326 SOMERVILLE, TN 380680326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FAYETTE CARES INCPO BOX 326 SOMERVILLE, TN 380680326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUR SQUAREPO BOX 35 ROGERSVILLE, TN 378570035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRANKLIN ROAD ACADEMY INC 4700 FRANKLIN ROAD NASHVILLE, TN 37220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
FRANKLIN ROAD ACADEMY INC 4700 FRANKLIN ROAD NASHVILLE, TN 37220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF GREAT SMOKY MOUNTAIN NAT PO BOX 1660 KODAK, TN 377647660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF MILL RIDGE PARK PO BOX 676 ANTIOCH, TN 37011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,000
FRIENDS OF MILL RIDGE PARK PO BOX 676 ANTIOCH, TN 37011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF TENNESSEES BABIES WITH S PO BOX 544 ALCOA, TN 37701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FRIENDS OF THE WARNER PARKS INC 50 VAUGHN RD NASHVILLE, TN 372213706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF THE WARNER PARKS INC 50 VAUGHN RD NASHVILLE, TN 372213706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OFINDIAN LAKE PENINSULA 170 E MAIN ST STE D-187 HENDERSONVILLE, TN 37075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GENERAL COUNCIL ON FINANCE & ADMINS 1 MUSIC CIR N NASHVILLE, TN 372034310	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
GIRL SCOUTS OF MIDDLE TENNESSEE INC 4522 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF CHATTANOOGA 4505 BRAINERD RD STE 110 CHATTANOOGA, TN 37411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
GIRLS INCORPORATED OF CHATTANOOGA 4505 BRAINERD RD STE 110 CHATTANOOGA, TN 37411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRLS INCORPORATED OF HAMBLEN COUNT PO BOX 3058 MORRISTOWN, TN 378153058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	183
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS INCORPORATED OF JOHNSON CITY PO BOX 1435 JOHNSON CITY, TN 37605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GIRLS ON THE RUN OF NORTHEASTTENNES PO BOX 5622 JOHNSON CITY, TN 37602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
GIRLS PREPARATORY SCHOOL INC PO BOX 4736 CHATTANOOGA, TN 37405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRLS PREPARATORY SCHOOL INC PO BOX 4736 CHATTANOOGA, TN 37405	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GRACE AND GLORY 540 WEEPING ELM ROAD MOUNT JULIET, TN 37122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
GRACE AND GLORY 540 WEEPING ELM ROAD MOUNT JULIET, TN 37122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE AND GLORY 540 WEEPING ELM ROAD MOUNT JULIET, TN 37122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PKWY SUITE 100 FRANKLIN, TN 37064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER CHATTANOOGA PUBLIC TELEVISI 7540 BONNYSHIRE DR CHATTANOOGA, TN 37416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
HABITAT FOR HUMANITY INTERNATIONAL 850 MERCURY BLVD MURFREESBORO, TN 37130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 511 WEST MEADE BLVD FRANKLIN, TN 37064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 27478 KNOXVILLE, TN 379277478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 7136 WINCHESTER ROAD MEMPHIS, TN 38125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 27478 KNOXVILLE, TN 379277478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANDS ON NASHVILLE INC 37 PEABODY ST STE 206 NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HARD BARGAIN MT HOPE REDEVELOPMENT PO BOX 545 FRANKLIN, TN 370650545	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HARPETH HALL SCHOOL 3801 HOBBS ROAD NASHVILLE, TN 37215	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALING HANDS HEALTH CENTER INC 245 MIDWAY MEDICAL PARK BRISTOL, TN 376201704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HERITAGE FOUNDATION OF FRANKLIN AND 112 BRIDGE STREET FRANKLIN, TN 37064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
HISTORIC TENNESSEE THEATRE FOUNDATI 604 S GAY ST KNOXVILLE, TN 379021603	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,910
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE INNER CITY INC 1800 ROANOKE AVE CHATTANOOGA, TN 37406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOPE RESTOREDPO BOX 680278 FRANKLIN, TN 37068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE RESTOREDPO BOX 680278 FRANKLIN, TN 37068	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE EDUCATIONAL SOCIETY OF CHATT 212 N HIGHLAND PARK AVE CHATTANOOGA, TN 374042438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE EDUCATIONAL SOCIETY OF CHATT 212 N HIGHLAND PARK AVE CHATTANOOGA, TN 374042438	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUME - FOGG HIGH700 BROADWAY NASHVILLE, TN 372033937	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTER MUSEUM OF ART 10 BLUFF VIEW CHATTANOOGA, TN 374031111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HUNTERS BEND ELEMENTARY SCHOOL PTO 2121 FIELDSTONE PKWY FRANKLIN, TN 370691813	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HUTCHISON SCHOOL 1740 RIDGEWAY ROAD MEMPHIS, TN 38119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUTCHISON SCHOOL 1740 RIDGEWAY ROAD MEMPHIS, TN 38119	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
IMMINENT DANGER GERMAN SHEPHERD RES 390 KISER LOOP GREENEVILLE, TN 37743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
IMMINENT DANGER GERMAN SHEPHERD RES 390 KISER LOOP GREENEVILLE, TN 37743	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH HEALTH CLINIC INC 315 GILL AVE KNOXVILLE, TN 379177209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,050
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	326
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ISHA FOUNDATION INC951 ISHA LANE MCMINNVILLE, TN 37110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
IVY ROSE FOUNDATION INCORPORATED PO BOX 81053 CHATTANOOGA, TN 374148253	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JASON FOUNDATION 18 VOLUNTEER DRIVE HENDERSONVLLE, TN 37075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 370275318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 370275318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 370275318	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 105 WESTPARK DRIVE SUITE 415 BRENTWOOD, TN 37027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	980
JOHNSON UNIVERSITY 7900 JOHNSON DR KNOXVILLE, TN 379981001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	325
JORDAN ELEMENTARY PARENT-TEACHER OR 9714 SPLIT LOG ROAD BRENTWOOD, TN 37027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JT MOORE PTO 4425 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JUNIOR ACHIEVEMENT OF MIDDLE TENNES 120 POWELL PLACE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF MIDDLE TENNES 120 POWELL PLACE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF MIDDLE TENNES 120 POWELL PLACE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR LEAGUE OF CHATTANOOGA INC 622 E 4TH ST CHATTANOOGA, TN 374031913	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JUNIOR LEAGUE OF MEMPHIS INC 3475 CENTRAL AVE MEMPHIS, TN 38111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF MEMPHIS INC 3475 CENTRAL AVE MEMPHIS, TN 38111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUST HOPE INTERNATIONAL 5203 MARYLAND WAY SUITE 108 BRENTWOOD, TN 37027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KAPPA DELTA FOUNDATION INC 3205 PLAYERS LANE MEMPHIS, TN 381258897	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENROSE ELEMENTARY 1702 RAINTREE PW BRENTWOOD, TN 37027	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
KIDNEY FOUNDATION OF THE GREATER CH 2300 EAST 3RD STREET SUITE B CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KIDNEY FOUNDATION OF THE GREATER CH 2300 EAST 3RD STREET SUITE B CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING UNIVERSITY 1350 KING COLLEGE ROAD BRISTOL, TN 37620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
KING UNIVERSITY 1350 KING COLLEGE ROAD BRISTOL, TN 37620	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
KNOX HERITAGE INCPO BOX 1242 KNOXVILLE, TN 379011242	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOX HOUSING PARTNERSHIP INC 109 N WINONA STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
KNOX HOUSING PARTNERSHIP INC 109 N WINONA STREET KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
KNOXVILLE AREA URBAN LEAGUE 1514 E FIFTH AVENUE KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOXVILLE FOOTBALL CLUB PO BOX 52848 KNOXVILLE, TN 37950	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KNOXVILLE FOOTBALL CLUB PO BOX 52848 KNOXVILLE, TN 379502848	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KNOXVILLE JAZZ ORCHESTRA 2518 SHERROD RD KNOXVILLE, TN 379202048	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOXVILLE LEADERSHIP FOUNDATION THE REGAS BUILDING 318 N GAY ST SUITE 210 KNOXVILLE, TN 37917	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KNOXVILLE MEDICAL MISSIONS FOUNDATI 1932 HISTORIC FERRY WAY KNOXVILLE, TN 379228813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PK DR KNOXVILLE, TN 379161653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNOXVILLE MUSEUM OF ART 1050 WORLDS FAIR PK DR KNOXVILLE, TN 379161653	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
KNOXVILLE SYMPHONY FOUNDATION P O BOX 360 KNOXVILLE, TN 379010360	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	725
LAND TRUST FOR TENNESSEE INC PO BOX 41027 NASHVILLE, TN 37204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	410
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LEADERSHIP MEMPHIS 240 MADISON AVE SUITE 601 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP NASHVILLE FOUNDATION 222 2ND AVENUE SOUTH 2410 NASHVILLE, TN 37201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEADERSHIP NASHVILLE FOUNDATION 222 2ND AVENUE SOUTH 2410 NASHVILLE, TN 37201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LIFE GIVERS INTERNATIONAL MINISTRIE 178 WALKER BROW TRAIL NW CLEVELAND, TN 37312	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE GIVERS INTERNATIONAL MINISTRIE 178 WALKER BROW TRAIL NW CLEVELAND, TN 37312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
LIFE GIVERS INTERNATIONAL MINISTRIE 178 WALKER BROW TRAIL NW CLEVELAND, TN 37312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
LIFE GIVERS INTERNATIONAL MINISTRIE 178 WALKER BROW TRAIL NW CLEVELAND, TN 37312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFESPRING COMMUNITY HEALTH 2507 MCCALLIE AVE CHATTANOOGA, TN 374043304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LITTLE MISS MAG EARLY LEARNING CENT 225 LOOKOUT STREET CHATTANOOGA, TN 37403	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
LOAVES AND FISHESPO BOX 3241 CLARKSVILLE, TN 370433241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOOKOUT MOUNTAIN ELEMENTARY 321 N BRAGG AVE LOOKOUT MTN, TN 373501205	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
LORRAINE CIVIL RIGHTS MUSEUM FOUNDA 450 MULBERRY ST MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
LOVES ARM OUTREACH MINISTRIES 162 ROLLING RIDGE CT CHATTANOOGA, TN 37421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF EAST TENN 6005 CENTURY OAKS DR STE 500 CHATTANOOGA, TN 374163687	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
MAKE A WISH OF MIDDLE TENNESSEE INC 600 HILL AVENUE SUITE 201 NASHVILLE, TN 37210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MAKE A WISH OF MIDDLE TENNESSEE INC 600 HILL AVENUE SUITE 201 NASHVILLE, TN 37210	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA CAFE MINISTRIES 1960-J MADISON ST 312 CLARKSVILLE, TN 37043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MARYVILLE COLLEGE 502 E LAMAR ALEXANDER PKWY MARYVILLE, TN 37804	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,075
MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 374043949	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCALLIE SCHOOL INC500 DODDS AVE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
MCCALLIE SCHOOL INC500 DODDS AVE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
MCCALLIE SCHOOL INC500 DODDS AVE CHATTANOOGA, TN 37404	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	261
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCRACKEN KITTY KAT RESCUE 221 LEATHA LN NW CLEVELAND, TN 373126443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MCCRACKEN KITTY KAT RESCUE 221 LEATHA LN NW CLEVELAND, TN 373126443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
MCCRACKEN KITTY KAT RESCUE 221 LEATHA LN NW CLEVELAND, TN 373126443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMPHIS AREA GOLDEN RETRIEVER RESCU PO BOX 383122 GERMANTOWN, TN 381833122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MEMPHIS ATHLETIC MINISTRIES INC 6000 BRIARCREST AVENUE MEMPHIS, TN 38120	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MEMPHIS EQUITY THROUGH ARTS META IN 198 DR M L KING AVENUE MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMPHIS UNIVERSITY SCHOOL 6191 PARK AVE MEMPHIS, TN 381195305	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
MEMPHIS URBAN LEAGUE INC 413 NORTH CLEVELAND STREET MEMPHIS, TN 38104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MENDING HEARTS INCPO BOX 280236 NASHVILLE, TN 372280236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENTAL HEALTH ASSOCIATION OF EAST T PO BOX 32731 KNOXVILLE, TN 379302731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MERCY HEALTH SERVICES INC 1113 MURFREESBORO RD SUITE 319 FRANKLIN, TN 37064	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
METROPOLITAN INTER-FAITH ASSOC 910 VANCE AVENUE MEMPHIS, TN 381262911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN INTER-FAITH ASSOC 910 VANCE AVENUE MEMPHIS, TN 381262911	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MIDDLE TENNESSEE STATE UNIVERSITY F BOX 109 MURFREESBORO, TN 37132	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	135
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
MID-SOUTH FOOD BANK 3865 S PERKINS RD MEMPHIS, TN 38118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
MINER MENAGERIE ANIMAL RESCUE AND S 1351 SUMAC RD PULASKI, TN 38478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINER MENAGERIE ANIMAL RESCUE AND S 1351 SUMAC RD PULASKI, TN 38478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MINER MENAGERIE ANIMAL RESCUE AND S 1351 SUMAC RD PULASKI, TN 38478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MISSIONAL LIVING INCPO BOX 32128 KNOXVILLE, TN 379302128	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MURFREESBORO COLD PATROL INC 800 PARK AVE SUITE P MURFREESBORO, TN 37129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
MURFREESBORO COLD PATROL INC 800 PARK AVE SUITE P MURFREESBORO, TN 37129	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MUSICIANS ON CALL INC 1300 DIVISION STREET SUITE 301 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE DIAPER CONNECTION PO BOX 159128 NASHVILLE, TN 37215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NASHVILLE ENTREPRENEUR CENTER 41 PEABODY STREET NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE FOOD PROJECT INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE FOOD PROJECT INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
NASHVILLE FOOD PROJECT INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
NASHVILLE FOOD PROJECT INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE PUBLIC LIBRARY FOUNDATION 615 CHURCH STREET NASHVILLE, TN 372192314	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	2,275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NASHVILLE PUBLIC RADIO PO BOX 440567 NASHVILLE, TN 372440567	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
NASHVILLE PUBLIC TELEVISION INC 161 RAINS AVE NASHVILLE, TN 372035330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE REPERTORY THEATRE INC 161 RAINS AVE NASHVILLE, TN 372030553	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 372037548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 372037548	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 372104104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 372104104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
NASHVILLE SCHOOL OF LAW 4013 ARMORY OAKS DRIVE NASHVILLE, TN 37204	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SHAKESPEARE FESTIVAL 161 RAINS AVENUE NASHVILLE, TN 372035330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NASHVILLE STATE COMMUNITY COLLEGE F 120 WHITE BRIDGE ROAD NASHVILLE, TN 37209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
NASHVILLE STATE COMMUNITY COLLEGE F 120 WHITE BRIDGE ROAD NASHVILLE, TN 37209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 372012031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
NASHVILLE SYMPHONY ASSOCIATION ONE SYMPHONY PLACE NASHVILLE, TN 372012031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE STE 850 MEMPHIS, TN 381190618	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE STE 850 MEMPHIS, TN 381193665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,250
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE STE 850 MEMPHIS, TN 381193665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL FOUNDATION FOR TRANSPLANTS 5350 POPLAR AVE STE 850 MEMPHIS, TN 381193665	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW HOPE ACADEMY 1820 DOWNS BLVD FRANKLIN, TN 370646859	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
NEW MEMPHIS INSTITUTE 22 N FRONT ST STE 500 MEMPHIS, TN 38103	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14,000
NOLENSVILLE HISTORICAL SOCIETY 7248 NOLENSVILLE RD NOLENSVILLE, TN 371359493	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSIDE NEIGHBORHOOD HOUSE PO BOX 4086 CHATTANOOGA, TN 374053834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NORTHSIDE NEIGHBORHOOD HOUSE PO BOX 4086 CHATTANOOGA, TN 374053834	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
OAK HILL SCHOOL 4815 FRANKLIN ROAD NASHVILLE, TN 37220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OAK HILL SCHOOL 4815 FRANKLIN ROAD NASHVILLE, TN 37220	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28,000
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
ON POINT4509 HIXSON PIKE STE 1 HIXSON, TN 373435062	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
OPEN DOOR PREGNANCY CENTER PO BOX 117 SPRINGFIELD, TN 371720117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORAL HISTORY ASSOCIATIONBOX 193 MURFREESBORO, TN 371320001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	531
ORPHEUM THEATRE GROUP 203 S MAIN ST MEMPHIS, TN 38103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PARTNERSHIP FOR FAMILIES CHILDREN A 1800 MCCALLIE AVE CHATTANOOGA, TN 37404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PENCIL FOUNDATION 7199 COCKRILL BEND BLVD NASHVILLE, TN 37209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROJECT ALIVE 916 BLACKSTONE DRIVE KNOXVILLE, TN 37934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PROJECT RETURN INC 806 4TH AVENUE SOUTH NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PTA TENNESSE CONGRESS OF PARENTS TE 5501 HILL RD BRENTWOOD, TN 370274404	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REMOTE AREA MEDICAL 2200 STOCK CREEK BLVD ROCKFORD, TN 37853	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RENEWAL HOUSE INCPO BOX 280356 NASHVILLE, TN 37228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RENEWAL HOUSE INCPO BOX 280356 NASHVILLE, TN 37228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORATION HOUSE OF EAST TENNESSEE 2205 VILLAGE PLACE WAY KNOXVILLE, TN 37923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
RETRIEVING INDEPENDENCE INC 1802 WILLIAMSON CT STE 101 BRENTWOOD, TN 370277999	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
RHODES COLLEGE2000 N PARKWAY MEMPHIS, TN 381121690	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
RIDE FOR READING INC 1515 ELM HILL PIKE STE 107 NASHVILLE, TN 37210	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIDGEVIEW PSYCHIATRIC HOSPITAL AND 240 W TYRONE RD OAK RIDGE, TN 378306571	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ROOM IN THE INN INCPO BOX 25309 NASHVILLE, TN 37202	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
ROTARY CLUB OF FRANKLIN AT BREAKFAS PO BOX 680372 FRANKLIN, TN 370680372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SADDLE UP1549 OLD HILLSBORO ROAD FRANKLIN, TN 37069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAINT BERNARD ACADEMY 2304 BERNARD AVENUE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
SCHOOLSEED FOUNDATION PO BOX 111169 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCIENCE HILL HIGH SCHOOL 1509 JOHN EXUM PKWY JOHNSON CITY, TN 37601	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	78
SCIENCE HILL HIGH SCHOOL 1509 JOHN EXUM PKWY JOHNSON CITY, TN 37601	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SCORE INTERNATIONAL INC PO BOX 9994 CHATTANOOGA, TN 37412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTT HAMILTON CARES FOUNDATION INC PO BOX 680483 FRANKLIN, TN 37068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND HARVEST FOOD BANK OF EAST TE 136 HARVEST LANE MARYVILLE, TN 37801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SECOND HARVEST FOOD BANK OF MIDDLE 331 GREAT CIRCLE RD NASHVILLE, TN 372281703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	312
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK OF NORTHEA 1020 JERICHO DRIVE KINGSPORT, TN 376633966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	76
SENIOR CITIZENS HOME ASSISTANCE SER PO BOX 3025 KNOXVILLE, TN 37927	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
SEVIER COUNTY HUMANE SOCIETY PO BOX 976 PIGEON FORGE, TN 378680976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHANGRI LA THERAPEUTIC ACADEMY OF R 11800 HWY 11E LENOIR CITY, TN 37772	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIEGEL HIGH SCHOOL3300 SIEGEL RD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
SIEGEL HIGH SCHOOL3300 SIEGEL RD MURFREESBORO, TN 37129	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL ENTERPRISE ALLIANCE INC 628 MELROSE AVENUE NASHVILLE, TN 37211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
SOLES 4 SOULS319 MARTINGALE DR OLD HICKORY, TN 371383349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
SOLES 4 SOULS319 MARTINGALE DR OLD HICKORY, TN 371383349	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLES 4 SOULS319 MARTINGALE DR OLD HICKORY, TN 371383349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOLES 4 SOULS319 MARTINGALE DR OLD HICKORY, TN 371383349	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SOUTHEAST COMMUNITY CAPITAL CORPORA 201 VENTURE CIRCLE NASHVILLE, TN 37228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN APPALACHIAN RONALD MCDONAL 418 N STATE OF FRANKLIN RD JOHNSON CITY, TN 376046035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST AGNES ELEMENTARY ACADEMY 4830 WALNUT GROVE ROAD MEMPHIS, TN 38117	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
ST ANDREW'S-SEWANEE SCHOOL 290 QUINTARD RD SEWANEE, TN 37375	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	26,549
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	955
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	19,251
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,637
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,011
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	19,425
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,845
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	920
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,475
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,340
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	275
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,673
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,984
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	115
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,405
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,269
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	60
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,003
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,495
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	575
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,316
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,184
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,247
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	13,879
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,750
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	930
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,476
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	650
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,224
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	7,351
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	575
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,070
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,060
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,159
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,694
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,935
ST JUDE CHILDRENS RESEARCH HOSPITAL 262 DANNY THOMAS PL MEMPHIS, TN 381053678	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	9,935
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SULLIVAN SOUTH HIGH SCHOOL 1236 MORELAND DR KINGSPORT, TN 37664	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SUNRISE ROTARY FOUNDATION PO BOX 5899 CLEVELAND, TN 373205899	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,155
SUNSET ELEMENTARY SCHOOL PARENT TEA 100 SUNSET TRL BRENTWOOD, TN 370273519	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 4009 HILLSBORO PIKE SUITE 209 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT 4009 HILLSBORO PIKE SUITE 209 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 6645 POPLAR AVE 211 GERMANTOWN, TN 38138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 4009 HILLSBORO PIKE SUITE 209 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SUSAN G KOMEN BREAST CANCER FOUNDAT 4009 HILLSBORO PIKE SUITE 209 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SYMPHONY OF THE MOUNTAINS 1200 E CENTER STREET KINGSPORT, TN 376604958	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNESSEE AQUARIUM ONE BROAD STREET CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TENNESSEE BREAST CANCER COALITION I 106 MISSION COURT SUITE 602 FRANKLIN, TN 37067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
TENNESSEE BREAST CANCER COALITION I 106 MISSION COURT SUITE 602 FRANKLIN, TN 37067	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNESSEE BREAST CANCER COALITION I 106 MISSION COURT SUITE 602 FRANKLIN, TN 37067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TENNESSEE FISHER HOUSE FOUNDATION I 5616 GREEN APPLE LN BRENTWOOD, TN 370274731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
TENNESSEE FISHER HOUSE FOUNDATION I 5616 GREEN APPLE LN BRENTWOOD, TN 370274731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNESSEE FISHER HOUSE FOUNDATION I 5616 GREEN APPLE LN BRENTWOOD, TN 370274731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TENNESSEE FISHER HOUSE FOUNDATION I 5616 GREEN APPLE LN BRENTWOOD, TN 370274731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TENNESSEE PERFORMING ARTS CENTER MA PO BOX 190660 NASHVILLE, TN 37219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TENNESSEE PERFORMING ARTS CENTER MA PO BOX 190660 NASHVILLE, TN 37219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TENNESSEE PERFORMING ARTS CENTER MA PO BOX 190660 NASHVILLE, TN 37219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
TENNESSEE PERFORMING ARTS CENTER MA PO BOX 190660 NASHVILLE, TN 37219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BAYLOR SCHOOL 171 BAYLOR SCHOOL RD CHATTANOOGA, TN 374052506	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE COMMUNITY FDN OF MIDDLE TN INC 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
THE COMMUNITY FDN OF MIDDLE TN INC 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 37215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COMMUNITY FDN OF MIDDLE TN INC 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 372152519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
THE COMMUNITY FDN OF MIDDLE TN INC 3833 CLEGHORN AVE STE 400 NASHVILLE, TN 372152519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE CROSSROADS CAMPUS 707 MONROE ST NASHVILLE, TN 37208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE ELEPHANT SANCTUARY IN TENNESSEE P O BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	532
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
THE ELEPHANT SANCTUARY IN TENNESSEE P O BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	103
THE LITTLE PANTRY THAT COULD PO BOX 90932 NASHVILLE, TN 372090932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
THE LITTLE PANTRY THAT COULD PO BOX 90932 NASHVILLE, TN 372090932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LITTLE PANTRY THAT COULD PO BOX 90932 NASHVILLE, TN 372090932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
THE NASHVILLE CHAMBER PUBLIC BENEFI 211 COMMERCE ST STE 100 NASHVILLE, TN 372011802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE NASHVILLE TREE FOUNDATION PO BOX 58962 NASHVILLE, TN 37205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NASHVILLE TREE FOUNDATION PO BOX 58962 NASHVILLE, TN 37205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE NATIONAL MUSEUM OF AFRICAN AMER 211 7TH AVE N STE 420 NASHVILLE, TN 37219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
THE NATIONAL MUSEUM OF AFRICAN AMER 211 7TH AVE N STE 420 NASHVILLE, TN 37219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL MUSEUM OF AFRICAN AMER 211 7TH AVE N STE 420 NASHVILLE, TN 37219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
THE NEXT DOORPO BOX 23336 NASHVILLE, TN 37202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE PARENT TEACHER STUDENT ORGANIZA 1600 SUMMERLYN DR NOLENSVILLE, TN 371351547	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PUPPY UP FOUNDATION 1460 MADISON AVE MEMPHIS, TN 381046313	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	2,324
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,768
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	550
THE UNIVERSITY OF TENNESSEE FOUNDAT 1525 UNIVERSITY AVENUE KNOXVILLE, TN 37921	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE URBAN LEAGUE OF GREATER CHATTAN 730 EAST ML KING BLVD CHATTANOOGA, TN 37403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THRASHER ELEMENTARY1301 JAMES BL SIGNAL MTN, TN 37377	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	229
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TIGER HAVEN237 HARVEY RD KINGSTON, TN 377635448	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED CANCER SUPPORT FOUNDATION 6700 BAUM DR STE 8 KNOXVILLE, TN 379197334	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY CHATTANOOGA 630 MARKET ST CHATTANOOGA, TN 37402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
UNITED WAY OF BRISTOL TENN VA INC 315 8TH STREET BRISTOL, TN 37620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BRISTOL TENN VA INC 315 8TH STREET BRISTOL, TN 37620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 378161794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 378161794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,384
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 378161794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,061
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 378161794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	696
UNITED WAY OF HAMBLEN COUNTY PO BOX 1794 MORRISTOWN, TN 378161794	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	348
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,265
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	740
UNITED WAY OF MIDDLE TENNESSEE INC 250 VENTURE CIR NASHVILLE, TN 372281604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	370
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,508
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,635
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	132
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,024
UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST MEMPHIS, TN 38112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	512
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WASHINGTON COUNTY TEN 1907 N ROAN STREET SUITE 409 JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF WASHINGTON COUNTY TEN 1907 N ROAN STREET SUITE 409 JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
UNITED WAY OF WASHINGTON COUNTY TEN 1907 N ROAN STREET SUITE 409 JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WASHINGTON COUNTY TEN 1907 N ROAN STREET SUITE 409 JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNITED WAY OF WASHINGTON COUNTY TEN 1907 N ROAN STREET SUITE 409 JOHNSON CITY, TN 37601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT-SUITE 107 FRANKLIN, TN 37067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT-SUITE 107 FRANKLIN, TN 37067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT-SUITE 107 FRANKLIN, TN 37067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	16
UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC COURT-SUITE 107 FRANKLIN, TN 37067	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF CHATTANOOGA FOUNDATIO 615 MCCALLIE AVE CHATTANOOGA, TN 374032504	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,125
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 373831000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY SCHOOL OF NASHVILLE 2000 EDGEHILL AVENUE NASHVILLE, TN 37212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN HOUSING SOLUTIONS INC 822 WOODLAND STREET NASHVILLE, TN 37206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,350
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	210
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
VANDERBILT UNIVERSITY GIFT DONOR SERVICES LAW SCHOOL PMB 40777 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
VANDERBILT UNIVERSITY PMB 407727 - 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	84
VANDERBILT UNIVERSITY PMB 407727 2301 VANDERBILT PLACE NASHVILLE, TN 372407727	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
VANDERBILT UNIVERSITY MEDICAL CENTE 3322 WEST END AVE STE 900 NASHVILLE, TN 37203	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANDERBILT UNIVERSITY MEDICAL CENTE 3322 WEST END AVE STE 900 NASHVILLE, TN 37203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
VIBRANT MEMPHIS INC 902 S COOPER ST MEMPHIS, TN 381045603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VOLUNTEER MINISTRY CENTER INC 511 NORTH BROADWAY KNOXVILLE, TN 37917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEBB SCHOOL OF KNOXVILLE 9800 WEBB SCHOOL DRIVE KNOXVILLE, TN 37923	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	261
WELCOME HOME OF CHATTANOOGA PO BOX 4247 CHATTANOOGA, TN 37405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
WILLIAMSON COUNTY CHILD ADVOCACY CE 101 FORREST CROSSING BLVD STE 106 FRANKLIN, TN 370645430	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTEAD ELEMENTARY PTO INC 4080 COLUMBIA PIKE FRANKLIN, TN 37064	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WOLF RIVER CONSERVANCY INC P O BOX 11031 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WOLF RIVER CONSERVANCY INC P O BOX 11031 MEMPHIS, TN 38111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS BASKETBALL HALL OF FAME 700 HALL OF FAME DR KNOXVILLE, TN 379153240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS BASKETBALL HALL OF FAME 700 HALL OF FAME DR KNOXVILLE, TN 379153240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
WOMENS FOUNDATION FOR A GREATER MEM 40 SOUTH MAIN STREET STE 2280 MEMPHIS, TN 381030000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FOUNDATION FOR A GREATER MEM 40 SOUTH MAIN STREET STE 2280 MEMPHIS, TN 381030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WOMENS FOUNDATION FOR A GREATER MEM 40 SOUTH MAIN STREET STE 2280 MEMPHIS, TN 381030000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
WORLD WATER PROJECT 107 WESTFIELD RD KNOXVILLE, TN 379194820	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	103
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WT CARES CHARITABLE TRUST 164 N FORREST AVE CAMDEN, TN 383201217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
WT CARES CHARITABLE TRUST 164 N FORREST AVE CAMDEN, TN 383201217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
WT CARES CHARITABLE TRUST 164 N FORREST AVE CAMDEN, TN 383201217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1000 CHURCH STREET NASHVILLE, TN 372033418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
YOUNG WOMENS CHRISTIAN ASSOCIATION- 420 W CLINCH AVE KNOXVILLE, TN 379022101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG-WILLIAMS ANIMAL CENTER OF EAS 3201 DIVISION ST KNOXVILLE, TN 379193207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG-WILLIAMS ANIMAL CENTER OF EAS 3201 DIVISION ST KNOXVILLE, TN 379193207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
YOUTH VILLAGES INC 3320 BROTHER BOULEVARD MEMPHIS, TN 38133	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
YWCA NASHVILLE & MIDDLE TENNESSEE 1608 WOODMONT BLVD NASHVILLE, TN 372151524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
4WORD4516 LOVERS LANE NO 205 DALLAS, TX 752256925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
4WORD4516 LOVERS LANE NO 205 DALLAS, TX 752256925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
4WORD4516 LOVERS LANE NO 205 DALLAS, TX 752256925	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
6 STONES MISSION NETWORK 209 N INDUSTRIAL BLVD SUITE 241 BEDFORD, TX 76021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
6 STONES MISSION NETWORK 209 N INDUSTRIAL BLVD SUITE 241 BEDFORD, TX 76021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
82ND AIRBORNE DIVISION ASSOCIATION PO BOX 87482 2915 RAEFORD ROAD FAYETTEVILLE, TX 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
82ND AIRBORNE DIVISION ASSOCIATION PO BOX 87482 2915 RAEFORD ROAD FAYETTEVILLE, TX 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
82ND AIRBORNE DIVISION ASSOCIATION PO BOX 87482 2915 RAEFORD ROAD FAYETTEVILLE, TX 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
82ND AIRBORNE DIVISION ASSOCIATION PO BOX 87482 2915 RAEFORD ROAD FAYETTEVILLE, TX 28304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
A DIVINE SPACE FOR OUTREACH 809 WAYNELEE DR LANCASTER, TX 751462237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABIGAILS ARMS-COOKE COUNTY FAMILY C PO BOX 1221 GAINESVILLE, TX 762411221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ABIGAILS ARMS-COOKE COUNTY FAMILY C PO BOX 1221 GAINESVILLE, TX 762411221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
ABILENE POLICE FOUNDATION PO BOX 3553 ABILENE, TX 79604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABILENE ZOOLOGICAL SOCIETY 2070 ZOO LANE ABILENE, TX 79602	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ACCELERATEDF FOUNDATION INC 1150 S FRWY FORT WORTH, TX 76104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	262
ACH CHILD AND FAMILY SERVICES 3712 WICHITA ST FORT WORTH, TX 76119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACH CHILD AND FAMILY SERVICES 3712 WICHITA ST FORT WORTH, TX 76119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
ACHIEVEMENT CENTER OF TEXAS INC 2950 NORTH SHILOH ROAD GARLAND, TX 75044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ACHIEVING DREAMSPO BOX 131418 TYLER, TX 757131418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACIEM CHARITABLE FOUNDATION INC 5939 BELLAIRE DRIVE BENBROOK, TX 76132	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ACLU FOUNDATION OF TEXAS INC PO BOX 8306 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ACLU FOUNDATION OF TEXAS INC PO BOX 8306 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACLU FOUNDATION OF TEXAS INC PO BOX 8306 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ACLU FOUNDATION OF TEXAS INC PO BOX 8306 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
ADOPT A CAT INC 5050 FM 1960 SUITE 103 HOUSTON, TX 77069	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADOPT A PLATOONPO BOX 234 LOZANO, TX 78568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ADOPT A PLATOONPO BOX 234 LOZANO, TX 78568	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ADVOCATES FOR COMMUNITY TRANSFORMAT PO BOX 225225 DALLAS, TX 752225225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AFGHAN UNITY INC 1264 W SPRING VALLEY RD RICHARDSON, TX 750806720	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFRICAN FILM FESTIVAL 4475 TRINITY MILLS RD UNIT 701632 DALLAS, TX 753700170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AGAPE BROADCASTING FOUNDATION INC 11311 NORTH CENTRA LEXPRESSWAY 105 DALLAS, TX 75243	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AGGIELAND HUMANE SOCIETY 5359 LEONARD ROAD BRYAN, TX 77807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGGIELAND HUMANE SOCIETY 5359 LEONARD ROAD BRYAN, TX 77807	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AID THE SILENT34910 IH 10 WEST 701 BOERNE, TX 78006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AIDS ARMS INC 351 W JEFFERSON BLVD STE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS ARMS INC 351 W JEFFERSON BLVD STE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
AIDS ARMS INC 351 W JEFFERSON BLVD STE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
AIDS ARMS INC 351 W JEFFERSON BLVD STE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS ARMS INC 351 W JEFFERSON BLVD STE 300 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DR SUITE 100 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DR SUITE 100 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDS FOUNDATION HOUSTON INC 6260 WESTPARK DR SUITE 100 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AIM AT MELANOMA 5729 LEBANON ROAD SUITE 144-305 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AISHEL HOUSE INC 1955 UNIVERSITY BLVD HOUSTON, TX 770301303	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKKARAI FOUNDATIONPO BOX 250665 PLANO, TX 75025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AL J CONDIT PTO7000 S THIRD STREET BELLAIRE, TX 77401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
ALL SAINTS EPISCOPAL SCHOOL 9700 SAINTS CIRCLE FORT WORTH, TX 76108	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL SCHOOL OF LUBB 3222 103RD STREET LUBBOCK, TX 794235200	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
ALL SAINTS EPISCOPAL SCHOOL OF TYLE 2695 S SOUTHWEST LOOP 323 TYLER, TX 757010753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS EPISCOPAL SCHOOL OF TYLE 2695 S SOUTHWEST LOOP 323 TYLER, TX 757010753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS EPISCOPAL SCHOOL OF TYLE 2695 S SOUTHWEST LOOP 323 TYLER, TX 757010753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS HEALTH FOUNDATION 1400 EIGHTH AVE FORT WORTH, TX 76104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ALL TEXAS DACHSHUND RESCUE PO BOX 841336 PEARLAND, TX 77584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEN COMMUNITY OUTREACH 801 E MAIN ST ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ALLEN COMMUNITY OUTREACH 801 E MAIN ST ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ALLEN COMMUNITY OUTREACH 801 E MAIN ST ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALLEN COMMUNITY OUTREACH 801 E MAIN ST ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ALLIANCE OF COMMUNITY ASSISTANCE MI 710 N POST OAK ROAD SUITE 210 HOUSTON, TX 770243910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	594
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,016
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	840
ALPHA PI ZETA FOUNDATION PO BOX 34326 SAN ANTONIO, TX 782654326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALTRUSA INTERNATIONAL FOUNDATION IN PO BOX 600218 DALLAS, TX 75360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2630 WEST FREEWAY SUITE 100 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
ALZHEIMERS DISEASE AND RELATED DISO 2630 WEST FREEWAY SUITE 100 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
ALZHEIMERS DISEASE AND RELATED DISO 5508 US-290 206 AUSTIN, TX 78735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 110 MESA PARK DR SUITE 250 EL PASO, TX 799126159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 3001 KNOX ST STE 200 DALLAS, TX 752055584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	482
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALZHEIMERS DISEASE AND RELATED DISO 5508 US-290 206 AUSTIN, TX 78735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 6055 SOUTH LOOP EAST HOUSTON, TX 77087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS TEXAS INC 3429 EXECUTIVE CENTER DR STE 100 AUSTIN, TX 787311620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 485 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 485 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 485 HOUSTON, TX 77074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMAANAH REFUGEE SERVICES 7322 SOUTHWEST FREEWAY 485 HOUSTON, TX 77074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMARILLO AREA CASAPO BOX 691 AMARILLO, TX 79105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO AREA CASAPO BOX 691 AMARILLO, TX 79105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMARILLO AREA CASAPO BOX 691 AMARILLO, TX 79105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMARILLO COLLEGE FOUNDATION INC PO BOX 447 AMARILLO, TX 79178	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO MERCY MINISTRIES 3508 LINE AVE AMARILLO, TX 791066933	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMARILLO WESLEY COMMUNITY CENTER IN 1615 S ROBERTS ST AMARILLO, TX 791024330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMARILLO WESLEY COMMUNITY CENTER IN 1615 S ROBERTS ST AMARILLO, TX 791024330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMARILLO WESLEY COMMUNITY CENTER IN 1615 S ROBERTS ST AMARILLO, TX 791024330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
AMAZING GRACE FOOD PANTRY 1711 PARKER RD WYLIE, TX 750984733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMAZING GRACE FOOD PANTRY 1711 PARKER RD WYLIE, TX 750984733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMAZING GRACE FOOD PANTRY 1711 PARKER RD WYLIE, TX 750984733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
AMERICAN CANCER SOCIETY INC 3513 10TH ST LUBBOCK, TX 79415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
AMERICAN CANCER SOCIETY INC 3513 10TH ST LUBBOCK, TX 79415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	213
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8115 DATAPOINT DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE STE700 DALLAS, TX 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1700 LAKE SUCCESS DRIVE WACO, TX 76710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	448
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	480
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	673
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	326
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1700 LAKE SUCCESS DRIVE WACO, TX 76710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE STE700 DALLAS, TX 30303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,525
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	396
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	603
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	294
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	263
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	664
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	847
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	959
AMERICAN CANCER SOCIETY INC 3513 10TH ST LUBBOCK, TX 79415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,625
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN CANCER SOCIETY INC 1700 LAKE SUCCESS DRIVE WACO, TX 76710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	267
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	888
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	452
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,035
AMERICAN CANCER SOCIETY INC 3838 OAK LAWN AVE SUITE 700 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	124
AMERICAN CANCER SOCIETY INC 11000 N MOPAC EXPRESSWAY SUITE 100 AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2500 FONDREN RD 100 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE HOUSTON, TX 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	37
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE HOUSTON, TX 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	42
AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE HOUSTON, TX 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 4100 ALPHA ROAD DALLAS, TX 75244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DR HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 4100 ALPHA ROAD SUITE 100 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	197
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE SUITE 230 HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE HOUSTON, TX 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,515
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
AMERICAN HEART ASSOCIATION INC 12345 N LAMAR BLVD 200 AUSTIN, TX 78753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,639
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,220
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,346
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	950
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	795
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,605
AMERICAN HEART ASSOCIATION INC 8415 WURZBACH RD SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 12345 N LAMAR BLVD 200 AUSTIN, TX 78753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	533
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,010
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN HEART ASSOCIATION INC 8415 WURZBACH RD SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 12345 N LAMAR BLVD 200 AUSTIN, TX 78753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	185
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 105 DECKER COURT STE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	490
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	304
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 2630 WEST FREEWAY SUITE 250 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
AMERICAN HEART ASSOCIATION INC 105 DECKER DRIVE SUITE 200 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
AMERICAN HEART ASSOCIATION INC 12345 N LAMAR BLVD 200 AUSTIN, TX 78753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,485
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	575
AMERICAN HEART ASSOCIATION INC 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 12345 N LAMAR BLVD 200 AUSTIN, TX 78753	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	190
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
AMERICAN NATIONAL RED CROSS 3620 ADMIRAL STREET EL PASO, TX 79925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN NATIONAL RED CROSS 4800 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN ROSE SOCIETY 2911 WINTERBERRY DR CARROLLTON, TX 750075326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN ROSE SOCIETY 2911 WINTERBERRY DR CARROLLTON, TX 750075326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
AMERICAN ROSE SOCIETY 2911 WINTERBERRY DR CARROLLTON, TX 750075326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMERICAN ROSE SOCIETY 2911 WINTERBERRY DR CARROLLTON, TX 750075326	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SYRINGOMYELIA ALLIANCE PRO 300 N GREEN ST SUITE 412 LONGVIEW, TX 756017337	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN YOUTHWORKS 1901 E BEN WHITE BLVD AUSTIN, TX 787417840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
AMIGOS DE LAS AMERICAS 1800 WEST LOOP SOUTH SUITE 1325 HOUSTON, TX 77027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMOUD FOUNDATIONPO BOX 165614 IRVING, TX 75016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 5830 GRANITE PKWY SUITE 100-320 PLANO, TX 750246771	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
AND THEN THERE WERE NONE PO BOX 2571 ROUND ROCK, TX 78680	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL BIRTH CONTROL CLINIC INC 3238 CLAY AVE WACO, TX 76711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
ANIMAL BIRTH CONTROL CLINIC INC 3238 CLAY AVE WACO, TX 76711	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ANIMAL DEFENSE LEAGUE 11300 NACOGDOCHES ROAD SAN ANTONIO, TX 78217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL DEFENSE LEAGUE 11300 NACOGDOCHES ROAD SAN ANTONIO, TX 78217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,100
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ANIMAL JUSTICE LEAGUE PO BOX 924331 HOUSTON, TX 77292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
ANN & NATE LEVINE ACADEMY 18011 HILLCREST ROAD DALLAS, TX 752525863	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANN RICHARDS SCHOOL FOUNDATION 2206 PRATHER LANE AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ANN RICHARDS SCHOOL FOUNDATION 2206 PRATHER LANE AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
ANN RICHARDS SCHOOL FOUNDATION 2206 PRATHER LANE AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNUNCIATION HOUSE INC 815 MYRTLE AVE EL PASO, TX 799011511	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	125
ANNUNCIATION HOUSE INC 815 MYRTLE AVE EL PASO, TX 799011511	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
ANNUNCIATION HOUSE INC 815 MYRTLE AVE EL PASO, TX 799011511	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANNUNCIATION ORTHODOX SCHOOL 3600 YOAKUM BOULEVARD HOUSTON, TX 77006	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
ANTONIAN COLLEGE PREPARATORY HIGH S 6425 WEST AVE SAN ANTONIO, TX 78213	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,250
ANTONIAN COLLEGE PREPARATORY HIGH S 6425 WEST AVE SAN ANTONIO, TX 78213	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	4,082
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVENUE AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
ANY BABY CAN OF AUSTIN INC 6207 SHERIDAN AVENUE AUSTIN, TX 78723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ANY BABY CAN OF SAN ANTONIO INC 217 HOWARD ST SAN ANTONIO, TX 782125524	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANY BABY CAN OF SAN ANTONIO INC 217 HOWARD ST SAN ANTONIO, TX 782125524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
ANY BABY CAN OF SAN ANTONIO INC 217 HOWARD ST SAN ANTONIO, TX 782125524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ANY BABY CAN OF SAN ANTONIO INC 217 HOWARD ST SAN ANTONIO, TX 782125524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AOC EDUCATIONAL FOUNDATION INC C/O TIMOTHY OCONNER - PO BOX 150573 FT WORTH, TX 76108	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
APET SPCA657 COUNTY ROAD 2840 MINEOLA, TX 757735929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
APET SPCA657 COUNTY ROAD 2840 MINEOLA, TX 757735929	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APET SPCA657 COUNTY ROAD 2840 MINEOLA, TX 757735929	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
APOLLO SUPPORT & RESCUE INC 1170 DOVE HILL RD JUSTIN, TX 762476800	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
ARC OF THE CAPITAL AREA 4902 GROVER AVENUE AUSTIN, TX 78756	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHWAY ACADEMY6221 MAIN ST HOUSTON, TX 770301506	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
ARGYLE ISD EDUCATION FOUNDATION INC 800 EAGLE DRIVE ARGYLE, TX 76226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
ARK ASSESSMENT CENTER AND EMERGENCY 12960 LEOPARD STREET CORPUS CHRISTI, TX 784104510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON CITIZEN POLICE ACADEMY AL P O BOX 944 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ARMS OF HOPE 21300 STATE HIGHWAY 16 NORTH MEDINA, TX 780553820	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
ART & DRAMA CENTRE THEATRE 1400 SUMMIT AVE SUITE E PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION INC 1349 EMPIRE CENTRAL DR STE 340 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,600
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,800
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ASHAJYOTHI USA INC 4188 FOREST PARK LN FRISCO, TX 75033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ASHLEY EL15601 CHRISTOPHER LN FRISCO, TX 750353653	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHLEY RAEVONNE OUTREACH MINISTRY 2901 W PARKER RD 867002 PLANO, TX 75086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
ASHLEY RAEVONNE OUTREACH MINISTRY 2901 W PARKER RD 867002 PLANO, TX 75086	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
ASIA SOCIETY TEXAS CENTER 1370 SOUTHMORE BLVD HOUSTON, TX 770045828	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSIST THE OFFICER FORT WORTH 2501 PARKVIEW DR STE 600 FORT WORTH, TX 761025822	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ASSISTANCE LEAGUE OF HOUSTON 1902 COMMONWEALTH ST HOUSTON, TX 77219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,271
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	990
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	830
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASSOCIATION OF FORMER STUDENTS OF T 505 GEORGE BUSH DR - TAMU MAILSTOP 1242 COLLEGE STATION, TX 778402918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ATG AGAINST THE GRAIN PRODUCTIONS I 3839 MCKINNEY AVE STE 155-231 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AUBREY BAND BOOSTERS 510 SPRING HILL RD AUBREY, TX 762273989	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUDUBON FOUNDATION OF TEXAS 7700 HWY 71 WEST STE 330 AUSTIN, TX 78735	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AURORA HOUSE FOUNDATION 2646 W 18TH ST WESLACO, TX 785969814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AUSTIN AREA TEXAS EXES INC PO BOX 28208 AUSTIN, TX 787558208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN, TX 787654072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
AUSTIN COLLEGE900 N GRAND AVE 6G SHERMAN, TX 750904400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
AUSTIN COLLEGE900 N GRAND AVE 6G SHERMAN, TX 750904400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	267
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN COLLEGE900 N GRAND AVE 6G SHERMAN, TX 750904400	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
AUSTIN COMMUNITY COLLEGE FOUNDATION 5930 MIDDLE FISKVILLE RD AUSTIN, TX 787524341	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
AUSTIN COMMUNITY FOUNDATION FOR THE 4315 GUADALUPE SUITE 300 AUSTIN, TX 78751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN FILM SOCIETY1901 E 51ST ST AUSTIN, TX 787233040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AUSTIN GROUPS FOR THE ELDERLY 3710 CEDAR STREET BOX 2 AUSTIN, TX 78705	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AUSTIN HABITAT FOR HUMANITY INC 500 W BEN WHITE BLVD AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN HABITAT FOR HUMANITY INC 500 W BEN WHITE BLVD AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21,500
AUSTIN HABITAT FOR HUMANITY INC 500 W BEN WHITE BLVD AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,500
AUSTIN HABITAT FOR HUMANITY INC 500 W BEN WHITE BLVD AUSTIN, TX 78704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PEACE ACADEMY 5110 MANOR ROAD AUSTIN, TX 78723	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,000
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,086
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AUSTIN PETS ALIVE 1156 W CESAR CHAVEZ AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
AUSTIN PUBLIC EDUCATION FOUNDATION 1111 W 6TH STREET STE D-300 AUSTIN, TX 787035338	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN RECOVERY INC 4201 SOUTH CONGRESS SUITE 202 AUSTIN, TX 78745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
AUSTIN ROTARY CLUB FOUNDATION 301 E 8TH ST AUSTIN, TX 787013280	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,125
AUSTIN ROTARY CLUB FOUNDATION 301 E 8TH ST AUSTIN, TX 787013280	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN SYMPHONY ORCHESTRA SOCIETY 1101 RED RIVER ST AUSTIN, TX 78701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
AUSTIN THEATRE ALLIANCE PO BOX 1566 AUSTIN, TX 78767	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AUSTIN WALDORF SCHOOL 8700 SOUTH VIEW RD AUSTIN, TX 787371241	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,418
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AUSTIN YMBL SUNSHINE CAMP PO BOX 161270 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AVENUE COMMUNITY DEVELOPMENT COPORA 2505 WASHINGTON AVENUE SUITE 400 HOUSTON, TX 77007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
AVENUE COMMUNITY DEVELOPMENT COPORA 2505 WASHINGTON AVE STE 400 HOUSTON, TX 770076044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
B LOVED FOUNDATION INC 6608 BRYANT IRVIN RD FORT WORTH, TX 761324217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BAKERRIPLEYPO BOX 271389 HOUSTON, TX 772771389	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40,000
BALLAS YOUTH ORGANIZATION PO BOX 165371 IRVING, TX 75016	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	3,950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BALLET AUSTIN INCORPORATED 501 W 3RD ST AUSTIN, TX 787013807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
BALLET LUBBOCK5702 GENOA AVENUE LUBBOCK, TX 79424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BALLET LUBBOCK5702 GENOA AVENUE LUBBOCK, TX 79424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
BAT WORLD SANCTUARY 299 HIGH POINT RD WEATHERFORD, TX 76088	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BAY AREA CLUB INC2111 WEBSTER ST LEAGUE CITY, TX 775735650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA HOMELESS SERVICES INC PO BOX 4130 BAYTOWN, TX 775224130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BAY AREA HOUSTON BALLET & THEATRE 1322 SPACE PARK DR STE A120 HOUSTON TX 77058 HOUSTON, TX 77058	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BAY AREA MEALS ON WHEELS INC 14045 SPACE CENTER BLVD HOUSTON, TX 770622366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAY AREA MEALS ON WHEELS INC 14045 SPACE CENTER BLVD HOUSTON, TX 770622366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
BAY AREA MEALS ON WHEELS INC 14045 SPACE CENTER BLVD HOUSTON, TX 770622366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BAY AREA MEALS ON WHEELS INC 14045 SPACE CENTER BLVD HOUSTON, TX 770622366	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR COLLEGE OF MEDICINE OFFICE OF PHILANTHROPY AND ALUMNI RELATIONS MSC 800 PO BOX 4976 HOUSTON, TX 77210	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
BAYLOR COLLEGE OF MEDICINE HEALTH C 1 BAYLOR PLAZA HOUSTON, TX 770303411	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE SUITE 100 DALLAS, TX 75246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE SUITE 100 DALLAS, TX 75246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BAYLOR HEALTH CARE SYSTEM FOUNDATIO 3600 GASTON AVENUE SUITE 100 DALLAS, TX 75246	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BAYLOR UNIVERSITY ONE BEAR PLACE 97050 WACO, TX 76798	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYLOR UNIVERSITY ONE BEAR PLACE 97050 WACO, TX 76798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,967
BAYLOR UNIVERSITY ONE BEAR PLACE 97050 WACO, TX 76798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	583
BAYLOR UNIVERSITY ONE BEAR PLACE 97050 WACO, TX 76798	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAYOU BEND GARDENS ENDOWMENT PO BOX 6826 HOUSTON, TX 772656826	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
BE THE DIFFERENCE FOUNDATION PO BOX 540954 DALLAS, TX 75354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BE THE DIFFERENCE FOUNDATION PO BOX 540954 DALLAS, TX 75354	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAUMONT COMMUNITY PLAYERS INC 4155 LAUREL ST BEAUMONT, TX 777072155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BEAUMONT PETS ALIVE 2396 DOWLEN RD BEAUMONT, TX 777062537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BECKER GREEN CLASSROOM 1701 BRIAR STREET AUSTIN, TX 78704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENGALI ORGANIZATION OF GREATER DAL 1417 PALO DURO DR CAROLLTON, TX 75007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,059
BENGALI ORGANIZATION OF GREATER DAL 1417 PALO DURO DR CAROLLTON, TX 75007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	906
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST BUDDIES INTERNATIONAL INC 1341 W MOCKINGBIRD LANE SUITE 241E DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND ABLE810 N HAYS RD PROSPER, TX 750788799	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	324
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	540
BEYOND DA BUS 5614 W GRAND PARKWAY SUITE 102 125 RICHMOND, TX 77406	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
BHARATHI KALAI MANRAM 310 SANDY BLF HOUSTON, TX 770792443	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BLUE HOUSE5603 CHIPPEWA TRL FRISCO, TX 750341230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,363
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	452
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	920
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	880
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS LONE STAR 1003 WASHINGTON AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY SUITE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	440
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY STE 300 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FWY IRVING, TX 750623955	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF AMERICA 306 N LOOP 288 107 DENTON, TX 76209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BIG BROTHERS BIG SISTERS OF AMERICA 306 N LOOP 288 107 DENTON, TX 76209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF AMERICA 306 N LOOP 288 107 DENTON, TX 76209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
BIG BROTHERS BIG SISTERS OF SOUTH T 315 TAUBER AVENUE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF THE PER 714 W LOUISIANA AVENUE MIDLAND, TX 797016169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS-BIG SISTERS OF EL PASO 1724 WYOMING EL PASO, TX 79902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG D POWDERPUFF TACKLING ALZHEIMER PO BOX 191403 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,482
BIG THOUGHT 1409 S LAMAR STREET SUITE 1015 DALLAS, TX 752151871	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG THOUGHT 1409 S LAMAR STREET SUITE 1015 DALLAS, TX 752151871	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP DUNNE CATHOLIC SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,750
BISHOP LYNCH HIGH SCHOOL 9750 FERGUSON RD DALLAS, TX 752283818	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
BLACK TRANSMEN INCPOB 118282 CARROLLTON, TX 75011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLAND SPORTS ASSOCIATION INC PO BOX 12 MERIT, TX 754580012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BLUEGROVE VOLUNTEER FIRE DEPARTMENT PO BOX 214 BLUEGROVE, TX 76352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOLD IDEA INC 2904 FLOYD STREET SUITE A DALLAS, TX 752045910	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOOT CAMPAIGN INC 5755 EAGLES NEST BLVD SUITE 2 TYLER, TX 75703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BORCHARDT EL4300 WASKOM DR PLANO, TX 75024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
BORCHARDT EL4300 WASKOM DRIVE PLANO, TX 75024	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BORDER COLLIE RESCUE & REHAB OF TEX 22585 HARBOR VIEW LANE MILLERSVIEW, TX 76862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BORDER COLLIE RESCUE & REHAB OF TEX 22585 HARBOR VIEW LANE MILLERSVIEW, TX 76862	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOS PLACE10050 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOS PLACE10050 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BOSQUE ANIMAL RESCUE KENNELS INC PO BOX 264 CLIFTON, TX 766340264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
BOSQUE ANIMAL RESCUE KENNELS INC PO BOX 264 CLIFTON, TX 766340264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOSQUE ANIMAL RESCUE KENNELS INC PO BOX 264 CLIFTON, TX 766340264	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
BOY SCOUTS OF AMERICA 2226 NW MILITARY HIGHWAY SAN ANTONIO, TX 782131894	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 3020 53RD STREET GALVESTON, TX 77551	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
BOY SCOUTS OF AMERICA PO BOX 54190 HURST, TX 76054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 30 BRIERCROFT OFFICE PARK LUBBOCK, TX 794123036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 752353014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA PO BOX 54190 HURST, TX 76054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 509 PEACH STREET CROWLEY, TX 76036	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
BOY SCOUTS OF AMERICA 8605 HARRY HINES BLVD DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BOY SCOUTS OF AMERICA 3604 MAPLEWOOD AVE WICHITA FALLS, TX 76308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 401 TASCOSA RD AMARILLO, TX 791241619	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BOY SCOUTS OF AMERICA 2225 NORTH LOOP WEST HOUSTON, TX 77008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BOY SCOUTS OF AMERICA 30 BRIERCROFT OFFICE PARK LUBBOCK, TX 794123036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	77
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF COLLIN COUNTY 7700 W MAIN STREET SUITE E FRISCO, TX 75033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
BOYS & GIRLS CLUB OF RUSK COUNTY 710 ROBERTSON BLVD HENDERSON, TX 75652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BOYS & GIRLS CLUBS OF ARLINGTON INC 200 E CRAVENS PARK DRIVE ARLINGTON, TX 76018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF ARLINGTON INC 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
BOYS & GIRLS CLUBS OF ARLINGTON INC 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
BOYS & GIRLS CLUBS OF EL PASO 801 S FLORENCE ST EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF EL PASO 801 S FLORENCE ST EL PASO, TX 79901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOYS & GIRLS CLUBS OF EL PASO 801 S FLORENCE ST EL PASO, TX 79901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUBS OF GREATER DALLA PO BOX 140189 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER FORT 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
BOYS & GIRLS CLUBS OF GREATER TARRA 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
BOYS & GIRLS CLUBS OF GREATER TARRA 3218 E BELKNAP STREET FORT WORTH, TX 761114739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER TARRA 200 E CRAVENS PARK DRIVE ARLINGTON, TX 76018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
BOYS & GIRLS CLUBS OF GREATER TARRA 200 E CRAVENS PARK DRIVE ARLINGTON, TX 76018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVENUE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVENUE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUBS OF SAN ANTONIO T 123 RALPH AVENUE SAN ANTONIO, TX 78204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF THE COASTAL B 3902 GREENWOOD DRIVE CORPUS CHRISTI, TX 78416	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF HARLINGEN 1209 WEST WASHINGTON HARLINGEN, TX 78551	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BOYS AND GIRLS CLUB OF MIDLAND INC 1321 S GOODE ST MIDLAND, TX 79701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF GREATER HOU 815 CROSBY STREET HOUSTON, TX 77019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
BOYS AND GIRLS CLUBS OF GREATER HOU 815 CROSBY ST HOUSTON, TX 770193054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,550
BOYS CLUB OF WICHITA FALLS 1318 6TH ST WICHITA FALLS, TX 763012319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS CLUB OF WICHITA FALLS 1318 6TH ST WICHITA FALLS, TX 763012319	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
BOYSVILLE INCPO BOX 369 CONVERSE, TX 78109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BRADFORD MEMORIAL HOSPITAL FOR BABI 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRADFORD MEMORIAL HOSPITAL FOR BABI 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
BRADFORD MEMORIAL HOSPITAL FOR BABI 2777 N STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	90
BRAVEHEART ANIMAL RESCUE INC 7005 CALENDER RD ARLINGTON, TX 760016615	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAVEHEART ANIMAL RESCUE INC 7005 CALENDER RD ARLINGTON, TX 760016615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BRAVEHEART ANIMAL RESCUE INC 7005 CALENDER RD ARLINGTON, TX 760016615	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BRAZOS VALLEY FOOD BANK INC PO BOX 74 BRYAN, TX 778060074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOS VALLEY MUSEUM OF NATURAL HIS 3232 BRIARCREST DRIVE BRYAN, TX 77802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	428
BRAZOS VALLEY MUSEUM OF NATURAL HIS 3232 BRIARCREST DRIVE BRYAN, TX 77802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
BRAZOS VALLEY MUSEUM OF NATURAL HIS 3232 BRIARCREST DRIVE BRYAN, TX 77802	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOSPORT CARES916 N GULF BLVD FREEPORT, TX 775413908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
BRAZOSPORT CARES916 N GULF BLVD FREEPORT, TX 775413908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BRAZOSPORT FINE ARTS COUNCIL INC 400 COLLEGE DR CLUTE, TX 775314778	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRAZOSPORT FINE ARTS COUNCIL INC 400 COLLEGE DR CLUTE, TX 775314778	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BRAZOSPORT ROTARY CLUB CHARITABLE F PO BOX 71 LAKE JACKSON, TX 775660071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
BREAKTHROUGH 1050 EAST 11TH STREET SUITE 350 AUSTIN, TX 78702	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BREWER H S2408 ENSENADA LANE FORT WORTH, TX 76108	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
BRIARWOOD-BROOKWOOD INC 1752 FM 1489 BROOKSHIRE, TX 77423	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
BRIARWOOD-BROOKWOOD INC 1752 FM 1489 BROOKSHIRE, TX 77423	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE OVER TROUBLED WATERS INC 3811 ALLEN GENOA ROAD PASADENA, TX 77504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
BRIDGE OVER TROUBLED WATERS INC 3811 ALLEN GENOA ROAD PASADENA, TX 77504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
BRIDGE OVER TROUBLED WATERS INC 3811 ALLEN GENOA ROAD PASADENA, TX 77504	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGE OVER TROUBLED WATERS INC 3811 ALLEN GENOA ROAD PASADENA, TX 77504	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
BRIDGE STEPS1818 CORSICANA ST DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
BRIDGES SAFEHOUSE INCPO BOX 1161 CEDAR HILL, TX 75106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIDGES SAFEHOUSE INCPO BOX 1161 CEDAR HILL, TX 75106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BRIDGES TRAINING FOUNDATION 110 E OHIO MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BROCKETT ELEMENTARY PARENT TEACHER 900 CHESTNUT ST AUBREY, TX 762279117	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWNSVILLE COMMUNITY HEALTH CLINIC 191 E PRICE RD BROWNSVILLE, TX 78521	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
BUCKNER CHILDREN AND FAMILY SERVICE 9055 MANION DRIVE BEAUMONT, TX 77706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
BUCKNER CHILDREN AND FAMILY SERVICE 9055 MANION DRIVE BEAUMONT, TX 77706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,552
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUCKNER CHILDREN AND FAMILY SERVICE 700 N PEARL ST STE 1200 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
BUDDHA AND THE BULL RESCUE INC PO BOX 180832 DALLAS, TX 752180832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BUDDIES PLACE130 CANULL LANE WEATHERFORD, TX 76087	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUFFALO BAYOU PARTNERSHIP 1019 COMMERCE ST STE 200 HOUSTON, TX 77002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BUFFALO BAYOU PARTNERSHIP 1019 COMMERCE ST STE 200 HOUSTON, TX 77002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CAFE MOMENTUM1510 PACIFIC AVE DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAFE MOMENTUM1510 PACIFIC AVE DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
CAFE MOMENTUM1510 PACIFIC AVE DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	21
CAFE MOMENTUM1510 PACIFIC AVE DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAL FARLEYS BOYS RANCH ALUMNI ASSOC 603 SUNLIGHT DR ARLINGTON, TX 760063636	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CAMP FIRE2414 9TH ST WICHITA FALLS, TX 763014033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAMP FIREWALKER INC6584 AXTON LN DALLAS, TX 752142231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	310
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP SUMMIT INC 17210 CAMPBELL RD SUITE 180-W DALLAS, TX 752524202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CAMP SUMMIT INC 17210 CAMPBELL RD SUITE 180-W DALLAS, TX 752524202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CAMP SUMMIT INC 17210 CAMPBELL RD SUITE 180-W DALLAS, TX 752524202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP UNIVERSITYPO BOX 2294 MCALLEN, TX 78502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,200
CANDLELIGHT RANCH FOUNDATION PO BOX 26367 AUSTIN, TX 78755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CANDLELIGHTERS OF THE EL PASO AREA 1400 HARDAWAY STE 206 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	112
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANDLELIGHTERS OF THE EL PASO AREA 1400 HARDAWAY STE 206 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
CANDLELIGHTERS OF THE EL PASO AREA 1400 HARDAWAY STE 206 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CANDLELIGHTERS OF THE EL PASO AREA 1400 HARDAWAY STE 206 EL PASO, TX 79903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL INVESTING IN DEVELOPMENT AN PO BOX 1784 AUSTIN, TX 787671784	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CAPITAL OF TEXAS PUBLIC TELECOMMUNI PO BOX 7158 AUSTIN, TX 78713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAPITAL OF TEXAS PUBLIC TELECOMMUNI 2504 WHITIS AVE UNIT B AUSTIN, TX 787121503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL OF TEXAS PUBLIC TELECOMMUNI PO BOX 7158 AUSTIN, TX 78713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
CAPITAL OF TEXAS PUBLIC TELECOMMUNI PO BOX 7158 AUSTIN, TX 78713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
CARE NET PREGNANCY CENTER OF CENTRA 800 W WACO DR WACO, TX 767010005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREITY FOUNDATIONPO BOX 126038 FORT WORTH, TX 76126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CAREITY FOUNDATIONPO BOX 126038 FORT WORTH, TX 76126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
CAREITY FOUNDATIONPO BOX 126038 FORT WORTH, TX 76126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREITY FOUNDATIONPO BOX 126038 FORT WORTH, TX 76126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	11
CARIBBEAN WITH PURPOSE 5309 RIDGESON DR MCKINNEY, TX 750718209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CARIBBEAN WITH PURPOSE 5309 RIDGESON DR MCKINNEY, TX 750718209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CARITAS OF AUSTINPO BOX 1947 AUSTIN, TX 787671947	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CARITAS OF WACO 300 SOUTH 15TH STREET WACO, TX 76701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITAS OF WACO 300 SOUTH 15TH STREET WACO, TX 76701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
CARNATICA ARCHIVAL CENTER FOR MUSIC 4504 HELSTON DR PLANO, TX 750247306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CAROLS PROMISE SICKLE CELL FOUNDATI 300 E SOUTH ST 105 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLS PROMISE SICKLE CELL FOUNDATI 300 E SOUTH ST 105 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAROLS PROMISE SICKLE CELL FOUNDATI 300 E SOUTH ST 105 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
CAROLS PROMISE SICKLE CELL FOUNDATI 300 E SOUTH ST 105 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL EDUCATION FOUNDATION INC 2400 N CARROLL AVE SOUTHLAKE, TX 76092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CARRY THE LOAD514 S HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	183
CARRY THE LOAD514 S HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CARRY THE LOAD514 S HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARRY THE LOAD 514 SOUTH HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CARRY THE LOAD514 S HALL STREET DALLAS, TX 75226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CARSONS CRUSADERS FOUNDATION 550 S WATTERS RD SUITE 218 ALLEN, TX 75013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA MANANA INC3101 W LANCASTER FORT WORTH, TX 76107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CASA MANANA INC3101 W LANCASTER FORT WORTH, TX 76107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
CASA OF BELL AND CORYELL COUNTIES 112 N MAIN ST BELTON, TX 765133210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASA OF TARRANT COUNTY INC 101 SUMMIT AVENUE STE 505 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
CASAS POR CRISTOPO BOX 971070 EL PASO, TX 799971070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
CATCH THE NEXT INC MARIACHAVEZCATCHTHENEXTORG AUSTIN, TX 78752	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,000
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30,000
CATHOLIC CHARITIES DIOCESE OF FORT 249 W THORNHILL DR FORT WORTH, TX 761152621	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	340
CATHOLIC CHARITIES DIOCESE OF FORT 249 W THORNHILL DR FORT WORTH, TX 761152621	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	160
CATHOLIC CHARITIES DIOCESE OF FORT PO BOX 15610 FORT WORTH, TX 76119	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 787545173	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 787545173	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 787545173	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 787545173	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF DALLAS INC 1421 W MOCKINGBIRD LN DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	177
CATHOLIC CHARITIES OF DALLAS INC 2843 LAPSLEY ST DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
CATHOLIC CHARITIES OF DALLAS INC 1421 W MOCKINGBIRD LN DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF DALLAS INC 1421 W MOCKINGBIRD LN DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
CATHOLIC CHARITIES OF DALLAS INC 1421 W MOCKINGBIRD LN DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF DALLAS INC 2843 LAPSLEY ST DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF DALLAS INC 1421 W MOCKINGBIRD LN DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CATHOLIC CHARITIES OF DALLAS INC 2843 LAPSLEY ST DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
CATHOLIC CHARITIES OF THE RIO GRAND P O BOX 1306 SAN JUAN, TX 78589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE RIO GRAND P O BOX 1306 SAN JUAN, TX 78589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
CATHOLIC CHARITIES OF THE RIO GRAND P O BOX 1306 SAN JUAN, TX 78589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CATHOLIC CHARITIES OF THE RIO GRAND P O BOX 1306 SAN JUAN, TX 78589	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC DAUGHTERS OF THE AMERICAS 6150 SUDBURY DR DALLAS, TX 752142329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CENTER FOR CHILD PROTECTION 8509 FM 969 BUILDING 2 AUSTIN, TX 78724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CENTER FOR CHILD PROTECTION 8509 FM 969 BUILDING 2 AUSTIN, TX 78724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR CHILD PROTECTION 8509 FM 969 BUILDING 2 AUSTIN, TX 78724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
CENTER FOR TRANSFORMING LIVES 512 W 4TH STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL TEXAS SENIOR MINISTRY 501 W WACO DRIVE WACO, TX 76707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
CENTRAL TEXAS SENIOR MINISTRY 501 W WACO DRIVE WACO, TX 76707	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CHAMPION LIFE CENTRE3031 FM 2920 SPRING, TX 77388	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANGING LIFE ATHLETICS 1450 W GRAND PARKWAY SOUTH KATY, TX 774948286	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHARITY DEVELOPMENT OF LOS CABOS 3945 GREENBRIAR DR STAFFORD, TX 774773920	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
CHARITY LEAGUEPO BOX 6757 CRP CHRISTI, TX 784666757	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLES E HOLMAN MORGELLONS DISEASE PO BOX 1109 LONE STAR, TX 75668	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHAROTAR LEUA PATIDAR SAMAJ 5408 NORRIS DR THE COLONY, TX 750563701	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD ADVOCATES INCORPORATED 3701 KIRBY DRIVE SUITE 400 HOUSTON, TX 770983936	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHILD ADVOCATES SAN ANTONIO 406 SAN PEDRO SAN ANTONIO, TX 78212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHILD BUILDERS 2425 FOUNTAIN VIEW SUITE 210 HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD PROTECTION CONNECTION 3131 TURTLE CREEK BLVD STE 1018 DALLAS, TX 752195439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHILD PROTECTION CONNECTION 3131 TURTLE CREEK BLVD STE 1018 DALLAS, TX 752195439	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
CHILD PROTECTIVE SERVICES COMMUNITY 7950 ELMBROOK DR DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD PROTECTIVE SERVICES COMMUNITY 7950 ELMBROOK DR DALLAS, TX 75247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHILDREN AT RISK INC 2900 WESLAYAN SUITE 400 HOUSTON, TX 77027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS BLVD PLANO, TX 750743422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
CHILDRENS ADVOCACY CENTER OF COLLIN 2205 LOS RIOS PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS ASSOCIATION FOR MAXIMUM P PO BOX 27086 SAN ANTONIO, TX 78227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CHARITY 1600 WEST LOOP SOUTH STE 610 HOUSTON, TX 77027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS CHARITY 1600 WEST LOOP SOUTH STE 610 HOUSTON, TX 77027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS CHARITY 1600 WEST LOOP SOUTH STE 610 HOUSTON, TX 77027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS CHORUS OF SAN ANTONIO 106 AUDITORIUM CIR STE 115 SAN ANTONIO, TX 782051346	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDRENS GRIEF CENTER OF EL PASO 11625 PELLICANO STE B EL PASO, TX 79936	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHILDRENS HOSPITAL OF TEXAS DBA CHI 7601 PRESTON ROAD PLANO, TX 75024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF TEXAS DBA CHI 1935 MEDICAL DISTRICT DR DALLAS, TX 752357701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
CHILDRENS HOSPITAL OF TEXAS DBA CHI 7601 PRESTON ROAD PLANO, TX 75024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	160
CHILDRENS HOSPITAL OF TEXAS DBA CHI 1935 MEDICAL DISTRICT DR DALLAS, TX 752357701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF TEXAS DBA CHI 7601 PRESTON ROAD PLANO, TX 75024	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
CHILDRENS HOSPITAL OF TEXAS DBA CHI 1935 MEDICAL DISTRICT DR DALLAS, TX 752357701	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10
CHILDRENS LEARNING CENTERS OF AMARI 2300 TEE ANCHOR BLVD AMARILLO, TX 79104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS MEDICAL CENTER FOUNDATION 2777 STEMMONS FREEWAY SUITE 1700 DALLAS, TX 75207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHILDRENS MUSEUM INC1500 BINZ ST HOUSTON, TX 770047112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MUSEUM INC1500 BINZ ST HOUSTON, TX 770047112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	396
CHILDRENS MUSEUM INC1500 BINZ ST HOUSTON, TX 770047112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
CHILDRENS MUSEUM INC1500 BINZ ST HOUSTON, TX 770047112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS VILLAGE AND FAMILY SERVIC PO BOX 6564 TYLER, TX 75711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHILDRENS VILLAGE AND FAMILY SERVIC PO BOX 6564 TYLER, TX 75711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHINA SPRING VOLUNTEER FIRE DEPARTM PO BOX 65 CHINA SPRING, TX 766330065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHINA SPRING VOLUNTEER FIRE DEPARTM PO BOX 65 CHINA SPRING, TX 766330065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
CHLOES PET RESCUEPO BOX 121 BLUE RIDGE, TX 75424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CHLOES PET RESCUEPO BOX 121 BLUE RIDGE, TX 75424	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIS KYLE FROG FOUNDATION PO BOX 1337 MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CHRIS KYLE FROG FOUNDATION PO BOX 1337 MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CHRIS KYLE FROG FOUNDATION PO BOX 1337 MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING 4100 COLGATE AVENUE DALLAS, TX 75225	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
CHRIST THE KING CHURCH 8017 PRESTON RD DALLAS, TX 752256304	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
CHRIST THE REDEEMER CATHOLIC SCHOOL 11511 HUFFMEISTER RD HOUSTON, TX 770651051	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 750573944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 750573944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 750573944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN COMMUNITY SERVICE CENTER P O BOX 27924 HOUSTON, TX 772277924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CHRISTIAN MENS JOB CORPS WACO PO BOX 5067 WACO, TX 767080067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
CHRISTIAN RELIEF FUNDPO BOX 19670 AMARILLO, TX 791141670	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHROMOSOME 18 REGISTRY AND RESEARCH 7155 OAKRIDGE DRIVE SAN ANTONIO, TX 78229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS ASSISTING COLLIN COUNTY SH 4300 COMMUNITY AVE MCKINNEY, TX 750712535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CITIZENS FOR ANIMAL PROTECTION INC 17555 KATY FWY HOUSTON, TX 77094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	707
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	720
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	430
CITY HOUSE INC 830 CENTRAL PARKWAY EAST SUITE 350 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITYSQUAREPO BOX 140024 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
CLASSICAL ART SOCIETY OF HOUSTON 310 KINGFISHER DR SUGAR LAND, TX 774784700	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
CLEAR LAKE LUNAR RENDEZVOUS FESTIVA PO BOX 57486 WEBSTER, TX 77598	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CMC FOUNDATION OF CENTRAL TEXAS 4900 MUELLER BLVD AUSTIN, TX 78723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CMC FOUNDATION OF CENTRAL TEXAS 4900 MUELLER BLVD AUSTIN, TX 78723	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
COASTAL CONSERVATION ASSOCIATION 6919 PORTWEST DR STE 100 HOUSTON, TX 770248010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COATS FOR KIDS RIDE INC 1172 BENT OAKS DR DENTON, TX 762108350	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CODE 2 COLLEGE19112 LEIGH LANE PFLUGERVILLE, TX 78660	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CODYS FRIENDS RESCUE 6501 CLEARHAVEN CIR DALLAS, TX 752484017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODYS FRIENDS RESCUE 6501 CLEARHAVEN CIR DALLAS, TX 752484017	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
COLLEGE FORWARD 1023 SPRINGDALE RD BLDG 15 AUSTIN, TX 78721	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
COLLEGE STATION ISD EDUCATION FOUND 1812 WELSH COLLEGE STATION, TX 77840	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMEMORATIVE AIR FORCE PO BOX 764769 DALLAS, TX 75376	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COMMIT2DALLAS 3800 MAPLE AVENUE SUITE 800 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITIES FOUNDATION OF TEXAS INC 5500 CARUTH HAVEN LN DALLAS, TX 752258146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES FOUNDATION OF TEXAS INC 5500 CARUTH HAVEN LANE DALLAS, TX 75225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	566
COMMUNITIES IN SCHOOLS BAY AREA INC PO BOX 580096 HOUSTON, TX 772580096	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,200
COMMUNITIES IN SCHOOLS OF CENTRAL T 3000 S IH-35 SUITE 200 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF CENTRAL T 3000 S IH-35 SUITE 200 AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
COMMUNITIES IN SCHOOLS OF GREATER C 4520 E CENTRAL TEXAS EXPY STE 106 KILLEEN, TX 765435276	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITIES IN SCHOOLS OF NORTH TEX PO BOX 295543 LEWISVILLE, TX 75029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF NORTH TEX PO BOX 295543 LEWISVILLE, TX 75029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
COMMUNITIES IN SCHOOLS OF NORTH TEX PO BOX 295543 LEWISVILLE, TX 75029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COMMUNITIES IN SCHOOLS OF PERMIAN B PO BOX 10532 MIDLAND, TX 79702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITIES IN SCHOOLS OF SAN ANTON 1616 E COMMERCE ST BLDG 1 SAN ANTONIO, TX 782053348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
COMMUNITY DEVELOPMENT CORPORATION O 901 E LEVEE ST BROWNSVILLE, TX 785205164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ENRICHMENT CENTER INC 6250 NE LOOP 820 NORTH RICHLAND HILLS, TX 761807842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
COMMUNITY ENRICHMENT CENTER INC 6250 NE LOOP 820 NORTH RICHLAND HILLS, TX 761807842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	640
COMMUNITY FOOD BANK 3000 GALVEZ AVENUE FORT WORTH, TX 761113820	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOOD PANTRY IN TOOL PO BOX 43175 SEVEN POINTS, TX 751438502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITY FOUNDATION OF WEST TEXAS 6102 82ND STREET 8B LUBBOCK, TX 79424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASSION MINISTRIES OF WACO INC 1421 AUSTIN AVE WACO, TX 767011709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
COMPASSION MINISTRIES OF WACO INC 1421 AUSTIN AVE WACO, TX 767011709	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,380
CON MI MADRE 4175 FREIDRICH LANE SUITE 200 AUSTIN, TX 78744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONDIT EL7000 S THIRD BELLAIRE, TX 774014496	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
CONGAREE FOUNDATION 1375 ENCLAVE PKWY HOUSTON, TX 770772026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CONGREGATION ANSHAI TORAH 5501 W PARKER RD PLANO, TX 750937618	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,920
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONNECTING POINT OF PARK CITIES 4516 LOVERS LN 212 DALLAS, TX 752256925	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORNERSTONE MINISTRIES INC 3933 CR 317 MCKINNEY, TX 750694105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CORPUS CHRISTI EDUCATION FOUNDATION PO BOX 2822 CORPUS CHRISTI, TX 784032822	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CORPUS CHRISTI HOPE HOUSE INC 3226 REID DRIVE CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPUS CHRISTI HOPE HOUSE INC 3226 REID DRIVE CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	730
CORPUS CHRISTI METRO MINISTRIES PO BOX 4899 CORPUS CHRISTI, TX 78469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CORPUS CHRISTI METRO MINISTRIES PO BOX 4899 CORPUS CHRISTI, TX 78469	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPUS CHRISTI POLICE FOUNDATION PO BOX 803 CORPUS CHRISTI, TX 78403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
COULSON TOUGH SCHOOL PTO 11660 CRANEBROOK DR THE WOODLANDS, TX 773825807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
COURT APPOINTED SPECIAL ADVOCATES O P O BOX 4 CORPUS CHRISTI, TX 78403	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE TEXAS 1111 LOVETT BOULEVARD HOUSTON, TX 770063823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COVENANT HOUSE TEXAS 1111 LOVETT BOULEVARD HOUSTON, TX 770063823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
COVENANT HOUSE TEXAS 1111 LOVETT BOULEVARD HOUSTON, TX 770063823	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COVENANT HOUSE TEXAS 1111 LOVETT BOULEVARD HOUSTON, TX 770063823	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
COVENTRY RESERVEPO BOX 1134 WYLIE, TX 75098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	84
CPL CHAD ERIC OLIGSCHLAEGER FOUNDAT 16338 PEACH ORCHARD DR HUMBLE, TX 773963954	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N ST AUGUSTINE ST DALLAS, TX 75217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N ST AUGUSTINE DRIVE DALLAS, TX 75217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N ST AUGUSTINE ST DALLAS, TX 75217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISTO REY DALLAS HIGH SCHOOL INC 1064 N ST AUGUSTINE DRIVE DALLAS, TX 75217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
CRISTO REY FORT WORTH STUDY PROGRAM 2633 ALTAMESA BLVD FORT WORTH, TX 76133	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	20,000
CRISTO REY JESUIT HIGH SCHOOL OF HO 6700 MOUNT CARMEL STREET HOUSTON, TX 77087	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 75072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 75072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CROSSED PAWS ANIMAL HAVEN INC 9869 MEADOW RUE DR MCKINNEY, TX 75072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 770279398	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CYSTIC FIBROSIS FOUNDATION 1600 AIRPORT FREEWAY BEDFORD, TX 76022	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 770279398	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 770279398	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
CYSTIC FIBROSIS FOUNDATION 50 BRIAR HOLLOW LN STE 250E HOUSTON, TX 770279398	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
DACHSHUND LOVERS OF TEXAS PO BOX 820984 DALLAS, TX 753820984	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DACHSHUND LOVERS OF TEXAS PO BOX 820984 DALLAS, TX 753820984	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
DACHSHUND LOVERS OF TEXAS PO BOX 820984 DALLAS, TX 753820984	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8
DALHART ANIMAL WELLNESS GROUP AND S 1302 CONLEN AVE DALHART, TX 790224206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 75218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 752183914	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	339
DALLAS ARBORETUM & BOTANICAL 8525 GARLAND RD DALLAS, TX 75218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,500
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44,500
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	95
DALLAS AREA HABITAT FOR HUMANITY IN 2800 N HAMPTON RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS BAPTIST UNIVERSITY 3000 MOUNTAIN CREEK PARKWAY DALLAS, TX 75211	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	860
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CASA2757 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
DALLAS CAT LADY9870 KINGSMAN DR DALLAS, TX 752283700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	167
DALLAS CAT LADY9870 KINGSMAN DR DALLAS, TX 752283700	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CAT LADY9870 KINGSMAN DR DALLAS, TX 752283700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
DALLAS CAT RESCUEPO BOX 262571 PLANO, TX 75026	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
DALLAS CENTER FOR THE PERFORMING AR 700 N PEARL STREET SUITE N1800 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	166
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
DALLAS CHILDRENS ADVOCACY CENTER 5351 SAMUEL BOULEVARD DALLAS, TX 75228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
DALLAS CHILDRENS THEATER INC 5938 SKILLMAN ST DALLAS, TX 752317608	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DESIGNING DREAMS 1409 S LAMAR ST SUITE 102 DALLAS, TX 752156812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
DALLAS DESIGNING DREAMS 1409 S LAMAR ST SUITE 102 DALLAS, TX 752156812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
DALLAS DESIGNING DREAMS 1409 S LAMAR ST SUITE 102 DALLAS, TX 752156812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DESIGNING DREAMS 1409 S LAMAR ST SUITE 102 DALLAS, TX 752156812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
DALLAS DESIGNING DREAMS 1409 S LAMAR ST SUITE 102 DALLAS, TX 752156812	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	29
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
DALLAS DOGRRRPO BOX 887 ROWLETT, TX 75030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
DALLAS EC3102 OAK LAWN DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DALLAS FORT WORTH LABRADOR RETRIEVE 3100 INDEPENDENCE PKWY SUITE 311 PMB 352 PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 752193239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	117
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 752193239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DALLAS FOUNDATION A TX NONPROFIT CO 3700 ROSS AVE BOX 108 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS FOUNDATION A TX NONPROFIT CO 3963 MAPLE AVE STE 390 DALLAS, TX 752193239	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DALLAS HISTORICAL SOCIETY HALL OF S PO BOX 150038 DALLAS, TX 753150038	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DALLAS HOLOCAUST MUSEUM 300 N HOUSTON ST DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS HOLOCAUST MUSEUM 300 N HOUSTON ST DALLAS, TX 75202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DALLAS HOLOCAUST MUSEUM 300 N HOUSTON ST DALLAS, TX 75202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,019
DALLAS HOPE CHARITIES 5910 CEDAR SPRINGS RD DALLAS, TX 752356806	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS JUNIOR FORUM INC 5930 LBJ FREEWAY SUITE 350 DALLAS, TX 752406304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
DALLAS LEGAL HOSPICE 1825 MARKET CENTER BLVD STE 550 DALLAS, TX 752073392	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DALLAS MISSION FOR LIFE INC 1100 CADIZ STREET DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,210
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,174
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS MUSEUM OF ART 1717 NORTH HARWOOD STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	5,000
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS OPERA WINSPEAR OPERA HOUSE - 2403 FLORA ST STE 500 DALLAS, TX 75201	NONE	170(B)(1)(A)(V)	PROGRAM/OPERATING SUPPORT	50
DALLAS PARKS FOUNDATION 9540 GARLAND ROAD SUITE 381-117 DALLAS, TX 75218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	365
DALLAS PETS ALIVE 11700 PRESTON RD STE 660 263 DALLAS, TX 752302739	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS PETS ALIVE 11700 PRESTON RD STE 660 263 DALLAS, TX 752302739	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	284
DALLAS REPERTOIRE BALLET 7 PRESTIGE CIRCLE 100 ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
DALLAS REPERTOIRE BALLET 7 PRESTIGE CIRCLE 100 ALLEN, TX 75002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS SOCIAL VENTURE PARTNERS 12900 PRESTON RD STE 1220 DALLAS, TX 752306304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DALLAS SOCIAL VENTURE PARTNERS 12900 PRESTON RD STE 1220 DALLAS, TX 752306304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DALLAS SPARK 1409 S LAMAR STREET SUITE 004 DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS SPARK 1409 S LAMAR STREET SUITE 004 DALLAS, TX 75215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
DALLAS STREET DOG ADVOCATES 508 WEST LOOKOUT DR 1420 RICHARDSON, TX 75080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DALLAS SUMMER MUSICALS INC DTD 1218 PO BOX 710336 DALLAS, TX 753710336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS SUMMER MUSICALS INC DTD 1218 PO BOX 710336 DALLAS, TX 753710336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
DALLAS SYMPHONY ASSOCIATION INC 2301 FLORA STREET SUITE 300 DALLAS, TX 752012413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
DALLAS SYMPHONY ASSOCIATION INC 2301 FLORA STREET SUITE 300 DALLAS, TX 752012413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS SYMPHONY ASSOCIATION INC 2301 FLORA STREET SUITE 300 DALLAS, TX 752012413	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
DALLAS WOMENS FOUNDATION 8150 N CENTRAL EXPY STE 110 DALLAS, TX 752061826	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
DALLAS WOMENS FOUNDATION 8150 NORTH CENTRAL EXPRESSWAY SUITE 110 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS ZOO MANAGEMENT INC 650 S R L THORNTON FWY DALLAS, TX 752033013	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	750
DALLAS ZOOLOGICAL SOCIETY 650 S R L THORNTON FWY DALLAS, TX 752033013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DAUNTLESS RESCUE INC 6915 HUNTERS RIDGE DALLAS, TX 75248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAVIS MOON PROJECT 1508 HARTFORD ROAD AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
DAVIS MOON PROJECT 1508 HARTFORD ROAD AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
DC BRONCOS716 LAKEBRIDGE DRIVE LAKE DALLAS, TX 75065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DC BRONCOS716 LAKEBRIDGE DRIVE LAKE DALLAS, TX 75065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	617
DEACONS OF DEADWOOD 1302 WAUGH DR STE 351 HOUSTON, TX 770193908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	505
DEACONS OF DEADWOOD 1302 WAUGH DR STE 351 HOUSTON, TX 770193908	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,495
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEL MAR COLLEGE FOUNDATION INC 101 BALDWIN BOULEVARD CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DELTA DELTA DELTA FOUNDATION 14951 N DALLAS PKWY STE 500 DALLAS, TX 75254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DENISON ISD EDUCATION FOUNDATION IN 1201 S RUSK AVE DENISON, TX 750206340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENISON ISD EDUCATION FOUNDATION IN 1201 S RUSK AVE DENISON, TX 750206340	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DENTON ASSISTANCE CENTER INC 306 N LOOP 288 100 DENTON, TX 76209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
DENTON ASSISTANCE CENTER INC 306 N LOOP 288 100 DENTON, TX 76209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENTON COUNTY VETERANS COALITION PO BOX 51672 DENTON, TX 762061672	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DENTON HUMANE SOCIETY INC PO BOX 1972 DENTON, TX 762021972	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DEPARTMENT OF TEXAS VETERANS OF FOR 8503 NORTH I35 AUSTIN, TX 78753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DESIGN INDUSTRIES FOUNDATION FIGHTI 2050 N STEMMONS FRWY 262 DALLAS, TX 75207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DETROIT AFFILIATE OF THE SUSAN G KO 5005 LBJ FWY STE 526 DALLAS, TX 752446169	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	113
DFW ASYLUM SEEKER HOUSING NETWORK PO BOX 470783 FORT WORTH, TX 761470783	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW GUJARATI SAMAJ INC 3148 DELEON DRIVE PLANO, TX 75025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DFW GUJARATI SAMAJ INC 3148 DELEON DRIVE PLANO, TX 75025	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,001
DFW HONOR FLIGHT 2201 LONG PRAIRIE RD STE 107 FLOWER MOUND, TX 750224964	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW OUTLAWS YOUTH FOOTBALL AND CHEE 4005 CEDAR CREEK CT ARLINGTON, TX 76016	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DFW PUP PATROL RESCUE 11472 COUNTY ROAD 483 LAVON, TX 75166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DFW PUP PATROL RESCUE 11472 COUNTY ROAD 483 LAVON, TX 75166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW PUP PATROL RESCUE 11472 COUNTY ROAD 483 LAVON, TX 75166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
DFW PUP PATROL RESCUE 11472 COUNTY ROAD 483 LAVON, TX 75166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
DFW RESCUE ME INCPO BOX 51652 DENTON, TX 762061652	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DFW TAMIL FOUNDATION 731 CRESTWOOD DR COPPELL, TX 750196605	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DFW TZUS AND MORE RESCUE 3635 GARDENBROOK DR 21200 FARMERS BRANCH, TX 75234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
DFW TZUS AND MORE RESCUE 3635 GARDENBROOK DR 21200 FARMERS BRANCH, TX 75234	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DICKINSON ISD EDUCATION FOUNDATION 2218 FM 517 E DICKINSON, TX 77539	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DISCOVERY GREEN CONSERVANCY 1500 MCKINNEY HOUSTON, TX 77010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DISCOVERY GREEN CONSERVANCY 1500 MCKINNEY ST HOUSTON, TX 770104011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISCOVERY YOUTH FOUNDATION INC 20702 JASPERWOOD DR HUMBLE, TX 773382729	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
DOBERMAN RESCUE OF NORTH TEXAS INC 2021 ROCK CREEK DRIVE GRAND PRAIRIE, TX 750502237	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	418
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,044
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOG RANCH RESCUE INC 10030 COUNTY ROAD 288 ANNA, TX 754093822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DONALD F WALSH JR FOUNDATION 12403 CONCHO DR FRISCO, TX 750330974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
DONALD F WALSH JR FOUNDATION 12403 CONCHO DR FRISCO, TX 750330974	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DORRIS A JONES EL2051 TRAIL GLEN ROCKWALL, TX 75032	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
DOWN SYNDROME ASSOCIATION OF HOUSTO 7115 W TIDWELL RD BLDG K STE 106 HOUSTON, TX 77092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
DOWNTOWN WOMENS CENTER 409 S MONROE ST AMARILLO, TX 791010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOWNTOWN WOMENS CENTER 409 S MONROE ST AMARILLO, TX 791010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
DOWNTOWN WOMENS CENTER 409 S MONROE ST AMARILLO, TX 791010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
DR MARNIE ROSE FOUNDATION INC 4545 BISSONNET STREET SUITE 112 BELLAIRE, TX 77401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DR MARNIE ROSE FOUNDATION INC 4545 BISSONNET STREET SUITE 112 BELLAIRE, TX 77401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
DR MARNIE ROSE FOUNDATION INC 4545 BISSONNET STREET SUITE 112 BELLAIRE, TX 77401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,950
DR MARNIE ROSE FOUNDATION INC 4545 BISSONNET STREET SUITE 112 BELLAIRE, TX 77401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
E3 ALLIANCE 5930 MIDDLE FISKVILLE RD 507 AUSTIN, TX 787524342	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
EAGLE MOUNTAIN EFFIE CENTER 4409 HALTOM ROAD HALTOM CITY, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EANES EDUCATION FOUNDATION 601 CAMP CRAFT RD AUSTIN, TX 787466511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
EAST PLANO ISLAMIC CENTER 1350 STAR CT PLANO, TX 750747353	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST TEXAS CHRISTIAN EDUCATION INC 2448 ROY RD TYLER, TX 75707	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
EAST TEXAS CHRISTIAN EDUCATION INC 2448 ROY RD TYLER, TX 75707	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS NORTH TEXAS INC 1424 HEMPHILL STREET FORT WORTH, TX 761044703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS NORTH TEXAS INC 1424 HEMPHILL STREET FORT WORTH, TX 761044703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DRIVE SUITE 200 HOUSTON, TX 770812227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DRIVE SUITE 200 HOUSTON, TX 770812227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DRIVE SUITE 200 HOUSTON, TX 770812227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EASTER SEALS OF GREATER HOUSTON INC 4888 LOOP CENTRAL DRIVE SUITE 200 HOUSTON, TX 770812227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ECHOES OF INDIA13429 DOLOMITE DR FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECHOES OF INDIA13429 DOLOMITE DR FRISCO, TX 75035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EDUCATION OPENS DOORS INC 2804 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
EDUCATIONAL FIRST STEPS 2815 GASTON AVE DALLAS, TX 75226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDUCATIONAL PROGRAMS INSPIRING COMM 707 LEHMAN STREET HOUSTON, TX 77018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
EDUCATIONAL SOCIAL CULTURAL ORGANIZ PO BOX 153841 IRVING TX 75015 IRVING, TX 75015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
EDURIGHT FOUNDATION INC 10408 JACKSON HOLE LN MCKINNEY, TX 75072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EDURIGHT FOUNDATION INC 10408 JACKSON HOLE LN MCKINNEY, TX 75072	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
EKAL VIDYALAYA FOUNDATION OF USA IN PO BOX 821369 HOUSTON, TX 772821369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
EKAL VIDYALAYA FOUNDATION OF USA IN PO BOX 821369 HOUSTON, TX 772821369	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EKAL VIDYALAYA FOUNDATION OF USA IN PO BOX 821369 HOUSTON, TX 772821369	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,290
EKAL VIDYALAYA FOUNDATION OF USA IN PO BOX 821369 HOUSTON, TX 772821369	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,008
EKAL VIDYALAYA FOUNDATION OF USA IN 1712 HIGHWAY 6 SOUTH A HOUSTON, TX 770770000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CENTRO DEL BARRIO INC 3750 COMMERCIAL AVE SAN ANTONIO, TX 782213117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
EL PASO COLLABORATIVE FOR COMMUNITY 6090 SURETY DRIVE SUITE 210 EL PASO, TX 79905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EL PASO COMMUNITY FOUNDATION 333 N OREGON STREET EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASO HOLOCAUST MUSEUM AND STUDY 715 N OREGON ST EL PASO, TX 799023911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EL PASO HOLOCAUST MUSEUM AND STUDY 715 N OREGON ST EL PASO, TX 799023911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
EL PASO ZOOLOGICAL SOCIETY PO BOX 10179 EL PASO, TX 79995	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIR EL PASO, TX 799272005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ELLIS COUNTY SOCIETY FOR THE PREVEN 2570 FARM TO MARKET 878 WAXAHACHIE, TX 75165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ELLIS ISLAND CAT RESCUE 515 RIDGEVIEW DR MURPHY, TX 75094	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMANCIPET 7010 EASY WIND DR STE 260 AUSTIN, TX 78752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
EMANCIPET 7010 EASY WIND DR STE 260 AUSTIN, TX 78752	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
EMILYS PLACE INCPO BOX 860911 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMILYS PLACE INCPO BOX 860911 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EMILYS SMILE BOXES 1803 E HICKORY HILL RD ARGYLE, TX 762262923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
EMILYS SMILE BOXES 1803 E HICKORY HILL RD ARGYLE, TX 762262923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMILYS SMILE BOXES 1803 E HICKORY HILL RD ARGYLE, TX 762262923	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
ENCOURAGER CHURCH 10950 KATY FWY HOUSTON, TX 770434903	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW DR STE 900 HOUSTON, TX 77057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW DR STE 900 HOUSTON, TX 77057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW DR STE 900 HOUSTON, TX 77057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
EPILEPSY FOUNDATION OF TEXAS 2401 FOUNTAIN VIEW DR STE 900 HOUSTON, TX 77057	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 752296217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,900
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 752296217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 752296217	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
EPISCOPAL SCHOOL OF DALLAS INC 4100 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	145
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ESSENCE OF A LADY 14503 LAZY WILLOW LN MISSOURI CITY, TX 77489	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EX STUDENTS ASSOCIATION OF THE PO BOX 7278 AUSTIN, TX 787137278	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EXPANCO INC3005 WICHITA CT FORT WORTH, TX 761401710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EXPONENTIAL POWER OF WOMEN PO BOX 4 ALLEN, TX 750130001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
FAITH ACADEMY OF MARBLE FALLS 3151 E FM 1431 MARBLE FALLS, TX 786543686	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAITH ACADEMY OF MARBLE FALLS 3151 E FM 1431 MARBLE FALLS, TX 786543686	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
FAITH CHRISTIAN SCHOOL INC 730 E WORTH ST GRAPEVINE, TX 760513653	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
FAITHBRIDGE CHURCH 18000 STUEBNER AIRLINE ROAD SPRING, TX 77379	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FAMILIES TO FREEDOM INC PO BOX 1226 ADDISON, TX 750011226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FAMILY GATEWAY INC711 S ST PAUL DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
FAMILY LEGACY MISSIONS INTERNATIONA 5005 W ROYAL LN STE 252 IRVING, TX 750631961	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,219
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY LEGACY MISSIONS INTERNATIONA 5005 W ROYAL LN STE 252 IRVING, TX 750631961	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	576
FAMILY PATHFINDERS OF TARRANT COUNT PO BOX 470869 FORT WORTH, TX 76147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PLACE INCPO BOX 7999 DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FAMILY PROMISE OF MIDLAND TEXAS INC 3500 NORTH A SUITE 1400 MIDLAND, TX 79705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 782124610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 782124610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
FAMILY SERVICE CENTER AT HOUSTON AN PO BOX 77068 HOUSTON, TX 77270	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUPPORT SERVICES OF AMARILLO PO BOX 31150 AMARILLO, TX 79120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FAMILY SUPPORT SERVICES OF AMARILLO PO BOX 31150 AMARILLO, TX 79120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,500
FAMILY SUPPORT SERVICES OF AMARILLO PO BOX 31150 AMARILLO, TX 79120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUPPORT SERVICES OF AMARILLO PO BOX 31150 AMARILLO, TX 79120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
FAMILY VIOLENCE PREVENTION SERVICES 7911 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FANS OF THE WILLIAMSON COUNTY REGIO 1855 SE INNER LOOP GEORGETOWN, TX 786266344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	304
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MY STARVING CHILDREN 1680 N GLENVILLE DR SUITE 300 RICHARDSON, TX 75081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	311
FEEDING TEXAS 1524 S IH-35 SUITE 342 AUSTIN, TX 787042646	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FELLOWSHIP CHRISTIAN ACADEMY 1821 W CAMP WISDOM RD DALLAS, TX 75232	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	401
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FELLOWSHIP CONNECTION 2450 N HIGHWAY 121 GRAPEVINE, TX 760512002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 750832857	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 750832857	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	303
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FERAL FRIENDS COMMUNITY CAT ALLIANC PO BOX 832857 RICHARDSON, TX 750832857	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FIELDS EDGEPO BOX 50068 MIDLAND, TX 79710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
FIFTH WARD COMMUNITY REDEVELOPMENT 4300 LYONS AVE HOUSTON, TX 77020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIND YOUR RESILIENCE INC 11676 GATESVILLE DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
FINE ARTS CHAMBER PLAYERS 3630 HARRY HINES BOULEVARD DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
FINE ARTS CHAMBER PLAYERS 3630 HARRY HINES BOULEVARD DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST LIBERTY INSTITUTE 2001 W PLANO PARKWAY STE 1600 PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FIRST PRESBYTERIAN CHURCH 1835 YOUNG STREET DALLAS, TX 75201	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	385
FIRST UNITED METHODIST CHURCH OF FR 7659 PRESTON RD FRISCO, TX 75034	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST UNITED METHODIST CHURCH OF FR 7659 PRESTON RD FRISCO, TX 75034	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
FISHER HOUSE FRIENDS OF HOUSTON 8118 MEGAN PLACE DR HOUSTON, TX 770952924	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FLAGS FOR FALLEN VETS 1002 DAVIS ST CLEBURNE, TX 760338704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FLATWATER FOUNDATION 3575 FAR WEST BLVD 29810 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FLCCT INC 3616 FAR WEST BLVD 117 - 117 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FLOWER MOUND COMMUNITY ORCHESTRA PO BOX 270002 FLOWER MOUND, TX 750270002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOCUS HUMANITARIAN ASSISTANCE U S A 1700 FIRST COLONY BLVD STE 300 SUGAR LAND, TX 774794298	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FOLDS OF HONOR FOUNDATION 5944 MCFARLAND DR PLANO, TX 750934344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FOLDS OF HONOR FOUNDATION 5944 MCFARLAND DR PLANO, TX 750934344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOLDS OF HONOR FOUNDATION 5944 MCFARLAND DR PLANO, TX 750934344	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FOOD BANK OF ABILENE INC 5505 N 1ST STREET ABILENE, TX 79603	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
FOOD BANK OF THE RIO GRANDE VALLEY PO BOX 6251 MCALLEN, TX 785026251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOUNDATION 3116 SYLVAN AVENUE DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD FOUNDATION3116 SYLVAN AVE DALLAS, TX 75212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FORT WORTH ABANDONED ANIMAL ALLIANC 7140 STEWART LN BENBROOK, TX 76126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT WORTH ART ASSOCIATION 3200 DARNELL STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,199
FORT WORTH ART ASSOCIATION 3200 DARNELL STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	829
FORT WORTH COUNTRY DAY SCHOOL INC 4200 COUNTRY DAY LN FORT WORTH, TX 761094201	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORT WORTH MUSEUM OF SCIENCE AND HI 1600 GENDY STREET FORT WORTH, TX 76107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,950
FORT WORTH STOCKSHOW SYNDICATE PO BOX 17005 FORT WORTH, TX 761020005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FORT WORTH SYMPHONY ORCHESTRA ASSOC 330 EAST FOURTH STREET SUITE 200 FORT WORTH, TX 76102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTRESS YOUTH DEVELOPMENT CENTER I PO BOX 422 FORT WORTH, TX 76101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FOUNDATION 45PO BOX 151532 DALLAS, TX 753151532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
FOUNDATION COMMUNITIES INC 3006 S IH 35 STE 300 AUSTIN, TX 78704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOUNDATION FOR LOVEJOY SCHOOLS 259 COUNTRY CLUB RD ALLEN, TX 750027643	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	151
FOUNDATION NEME INC 3733 SPICEWOOD DR EDINBURG, TX 785422416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
FOUNDATION TO ADVANCE ISLAMIC TEACH PO BOX 75212 HOUSTON, TX 772345212	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOWLER MIDDLE3801 MCDERMOTT RD PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
FRAMEHOUSE OUTREACH FOUNDATION 2200 S ZANG BLVD DALLAS, TX 752241938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRAMEHOUSE OUTREACH FOUNDATION 2200 S ZANG BLVD DALLAS, TX 752241938	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAMEHOUSE OUTREACH FOUNDATION 2200 S ZANG BLVD DALLAS, TX 752241938	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
FRAMEWORKS COMMUNITY DEVELOPMENT CO 701 TILLERY STREET SUITE A7B BOX 15 AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
FRANK BLACK MIDDLE SCHOOL PTO 1575 CHANTILLY LN HOUSTON, TX 770184150	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRAZIER REVITALIZATION INC PO BOX 152926 DALLAS, TX 75315	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,500
FREE THE CAPTIVES 2211 RAYFORD RD STE 111418 SPRING, TX 773861555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF BRAZORIA WILDLIFE REFUGE PO BOX 505 LAKE JACKSON, TX 775660505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF BRAZORIA WILDLIFE REFUGE PO BOX 505 LAKE JACKSON, TX 775660505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
FRIENDS OF IMAGINE INTERNATIONAL AC 2680 VIRGINIA PARKWAY MCKINNEY, TX 75071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF PAYIR INC 13753 REGENTS PARK FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF PAYIR INC 13753 REGENTS PARK FRISCO, TX 75035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF TRI-CITY ANIMAL SHELTER 1535 JEWETT LN DESOTO, TX 751152755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
FRIENDS OF WEISSPO BOX 1573 PFLUGERVILLE, TX 78691	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WEISSPO BOX 1573 PFLUGERVILLE, TX 78691	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,500
FRIENDSWOOD FINE ARTS INSTITUTE PO BOX 2090 FRIENDSWOOD, TX 77549	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FRISCO EDUCATION FOUNDATION PO BOX 567 FRISCO, TX 750340010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	464
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	384
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	128
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO FAMILY SERVICES CENTER PO BOX 1387 FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
FRISCO HUMANE SOCIETYPO BOX 2655 FRISCO, TX 750340049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRISCO HUMANE SOCIETYPO BOX 2655 FRISCO, TX 750340049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRISCO HUMANE SOCIETYPO BOX 2655 FRISCO, TX 750340049	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FRISCO WOMENS LEAGUEPO BOX 2151 FRISCO, TX 750340038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FROM BASTOGNE TO TEXAS INC PO BOX 794 COLLEGE STA, TX 778410794	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRONTIERS OF FLIGHT MUSEUM INC 6911 LEMMON AVENUE DALLAS, TX 75209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
FUZZY FRIENDS RESCUE 6321 AIRPORT RD WACO, TX 76708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FUZZY FRIENDS RESCUE 6321 AIRPORT RD WACO, TX 76708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FUZZY FRIENDS RESCUE 6321 AIRPORT RD WACO, TX 76708	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FYIMS INCORPORATED 107 E 22ND STREET HOUSTON, TX 77008	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
GALLANTFEW INCPO BOX 1157 ROANOKE, TX 762621157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALLANTFEW INCPO BOX 1157 ROANOKE, TX 762621157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
GALVESTON BAY FOUNDATION 1100 HERCULES AVENUE SUITE 200 HOUSTON, TX 77058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
GARTH HOUSE MICKEY MEHAFFY CHILDREN 1895 MCFADDIN AVENUE BEAUMONT, TX 777011622	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAULT SCHOOL OF ARCHAEOLOGICALRESEA PO BOX 81563 AUSTIN, TX 78708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GAY AND LESBIAN ALLIANCE OF NORTH T PO BOX 860752 PLANO, TX 750860752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
GAY AND LESBIAN ALLIANCE OF NORTH T PO BOX 860752 PLANO, TX 750860752	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GAY AND LESBIAN FUND FOR DALLAS 3824 CEDAR SPRINGS RD BOX 371 DALLAS, TX 752194136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GDIACC FOUNDATION INC 5930 LBJ FWY SUITE 310 DALLAS, TX 752406372	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENDERCIDE AWARENESS PROJECT INC 3513 PURDUE AVE DALLAS, TX 75225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
GENERAL COUNCIL ON FINANCE & ADMINS 3300 MOCKINGBIRD LANE DALLAS, TX 75205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
GENERAL COUNCIL ON FINANCE & ADMINS 3300 MOCKINGBIRD LANE DALLAS, TX 75205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENERAL COUNCIL ON FINANCE & ADMINS 3300 MOCKINGBIRD LANE DALLAS, TX 75205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
GENERAL COUNCIL ON FINANCE & ADMINS 3300 MOCKINGBIRD LANE DALLAS, TX 75205	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
GENERATIONS OF LUBBOCK PO BOX 6471 LUBBOCK, TX 794936471	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESYS WORKS 1880 S DAIRY ASHFORD RD STE 300 HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
GEORGE W BUSH FOUNDATION 2943 SMU BOULEVARD DALLAS, TX 75205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
GEORGETOWN PALACE THEATRE INC 810 S AUSTIN AVE GEORGETOWN, TX 78626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGETOWN PALACE THEATRE INC 810 S AUSTIN AVE GEORGETOWN, TX 78626	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
GIGIS PLAYHOUSE INC 1704 SEAMIST DR STE 400 HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	341
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GILBERT & SULLIVAN SOCIETY OF HOUST PO BOX 741267 HOUSTON, TX 772741267	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF NORTHEAST TEXAS 6001 SUMMERSIDE DR DALLAS, TX 752525335	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
GIRL SCOUTS OF SAN JACINTO COUNCIL 3110 SOUTHWEST FREEWAY HOUSTON, TX 77098	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GIRL SCOUTS OF TEXAS OKLAHOMA PLAIN 4901 BRIARHAVEN RD FORT WORTH, TX 761094404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUTS OF TEXAS OKLAHOMA PLAIN 4901 BRIARHAVEN RD FORT WORTH, TX 761094404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GIRLS INCORPORATED OF METROPOLITAN 2040 EMPIRE CENTRAL DR DALLAS, TX 752354304	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DR FORT WORTH, TX 761324122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DRIVE FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DR FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DR FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DRIVE FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DR FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	760
GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DRIVE FORT WORTH, TX 761324122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLENWOOD CEMETERY HISTORIC PRESERVA 2525 WASHINGTON AVE HOUSTON, TX 77007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
GLOBAL WILDLIFE CONSERVATION 500 N CAPITAL OF TEXAS HIGHWAY BLD 1 STE 225 AUSTIN, TX 78745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GODS DOGS RESCUE 12750 TRAWALTER LN VON ORMY, TX 780732819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS DOGS RESCUE 12750 TRAWALTER LN VON ORMY, TX 780732819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GODS DOGS RESCUE 12750 TRAWALTER LN VON ORMY, TX 780732819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GODS PANTRY3420 14TH ST STE 101 PLANO, TX 750748405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS PANTRY3420 14TH ST STE 101 PLANO, TX 750748405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
GODS PANTRY3420 14TH ST STE 101 PLANO, TX 750748405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
GODS PANTRY3420 14TH ST STE 101 PLANO, TX 750748405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODS PANTRY3420 14TH ST STE 101 PLANO, TX 750748405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GOLDEN RETRIEVER RESCUE OF NORTH TE PO BOX 670031 DALLAS, TX 75230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
GOOD SAMARITAN CENTER OF SAN ANTONI 1600 SALTILLO ST SAN ANTONIO, TX 782076842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SAMARITAN FOUNDATION OF TEXAS 3262 WESTHEIMER RD STE 764 HOUSTON, TX 77098	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 752294118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	200
GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 752294118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 752294118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
GOODWILL INDUSTRIES OF CENTRAL TEXA 1015 NORWOOD PARK BLVD AUSTIN, TX 787536608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GOODWILL INDUSTRIES OF DALLAS FOUND 3020 N WESTMORELAND RD DALLAS, TX 752123647	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOODWILL INDUSTRIES OF EAST TEXAS I 409 W LOCUST TYLER, TX 75702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOODWILL INDUSTRIES OF EAST TEXAS I 409 W LOCUST TYLER, TX 75702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GRACE CHURCH FRISCO 8440 GRACE STREET FRISCO, TX 75034	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRACE COMMUNITY CHURCH-CLEAR LAKE I PO BOX 891409 HOUSTON, TX 77289	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
GRACE PRESBYTERIAN SCHOOL FOUNDATIO 10219 ELLA LEE LN HOUSTON, TX 770422939	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GRACE TO GROW 1216 N CENTRAL EXPY STE 104 MCKINNEY, TX 75070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND PRAIRIE FINE ARTS ACADEMY ORC 4516 FORSYTH LANE GRAND PRAIRIE, TX 75052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
GRAPEVINE RELIEF AND COMMUNITY EXCH PO BOX 412 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREAT HEARTS AMERICA-TEXAS 3350 WEST STORY RD IRVING, TX 75038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT HEARTS AMERICA-TEXAS 3350 WEST STORY RD IRVING, TX 75038	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
GREAT LAKES ACADEMY 6000 CUSTER ROAD BLDG 7 PLANO, TX 750235100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	60
GREAT LAKES ACADEMY 6000 CUSTER ROAD BLDG 7 PLANO, TX 750235100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREAT LAKES ACADEMY 6000 CUSTER ROAD BLDG 7 PLANO, TX 750235100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
GREATER DALLAS YOUTH ORCHESTRA 3630 HARRY HINES BOULEVARD DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREEN BERET FOUNDATION 14402 BLANCO RD SUITE 100 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREENHILL SCHOOL 4141 SPRING VALLEY RD ADDISON, TX 750013683	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
GREENHILL SCHOOL 4141 SPRING VALLEY RD ADDISON, TX 750013683	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GREENHILL SCHOOL 4141 SPRING VALLEY RD ADDISON, TX 750013683	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
GREYHOUND ADOPTION LEAGUE OF TEXAS 3400 CARLISLE ST SUITE 310 DALLAS, TX 752041265	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GREYHOUND RESCUE SOCIETY OF TEXAS I PO BOX 703967 DALLAS, TX 753703967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GUIDE RIGHT FOUNDATION OF DALLAS IN P O BOX 150612 DALLAS, TX 753150612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GULF COAST BIRD OBSERVATORY INC 299 HIGHWAY 332 W LAKE JACKSON, TX 775664019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GULF COAST COMMUNITY SERVICES ASSN 9320 KIRBY DRIVE HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST COMMUNITY SERVICES ASSN 9320 KIRBY DRIVE HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
GULF COAST COMMUNITY SERVICES ASSN 9320 KIRBY DRIVE HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GULF COAST COMMUNITY SERVICES ASSN 9320 KIRBY DRIVE HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GULF COAST COMMUNITY SERVICES ASSN 9320 KIRBY DRIVE HOUSTON, TX 77054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
GULF COAST HUMANE SOCIETY 3118 CABANISS PKWY CORPUS CHRISTI, TX 78415	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
HABITAT FOR AMARILLO INC PO BOX 775 AMARILLO, TX 79105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HORSES INC 6060 HABITAT FOR HORSES LANE ALVIN, TX 77511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
HABITAT FOR HORSES INC 6060 HABITAT FOR HORSES LANE ALVIN, TX 77511	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4 ROCKWALL, TX 750870004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 822 W FRONT STREET TYLER, TX 757027960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 850 BUDA, TX 78610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 294566 KERRVILLE, TX 780294566	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 2601 ATKINSON AVE KILLEEN, TX 765434020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	33,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
HABITAT FOR HUMANITY INTERNATIONAL 401 N CHADBOURNE SAN ANGELO, TX 769035736	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 4703 WAREHOUSE LANE LAREDO, TX 78041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 682785 HOUSTON, TX 772682785	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 119 LAKE ST BRYAN, TX 778012030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 850 BUDA, TX 78610	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4 ROCKWALL, TX 750870004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 9333 N NORMANDALE ST FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF EL PASO 1400 HARDAWAY SUITE 329 EL PASO, TX 79903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY OF SAN ANTONIO 311 PROBANDT SAN ANTONIO, TX 782041745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMMONS EDUCATION LEADERSHIP PROGRA 4833 SARATOGA 447 CORPUS CHRISTI, TX 784132213	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HARBOR LIGHTS ASSOCIATES INC 2417 NORTH BROOK DRIVE MCKINNEY, TX 75072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HARDIN JEFFERSON EDUCATION FOUNDATI PO BOX 398 CHINA, TX 776130398	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARRINGTON CANCER AND HEALTH FOUNDA 500 S TAYLOR SUITE 1060 UNIT 223 AMARILLO, TX 791012445	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	425
HARRINGTON CANCER AND HEALTH FOUNDA 500 S TAYLOR SUITE 1060 UNIT 223 AMARILLO, TX 791012445	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
HARVEY MARTIN DREAM FOUNDATION 625 TERESA DR DESOTO, TX 751155165	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HEAL THE CITY FREE CLINIC PO BOX 2556 AMARILLO, TX 791052556	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEALTHCARE FOR THE HOMELESS-HOUSTON 1934 CAROLINE ST HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HEALTHY WORLD HEALTHY CHILDREN P O BOX 10194 COLLEGE STATION, TX 77842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HEARD NATURAL SCIENCE MUSEUM AND WI ONE NATURE PLACE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARD NATURAL SCIENCE MUSEUM AND WI ONE NATURE PLACE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
HEARD NATURAL SCIENCE MUSEUM AND WI ONE NATURE PLACE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HEART OF GRACE MINISTRIES PO BOX 742 CANTON, TX 751030742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF GRACE MINISTRIES PO BOX 742 CANTON, TX 751030742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HEART OF GRACE MINISTRIES PO BOX 742 CANTON, TX 751030742	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HEART OF TEXAS SPCA HOTSPCA PO BOX 691403 SAN ANTONIO, TX 78269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	43
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEART OF TEXAS SPCA HOTSPCA PO BOX 691403 SAN ANTONIO, TX 78269	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
HEARTFULNESS INSTITUTE 6320 AYRES DR AUSTIN, TX 787462103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
HEARTS & BONES ANIMAL RESCUE 5623 WILLIS AVE DALLAS, TX 752066440	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEBRON VALLEY EL 4108 CREEK VALLEY BLVD CARROLLTON, TX 75010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	425
HEBRON VALLEY EL 4108 CREEK VALLEY BLVD CARROLLTON, TX 75010	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 787514906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEMISFAIR CONSERVANCY PO BOX 1262 SAN ANTONIO, TX 78295	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
HENDRICK SCHOLARSHIP FOUNDATION 2030 AVENUE G SUITE 1108 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HENDRICK SCHOLARSHIP FOUNDATION 2030 AVENUE G SUITE 1108 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENDRICK SCHOLARSHIP FOUNDATION 2030 AVENUE G SUITE 1108 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HERITAGE ASSOCIATION OF FRISCO PO BOX 263 FRISCO, TX 750340005	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HERITAGE SOCIETY 1100 BAGBY STREET HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE SOCIETY 1100 BAGBY STREET HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
HERMANN PARK CONSERVANCY 1700 HERMANN DRIVE HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	301
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,100
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HIGH OCTAVEZ4673 CLYDESDALE WAY CARROLLTON, TX 750101373	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,251
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH PLAINS FOOD BANK 815 S ROSS STREET AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HIGH PLAINS FOOD BANK 815 S ROSS STREET AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
HIGH PLAINS FOOD BANK 815 S ROSS STREET AMARILLO, TX 79102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH POINT VILLAGE 6223 COUNTY ROAD 6300 LUBBOCK, TX 79416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 2823 S SERRANO GRAND PRAIRIE, TX 75054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 2823 S SERRANO GRAND PRAIRIE, TX 75054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 2823 S SERRANO GRAND PRAIRIE, TX 75054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 2823 S SERRANO GRAND PRAIRIE, TX 75054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIGH SCHOOL RODEO TEAMS OF MANSFIEL 2823 S SERRANO GRAND PRAIRIE, TX 75054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGH SKY CHILDRENS RANCH 8613 WEST COUNTY ROAD 60 MIDLAND, TX 79707	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
HIGHLAND PARK H S 4220 EMERSON AVE DALLAS, TX 752051099	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	600
HIGHLAND PARK HIGH SCHOOL PARENT TE 4220 EMERSON AVE DALLAS, TX 752051070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE LN DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
HIGHLAND PARK ISD EDUCATION FOUNDAT 4201 GRASSMERE LN DALLAS, TX 752051040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLAND PARK MIDDLE 3555 GRANADA AVE DALLAS, TX 752052299	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	700
HILL COUNTRY RIDE FOR AIDS INC PO BOX 49097 AUSTIN, TX 787659097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HILL COUNTRY RIDE FOR AIDS INC PO BOX 49097 AUSTIN, TX 787659097	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	461
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HINDU CHARITIES FOR AMERICA 3803 WINCHESTER DR CEDAR PARK, TX 786137419	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HINDU TEMPLE OF NORTH TEXAS INC 6508 K AVE PLANO, TX 750742509	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	251
HISPANIOLA MEDICAL CHARITY 4304 NEWCASTLE CT BRYAN, TX 77802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLOCAUST MUSEUM HOUSTON 5401 CAROLINE ST HOUSTON, TX 77004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HOLY SPIRIT CATHOLIC SCHOOL 770 W RAMSEY SAN ANTONIO, TX 78216	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
HOME ENCOURAGEMENT MINISTRIES INC 2910 COMMERCIAL CENTER BLVD STE 103 KATY, TX 774946584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOME ENCOURAGEMENT MINISTRIES INC 2910 COMMERCIAL CENTER BLVD STE 103 KATY, TX 774946584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOME ENCOURAGEMENT MINISTRIES INC 2910 COMMERCIAL CENTER BLVD STE 103 KATY, TX 774946584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	230
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	58
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CENTER 4 AUTISM - FORT WORTH 2751 GREEN OAKS RD FORT WORTH, TX 761161706	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
HOPE FARM INC865 E RAMSEY AVE FORT WORTH, TX 76104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOPE FARM INC865 E RAMSEY AVE FORT WORTH, TX 76104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FARM INC865 E RAMSEY AVE FORT WORTH, TX 76104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOPEKIDS INCPO BOX 1628 KELLER, TX 76244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	27
HOPEKIDS INCPO BOX 1628 KELLER, TX 76244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEKIDS INCPO BOX 1628 KELLER, TX 76244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOPEKIDS INCPO BOX 1628 KELLER, TX 76244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HOPES DOOR860 AVENUE F SUITE 100 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPES DOOR860 AVENUE F SUITE 100 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
HOPES DOOR860 AVENUE F SUITE 100 PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HOSPICE BRAZOS VALLEY INC 502 W 26TH ST BRYAN, TX 778032426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE BRAZOS VALLEY INC 502 W 26TH ST BRYAN, TX 778032426	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOSPICE OF EAST TEXAS 4111 UNIVERSITY BLVD TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF EAST TEXAS FOUNDATION 4111 UNIVERSITY BLVD TYLER, TX 757016623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOSPICE OF WICHITA FALLS INC 4909 JOHNSON RD WICHITA FALLS, TX 763102547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF WICHITA FALLS INC P O BOX 4804 WICHITA FALLS, TX 763080804	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSE RABBIT RESOURCE NETWORK PO BOX 2381 PFLUGERVILLE, TX 786912381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
HOUSE RABBIT RESOURCE NETWORK PO BOX 2381 PFLUGERVILLE, TX 786912381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
HOUSTON AREA WOMENS CENTER INC 1010 WAUGH DR HOUSTON, TX 770193902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON BALLET FOUNDATION 601 PRESTON ST HOUSTON, TX 770021605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
HOUSTON BALLET FOUNDATION 601 PRESTON ST HOUSTON, TX 770021605	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 772541712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON BOXER RESCUE PO BOX 541712 HOUSTON, TX 772541712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,453
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON FOOD BANK 535 PORTWALL ST HOUSTON, TX 770291332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
HOUSTON GRAND OPERA ASSOCIATION INC 510 PRESTON STREET HOUSTON, TX 770021594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSTON HABITAT FOR HUMANITY INC 3750 N MCCARTY ST HOUSTON, TX 770291046	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON HOSPICE 1905 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOUSTON HUMANE SOCIETY PO BOX 450528 HOUSTON, TX 772450528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
HOUSTON HUMANE SOCIETY PO BOX 450528 HOUSTON, TX 772450528	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON HUTS 4 MUTTS 119 CABANISS AVE BAYTOWN, TX 775201807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON LIVESTOCK SHOW & RODEO INC 3 NRG PARK HOUSTON, TX 77054	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PARKS BOARD 300 NORTH POST OAK LANE HOUSTON, TX 77024	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45,000
HOUSTON PETS ALIVEPO BOX 36128 HOUSTON, TX 772366128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
HOUSTON PETS ALIVEPO BOX 36128 HOUSTON, TX 772366128	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	196
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	71
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
HOUSTON PUBLIC MEDIA FOUNDATION 4343 ELGIN HOUSTON, TX 772040008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	22
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSTON SOCIETY FOR THE PREVENTION 900 PORTWAY DR HOUSTON, TX 770248022	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
HOUSTONS CAPITAL INVESTING IN DEVEL 2101 CRAWFORD ST STE 211 HOUSTON, TX 770028941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HOUSTONS CAPITAL INVESTING IN DEVEL 2101 CRAWFORD 211 HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF CENTRAL TEXAS 2032 CIRCLE RD WACO, TX 767066329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
HUMANE SOCIETY OF CENTRAL TEXAS 2032 CIRCLE RD WACO, TX 767066329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HUMANE SOCIETY OF EL PASO INC 4991 FRED WILSON AVE EL PASO, TX 799063106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF EL PASO INC 4991 FRED WILSON AVE EL PASO, TX 799063106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
HUMANE SOCIETY OF EL PASO INC 4991 FRED WILSON AVE EL PASO, TX 799063106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	217
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	409
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	248
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	124
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	228
HUMANE SOCIETY OF NORTH TEXAS 1840 E LANCASTER AVE FORT WORTH, TX 761032124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF SAN ANTONIO 4804 FREDERICKSBURG RD SAN ANTONIO, TX 782293628	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST AUSTIN, TX 787022753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100,000
HUSTON-TILLOTSON UNIVERSITY 900 CHICON ST AUSTIN, TX 787022753	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HYDE PARK CHILD DEVELOPMENT PARENT- 3901 SPEEDWAY AUSTIN, TX 787514625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
I CARE SAN ANTONIO INC 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
IBC NETWORK FOUNDATION PO BOX 908 FRIENDSWOOD, TX 775490908	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IDEA PUBLIC SCHOOLS 2700 POST OAK BLVD WEWORK C/O IDEA PUBLIC SCHOOLS SUITE 2100 HOUSTON, TX 77056	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50,000
IMAGINE BEYOND FOUNDATION PO BOX 262632 PLANO, TX 750262632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
IMAGINE BEYOND FOUNDATION PO BOX 262632 PLANO, TX 750262632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE BEYOND FOUNDATION PO BOX 262632 PLANO, TX 750262632	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
IMAGINE INTERNATIONAL ACADEMY OF NO 2860 VIRGINIA PRKWAY MCKINNEY, TX 75071	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,788
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,644
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
IMPACT AUSTIN FOUNDATION PO BOX 28148 AUSTIN, TX 78755	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
INCARNATION HOUSE 4061 N CENTRAL EXPY DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	203
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
INNOCENCE PROJECT OF TEXAS 300 BURNETT STREET SUITE 160 FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSPIRE SCHOOL PROGRAMS 1231 E PLEASANT RUN RD CEDAR HILL, TX 751044101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
INSTITUTE FOR CREATION RESEARCH 1806 ROYAL LN DALLAS, TX 752293126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
INSTITUTE OF ELECTRICAL AND ELECTRO PO BOX 171671 ARLINGTON, TX 760031671	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INSYNC EXOTICS INCPOBOX 968 WYLIE, TX 750985776	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	800
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH MINISTRIES FOR GREATER H 3303 MAIN ST HOUSTON, TX 77002	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
INTERNATIONAL ACADEMY WILLIAMSON CO 2555 N IH 35 ROUND ROCK, TX 786642015	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	501
INTERNATIONAL EXOTIC FELINE SANCTUA POBOX 637 BOYD, TX 76023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL SOCIETY FOR KRISHNA C 1320 W 34TH ST HOUSTON, TX 770186210	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
INTERNATIONAL SOCIETY FOR KRISHNA C 1320 W 34TH ST HOUSTON, TX 770186210	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
INTERNATIONAL SOCIETY FOR KRISHNA C 1320 W 34TH ST HOUSTON, TX 770186210	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IRON SHARPENS IRON MINISTRIES INC PO BOX 1227 UTOPIA, TX 78884	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,750
IRVING ART OF SCIENCE 705 COWBOYS PKWY APT 2008 IRVING, TX 750637720	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
IRVING CARES INC 440 S NURSERY RD STE 101 IRVING, TX 750603158	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,424
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,550
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC ASSOCIATION OF COLLIN COUNT 6401 INDEPENDENCE PKWY PLANO, TX 75023	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ISLAMIC RELIEF USA 2600 K AVENUE 170 PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
ITS ALL GOOD CAUSE ITS ALL GOD PO BOX 182552 ARLINGTON, TX 760962552	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,048
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JADES LEGACY67 MAGNOLIA BLVD NEW CANEY, TX 77357	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JAMES MADISON HIGH SCHOOL BAND-FLAG 5005 STAHL RD SAN ANTONIO, TX 78247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JAMES R BARRETT FOUNDATION FOR PTSD 308 W 12TH ST FERRIS, TX 751252918	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 NORTH NEW BRAUNFELS SUITE 700 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
JDRF INTERNATIONAL 8610 NORTH NEW BRAUNFELS SUITE 700 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
JDRF INTERNATIONAL 3420 EXECUTIVE CENTER DRIVE SUITE 108 AUSTIN, TX 78731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 NORTH NEW BRAUNFELS SUITE 700 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
JDRF INTERNATIONAL 1776 YORKTOWN SUITE 560 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	54
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1776 YORKTOWN SUITE 560 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 8140 WALNUT HILL LANE SUITE 810 DALLAS, TX 75231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 1776 YORKTOWN SUITE 560 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 8610 N NEW BRAUNFELS SUITE 700 SAN ANTONIO, TX 78217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,025
JDRF INTERNATIONAL 8610 NORTH NEW BRAUNFELS SUITE 700 FORT WORTH, TX 76102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA ST AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	511
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEREMIAH PROGRAM 1200 PAUL TERESA SALDANA ST AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
JESUIT COLLEGE PREP SCHOOL 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,300
JESUIT COLLEGE PREPARATORY SCHOOL O 12345 INWOOD ROAD DALLAS, TX 752448094	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH COMMUNITY CENTER OF DALLAS 7900 NORTHAVEN RD DALLAS, TX 752303352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO ROAD DALLAS, TX 75248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO RD DALLAS, TX 752483420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO RD DALLAS, TX 752483420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	39
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO RD DALLAS, TX 752483420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
JEWISH FAMILY SERVICE OF DALLAS INC 5402 ARAPAHO RD DALLAS, TX 752483420	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE OF GREATER DA 5402 ARAPAHO ROAD DALLAS, TX 75248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JEWISH FAMILY SERVICE OF GREATER DA 5402 ARAPAHO ROAD DALLAS, TX 75248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,825
JIM RILEY OUTREACH INC 11576 CLAIRMONTE CT FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JIM RILEY OUTREACH INC 11576 CLAIRMONTE CT FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
JOHN PAUL II HIGH SCHOOL 900 COIT RD PLANO, TX 750755811	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
JUBILEE PARK & COMMUNITY CENTER COR PO BOX 710759 DALLAS, TX 75223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUBILEE PARK & COMMUNITY CENTER COR PO BOX 710759 DALLAS, TX 75223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
JUDSON ISD8012 SHIN OAK SAN ANTONIO, TX 782332457	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	25
JUDY MILLER EL403 N HOLLAND RD MANSFIELD, TX 76063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDY MILLER EL403 N HOLLAND RD MANSFIELD, TX 76063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
JUDY MILLER EL403 N HOLLAND RD MANSFIELD, TX 76063	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	30
JUNIOR ACHIEVEMENT OF DALLAS INC 1201 EXECUTIVE DR WEST RICHARDSON, TX 750812232	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 313 W VILLAGE BLVD SUITE 111 LAREDO, TX 78041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 403 E RAMSEY STE 201 SAN ANTONIO, TX 782164662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUNIOR ACHIEVEMENT OF SOUTH TEXAS I 403 E RAMSEY STE 201 SAN ANTONIO, TX 782164662	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,327
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,771
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF SOUTHEAST TEX 2115 E GOVERNORS CIRCLE HOUSTON, TX 770928711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
JUNIOR ACHIEVEMENT OF THE CHISHOLM 6300 RIDGLEA PLACE SUITE 400 FORT WORTH, TX 761165706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
JUNIOR ACHIEVEMENT OF THE CHISHOLM 6300 RIDGLEA PLACE SUITE 400 FORT WORTH, TX 761165706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF THE DESERT SO 200 BARTLETT SUITE 104 EL PASO, TX 79912	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR ACHIEVEMENT USA 301 CYPRESS ST STE 310 ABILENE, TX 79601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
JUNIOR LEAGUE OF AUSTIN 5330 BLUFFSTONE LANE AUSTIN, TX 78759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF AUSTIN 5330 BLUFFSTONE LANE AUSTIN, TX 78759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR LEAGUE OF AUSTIN 5416 PARKCREST DRIVE SUITE 100A AUSTIN, TX 78731	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	27
JUNIOR VOLLEYBALL ASSOCIATION OF AU 425 WOODWARD ST AUSTIN, TX 787047231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
JURARIM ORGANIZATION FOR YOUTH EXCE PO BOX 1726 ALLEN, TX 750130030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JUST ASK FOUNDATION 4918 HEATHERBLOOM DR HOUSTON, TX 770455330	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JUST FOR J INC 8901 TEHAMA RIDGE PKWY STE 127 FORT WORTH, TX 761772032	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST SAY YESPO BOX 670863 DALLAS, TX 753670863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
JUST SAY YESPO BOX 670863 DALLAS, TX 753670863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
JUST SAY YESPO BOX 670863 DALLAS, TX 753670863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUST SAY YESPO BOX 670863 DALLAS, TX 753670863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
JUST SAY YESPO BOX 670863 DALLAS, TX 753670863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KAY GRANGER EL 12771 SARATOGA SPRINGS CIR FORT WORTH, TX 76244	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLY MEMORIAL FOOD PANTRY 915 N FLORENCE ST EL PASO, TX 799024301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
KENNEDALE BAND BOOSTER CLUB PO BOX 154 KENNEDALE, TX 76060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KENNEDALE BAND BOOSTER CLUB PO BOX 154 KENNEDALE, TX 76060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENNEDALE BAND BOOSTER CLUB PO BOX 154 KENNEDALE, TX 76060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KENNEDALE BAND BOOSTER CLUB PO BOX 154 KENNEDALE, TX 76060	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KERR EL1325 GLENDOVER DR ALLEN, TX 75013	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KERR EL1325 GLENDOVER DR ALLEN, TX 75013	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
KIDS EXCEL EL PASO INC PO BOX 920144 EL PASO, TX 799020004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KIDS EXCEL EL PASO INC PO BOX 920144 EL PASO, TX 799020004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS EXCEL EL PASO INC PO BOX 920144 EL PASO, TX 799020004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
KIPP INC10711 KIPP WAY HOUSTON, TX 770992675	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
KIPP INC CHARTER10711 KIPP WAY HOUSTON, TX 77099	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIPP INC CHARTER10711 KIPP WAY HOUSTON, TX 77099	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
KIPP INC CHARTER10711 KIPP WAY HOUSTON, TX 77099	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	267
KIPP INC CHARTER10711 KIPP WAY HOUSTON, TX 77099	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KLEIN SUPPORT GROUPS INC 5802 WEST RAYFORD ROAD SPRING, TX 773890000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
KNIGHTS TEMPLAR EYE FOUNDATION INC 1033 LONG PRAIRIE RD STE 5 FLOWER MOUND, TX 750224230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KNIGHTS TEMPLAR EYE FOUNDATION INC 1033 LONG PRAIRIE RD STE 5 FLOWER MOUND, TX 750224230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KNIGHTS TEMPLAR EYE FOUNDATION INC 1033 LONG PRAIRIE RD STE 5 FLOWER MOUND, TX 750224230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	31
KRADDICK FOUNDATION 220 E LAS COLINAS BLVD STE C 210 IRVING, TX 750395503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,150
LA FIESTA DE LAS SEIS BANDERAS INC 3419 WESTMINSTER DALLAS, TX 75205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LA FIESTA DE LAS SEIS BANDERAS INC 3419 WESTMINSTER DALLAS, TX 75205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
LADDER ALLIANCE INC 1100 HEMPHILL STREET SUITE 302 FORT WORTH, TX 76104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
LADDER ALLIANCE INC 1100 HEMPHILL STREET SUITE 302 FORT WORTH, TX 76104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LADIES AUXILIARY OF THE BOYS & GIRL PO BOX 152336 ARLINGTON, TX 76015	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LAKE BUCHANAN CONSERVATION CORPORAT PO BOX 217 BUCHANAN DAM, TX 786090217	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LAKE HIGHLANDS WOMENS LEAGUE 060194 PO BOX 38011 DALLAS, TX 752380011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKE TRAVIS EDUCATION FOUNDATION P O BOX 340759 AUSTIN, TX 78734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LAKE TRAVIS EDUCATION FOUNDATION P O BOX 340759 AUSTIN, TX 78734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LAKE TRAVIS EDUCATION FOUNDATION PO BOX 340759 AUSTIN, TX 78734	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESIDE AQUATIC CLUB PO BOX 270189 FLOWER MOUND, TX 750270189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
LAKESIDE AQUATIC CLUB PO BOX 270189 FLOWER MOUND, TX 750270189	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
LAMAR EL2012 S E 12TH ST MINERAL WELLS, TX 76067	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAMAR UNIVERSITY FOUNDATION INC PO BOX 11500 BEAUMONT, TX 777100000	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
LAMBDA UPSILON SIGMA CHARITABLE AND 5760 LEGACY DRIVE SUITE B3374 PLANO, TX 750247102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15
LAWLER MIDDLE12921 ROLATER ROAD FRISCO, TX 75035	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LD BELL HS CHOIR BOOSTER CLUB 1601 BROWN TRL HURST, TX 760543703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
LD BELL HS CHOIR BOOSTER CLUB 1601 BROWN TRL HURST, TX 760543703	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LEADERSHIP AUSTIN 1609 SHOAL CREEK BLVD AUSTIN, TX 78701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP INC1901 ATHENS AVE KERRVILLE, TX 78028	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LEADERSHIP ISD 1349 EMPIRE CENTRAL DR STE 270 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
LEE LADY REBEL BASKETBALL BOOSTER C 4800 W CHERRYWOOD CT MIDLAND, TX 79707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGACY CHRISTIAN ACADEMY 8200 HIGHWAY 105 BEAUMONT, TX 77713	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
LEGACY PREPARATORY CHRISTIAN ACADEM 9768 RESEARCH FOREST DRIVE THE WOODLANDS, TX 77354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
LEGACY PREPARATORY CHRISTIAN ACADEM 9768 RESEARCH FOREST DRIVE THE WOODLANDS, TX 77354	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID OF NORTHWEST TEXAS 600 E WEATHERFORD STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
LEGAL AID OF NORTHWEST TEXAS 600 E WEATHERFORD STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEGAL AID OF NORTHWEST TEXAS 600 E WEATHERFORD STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID OF NORTHWEST TEXAS 600 E WEATHERFORD STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LEGAL AID OF NORTHWEST TEXAS 600 E WEATHERFORD STREET FORT WORTH, TX 76102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
LEUKEMIA & LYMPHOMA SOCIETY INC 5433 WESTHEIMER RD 300 HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEUKEMIA & LYMPHOMA SOCIETY INC 5433 WESTHEIMER RD 300 HOUSTON, TX 77056	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LEVELLAND WALLACE THEATER PO BOX 1398 LEVELLAND, TX 79336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
LEVELLAND WALLACE THEATER PO BOX 1398 LEVELLAND, TX 79336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEVELLAND WALLACE THEATER PO BOX 1398 LEVELLAND, TX 79336	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LEWISVILLE AMATEUR RADIO ASSOCIATIO PO BOX 292282 LEWISVILLE, TX 750292282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEWISVILLE AMATEUR RADIO ASSOCIATIO PO BOX 292282 LEWISVILLE, TX 750292282	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEWISVILLE EDUCATION FOUNDATION INC 1565 C WEST MAIN STREET LEWISVILLE, TX 75067	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LIFE OUTREACH INTERNATIONAL ASSOCIA PO BOX 982000 FT WORTH, TX 761828000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
LIFE OUTREACH INTERNATIONAL ASSOCIA PO BOX 982000 FT WORTH, TX 761828000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFEGIFT ORGAN DONATION CENTER 2510 WESTRIDGE ST HOUSTON, TX 770541508	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LIFT 1610 S MALCOLM X BLVD SUITE 320 DALLAS, TX 75226	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
LIFTFUND INC2007 W MARTIN ST SAN ANTONIO, TX 78207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFTFUND INC2007 W MARTIN ST SAN ANTONIO, TX 78207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
LILY FOUNDATION OF AMERICA PO BOX 59824 DALLAS, TX 752291824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LINDA GAGE - ELAINE GAGE GATLIN ANG 2419 ELLIS ST APT 558 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LINDA GAGE - ELAINE GAGE GATLIN ANG 2419 ELLIS ST APT 558 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LITTLE ELM ISD EDUCATION FOUNDATION PO BOX 136 LITTLE ELM, TX 750685216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
LITTLE ELM ISD EDUCATION FOUNDATION PO BOX 136 LITTLE ELM, TX 750685216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITTLE ELM ISD EDUCATION FOUNDATION PO BOX 136 LITTLE ELM, TX 750685216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
LITTLE LEAGUE BASEBALL INC PO BOX 2016 BELLAIRE, TX 77402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
LIVING WATER INTERNATIONAL 4001 GREENBRIAR DR STAFFORD, TX 77477	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	84
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES OF THE RIO GRANDE V 514 SOUTH E STREET HARLINGEN, TX 78550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOCAL INITIATIVES SUPPORT CORPORATI 1111 NORTH LOOP WEST STE 740 HOUSTON, TX 77008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,200
LONE STAR SANCTUARY FOR ANIMALS INC 4200 N FAIRGROUNDS RD MIDLAND, TX 797059352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LONE STAR SANCTUARY FOR ANIMALS INC 4200 N FAIRGROUNDS RD MIDLAND, TX 797059352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
LONE STAR SANCTUARY FOR ANIMALS INC 4200 N FAIRGROUNDS RD MIDLAND, TX 797059352	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
LONESTAR SOCCER CLUB OF AUSTIN INC 12325 HYMEADOW DR STE 1-200 AUSTIN, TX 787501931	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LOST PAWS RESCUE OF TEXAS PO BOX 116256 CARROLLTON, TX 75011	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOUISE H BATZ PATIENT SAFETY FOUNDA 7000 JUNEBERRY CV AUSTIN, TX 787508328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUBBOCK AREA UNITED WAY INC 1655 MAIN ST STE 101 LUBBOCK, TX 794013110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
LUBBOCK AREA UNITED WAY INC 1655 MAIN ST STE 101 LUBBOCK, TX 794013110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
LUBBOCK AREA UNITED WAY INC 1655 MAIN ST STE 101 LUBBOCK, TX 794013110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUBBOCK AREA UNITED WAY INC 1655 MAIN ST STE 101 LUBBOCK, TX 794013110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
LUBBOCK OPEN DOOR1918 13TH ST LUBBOCK, TX 794013705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
LUMINARIAPO BOX 120188 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUMINARIAPO BOX 120188 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
LUPUS FOUNDATION OF AMERICA 14675 MIDWAY ROAD SUITE 201 ADDISON, TX 75001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	165
LUPUS FOUNDATION OF AMERICA 14675 MIDWAY ROAD SUITE 201 ADDISON, TX 75001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN OUTDOORS MINISTRY OF TEXAS PO BOX 457 LA GRANGE, TX 78945	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LUTHERAN SECONDARY ASSOCIATION OF D DALLAS LUTHERAN SCHOOL DALLAS, TX 75243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
LUTHERAN SECONDARY ASSOCIATION OF D DALLAS LUTHERAN SCHOOL DALLAS, TX 75243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUTHERAN SECONDARY ASSOCIATION OF D DALLAS LUTHERAN SCHOOL DALLAS, TX 75243	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
MADE IN TEXAS ASSISTANCE DOGS 522 E AVENUE K GRAND PRAIRIE, TX 750502402	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MAGIC BUS USA 1080 ELDRIDGE PARKWAY SUITE 1175 HOUSTON, TX 77077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGIC BUS USA 1080 ELDRIDGE PARKWAY SUITE 1175 HOUSTON, TX 77077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAGIC BUS USA 1080 ELDRIDGE PARKWAY SUITE 1175 HOUSTON, TX 77077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MAGIK CHILDREN THEATRE INC 420 S ALAMO ST SAN ANTONIO, TX 78205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGNIFICAT HOUSEP O BOX 8486 HOUSTON, TX 77288	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
MAINSPRING SCHOOLS 1100 WEST LIVE OAK STREET AUSTIN, TX 78704	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	424
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	444
MAKE-A-WISH FOUNDATION OF CENTRAL 2224 WALSH TARLTON LANE SUITE 200 AUSTIN, TX 78746	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	108
MAKE-A-WISH FOUNDATION OF NORTH TEX 16803 DALLAS PARKWAY STE 100 DALLAS, TX 75001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF THE TEXAS 12625 SW FREEWAY STAFFORD, TX 77477	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MANE GAIT3160 NORTH CUSTER RD MCKINNEY, TX 75071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MANOR SCHOOLHOUSE FOUNDATION 10335 US HWY 290 MANOR, TX 78653	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANOS DE CRISTO INC 4911 HARMON AVE AUSTIN, TX 787512710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 8127 MESA DRIVE B-206 234 AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 5420 DASHWOOD 302 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
MARCH OF DIMES INC 5420 DASHWOOD 302 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	772
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 8127 MESA DRIVE B-206 234 AUSTIN, TX 78759	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 7410 BLANCO ROAD SUITE 400 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARCH OF DIMES INC 2801 26TH STREET SUITE 300 LUBBOCK, TX 79410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 12660 COIT ROAD SUITE 200 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
MARCUS H S CHOIR BOOSTER CLUB 5707 MORRISS RD FLOWER MOUND, TX 750283730	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
MARCUS HIGH SCHOOL BAND BOOSTER ORG 2221 JUSTIN ROAD 119-197 FLOWER MOUND, TX 75028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCUS HIGH SCHOOL BAND BOOSTER ORG 2221 JUSTIN ROAD 119-197 FLOWER MOUND, TX 75028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MARCUS HIGH SCHOOL BAND BOOSTER ORG 2221 JUSTIN ROAD 119-197 FLOWER MOUND, TX 75028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MARCUS HIGH SCHOOL BAND BOOSTER ORG 2221 JUSTIN ROAD 119-197 FLOWER MOUND, TX 75028	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARTIN HIGH SCHOOL FOOTBALL BOOSTER PO BOX 171191 ARLINGTON, TX 760031191	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MASTER CARES FOUNDATION INC 9300 WADE BLVD SUITE 330 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
MASTER CARES FOUNDATION INC 9300 WADE BLVD SUITE 330 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MASTER CARES FOUNDATION INC 9300 WADE BLVD SUITE 330 FRISCO, TX 75035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MASTER CARES FOUNDATION INC 9300 WADE BLVD SUITE 330 FRISCO, TX 75035	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MATER FILIUS OF DALLAS INC 5061 BRIDGE CREEK DRIVE PLANO, TX 75093	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCOMBS SCHOOL OF BUSINESS FOUNDATI UNIVERSITY OF AUSTIN TX GSB-2104 AUSTIN, TX 787120000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	260
MCCOMBS SCHOOL OF BUSINESS FOUNDATI UNIVERSITY OF AUSTIN TX GSB-2104 AUSTIN, TX 787120000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	600
MCCOMBS SCHOOL OF BUSINESS FOUNDATI UNIVERSITY OF AUSTIN TX GSB-2104 AUSTIN, TX 787120000	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MCCULLOCH INTERMEDIATE SCHOOL 3555 GRANADA AVE DALLAS, TX 752052235	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MEALS ON WHEELS COLLIN COUNTY 600 NORTH TENNESSEE STREET MCKINNEY, TX 750693960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
MEALS ON WHEELS COLLIN COUNTY 600 N TENNESSEE MCKINNEY, TX 75069	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
MEALS ON WHEELS MONTGOMERY COUNTY 1202 CANDY CANE LANE CONROE, TX 77301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	780
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
MEALS-ON-WHEELS INC OF TARRANT 5740 AIRPORT FREEWAY FORT WORTH, TX 76117	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDISEND INTERNATIONAL 9244 MARKVILLE DR DALLAS, TX 752434404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
MEDISEND INTERNATIONAL 9244 MARKVILLE DR DALLAS, TX 752434404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MEMORIAL ASSISTANCE MINISTRIES INC 1625 BLALOCK RD HOUSTON, TX 770807320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
MEMORIAL EL6401 ARNOT ST HOUSTON, TX 77007	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEMORIAL FOR ALL VETERANS OF THE BR PO BOX 11055 COLLEGE STA, TX 778421055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MENTAL HEALTH AMERICA OF GREATER HO 2211 NORFOLK STE 810 HOUSTON, TX 770984044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCURY ONE INCPO BOX 140489 IRVING, TX 75014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MERCURY ONE INCPO BOX 140489 IRVING, TX 75014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
MERCURY ONE INCPO BOX 140489 IRVING, TX 75014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	376
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCURY ONE INCPO BOX 140489 IRVING, TX 75014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	176
MERCY PROJECT INCPO BOX 3005 BRYAN, TX 77805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,600
MERCY PROJECT INCPO BOX 3005 BRYAN, TX 77805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY PROJECT INCPO BOX 3005 BRYAN, TX 77805	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	803
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	115
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
MERCY SHIPSPO BOX 2020 GARDEN VALLEY, TX 75771	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCY SHIPS INTERNATIONAL PO BOX 2020 LINDALE, TX 757712020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPS INTERNATIONAL PO BOX 2020 LINDALE, TX 757712020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERCY SHIPS INTERNATIONAL PO BOX 2020 LINDALE, TX 757712020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MERCY SHIPS INTERNATIONAL PO BOX 2020 LINDALE, TX 757712020	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY SHIPS INTERNATIONAL PO BOX 2020 LINDALE, TX 757712020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
MESQUITE BASEBALL INC PO BOX 871205 MESQUITE, TX 751871205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
METHODIST HOSPITALPO BOX 4384 HOUSTON, TX 772104384	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROCREST SERVICES 13801 HUTTON DR STE 150 FARMERS BRNCH, TX 752349040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
METROPLEX TAMIL SANGAM 9263 CHERRY BROOK LANE FRISCO, TX 75033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
MFHL CORPORATION1510 S LOOP 289 LUBBOCK, TX 79412	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MI LEWIS SOCIAL SERVICE CENTER P O BOX 1542 DICKINSON, TX 77539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
MIDLAND NEED TO READ INC 1709 W WALL STREET MIDLAND, TX 79701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MIDLOTHIAN SENIOR CITIZENS CENTER I 4 COMMUNITY CIRCLE MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDLOTHIAN SENIOR CITIZENS CENTER I 4 COMMUNITY CIRCLE MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MIDLOTHIAN SENIOR CITIZENS CENTER I 4 COMMUNITY CIRCLE MIDLOTHIAN, TX 76065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MIDWAY ISD EDUCATION FOUNDATION 13885 WOODWAY DR WOODWAY, TX 76712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIDWESTERN STATE UNIVERSITY FOUNDAT 3410 TAFT BOULEVARD WICHITA FALLS, TX 763082099	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,200
MILES OF HOPE12860 TISCHLER RD PILOT POINT, TX 762586858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MILES OF HOPE12860 TISCHLER RD PILOT POINT, TX 762586858	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILES OF HOPE12860 TISCHLER RD PILOT POINT, TX 762586858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MILES OF HOPE12860 TISCHLER RD PILOT POINT, TX 762586858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MILES OF HOPE12860 TISCHLER RD PILOT POINT, TX 762586858	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	235
MINIATURE SCHNAUZER RESCUE OF NORTH PO BOX 112341 CARROLLTON, TX 750112341	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	315
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MINNIES FOOD PANTRY INC 671 18TH ST PLANO, TX 75074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION 2540PO BOX 20771 AMARILLO, TX 79114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MISSION OF HOPEPO BOX 171500 AUSTIN, TX 78717	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	540
MISSION OF MERCY INC 2421 AYERS STREET CORPUS CHRISTI, TX 78404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSION WACO MISSION WORLD INC 1315 N 15TH ST WACO, TX 767072203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
MISSION WACO MISSION WORLD INC 1315 N 15TH ST WACO, TX 767072203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MISSION WACO MISSION WORLD INC 1315 N 15TH ST WACO, TX 767072203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONS OF YAHWEH INC P O BOX 40787 HOUSTON, TX 772400787	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
MITCHELL CHANG FOUNDATION 5 LANTANA RIDGE SAN ANTONIO, TX 78258	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MOBILE LOAVES & FISHES INC 9301 HOG EYE RD STE 950 AUSTIN, TX 78724	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOBILE LOAVES & FISHES INC 9301 HOG EYE RD STE 950 AUSTIN, TX 78724	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MOCKINGBIRD ELEMENTARY PARENT TEACH 300 MOCKINGBIRD LN COPPELL, TX 750194142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	195
MOCKINGBIRD ELEMENTARY PARENT TEACH 300 MOCKINGBIRD LN COPPELL, TX 750194142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMMIES IN NEED INC2904 FLOYD ST DALLAS, TX 752045910	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
MONEY MANAGEMENT INTERNATIONAL INC 14141 SOUTHWEST FREEWAY SUITE 1000 SUGAR LAND, TX 774783494	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MONSIGNOR KELLY CATHOLIC HIGH SCHOO 5950 KELLY DRIVE BEAUMONT, TX 777073503	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COUNTY WOMENS CENTER 1401 AIRPORT ROAD CONROE, TX 773013121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MONTGOMERY COUNTY WOMENS CENTER 1401 AIRPORT ROAD CONROE, TX 773013121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	510
MONTGOMERY COUNTY WOMENS CENTER 1401 AIRPORT ROAD CONROE, TX 773013121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	520
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTGOMERY COUNTY WOMENS CENTER 1401 AIRPORT ROAD CONROE, TX 773013121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	260
MOSAIC FAMILY SERVICES INC 12225 GREENVILLE AVE STE 800 DALLAS, TX 752439338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOTHERS AGAINST DRUNK DRIVING 511 E JOHN CARPENTER FWY 700 IRVING, TX 75062	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,120
MT SACRED HEART SCHOOL 619 MOUNT SACRED HEART RD SAN ANTONIO, TX 78216	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	150
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
MUSCULAR DYSTROPHY ASSOCIATION 11767 KATY FWY 750 HOUSTON, TX 77079	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 8131 LBJ FREEWAY SUITE 440 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
MUSEUM OF FINE ARTS HOUSTON PO BOX 6826 HOUSTON, TX 77265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
MUSEUM OF FINE ARTS HOUSTON PO BOX 6826 HOUSTON, TX 77265	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSLIM LEGAL FUND OF AMERICA 833 E ARAPAHO RD STE 209 RICHARDSON, TX 75081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MY POSSIBILITIES 3601 MAPLESHADE LANE PLANO, TX 75075	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
MYCARECONNECT FOUNDATION 9453 ANGLERIDGE ROAD DALLAS, TX 75238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
N GARLAND H S 2109 W BUCKINGHAM RD GARLAND, TX 75042	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NASHER SCULPTURE CENTER 2001 FLORA STREET DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
NASIM FOUNDATION 4612 OLD POND DR PLANO, TX 75024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NASIM FOUNDATION 4612 OLD POND DR PLANO, TX 75024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION FOR LATINO COM 5404 WURZBACH ROAD SAN ANTONIO, TX 78238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35,000
NATIONAL ASSOCIATION OF LATINO ARTS 1208 BUENA VISTA STREET SAN ANTONIO, TX 782074301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL BREAST CANCER FOUNDATION I 2600 NETWORK BLVD STE 300 FRISCO, TX 750346010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL BREAST CANCER FOUNDATION I 2600 NETWORK BLVD STE 300 FRISCO, TX 750346010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
NATIONAL BREAST CANCER FOUNDATION I 2600 NETWORK BLVD STE 300 FRISCO, TX 750346010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
NATIONAL CENTER ON DOMESTIC AND SEX 4612 SHOAL CREEK BLVD AUSTIN, TX 787562915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER ON DOMESTIC AND SEX 4612 SHOAL CREEK BLVD AUSTIN, TX 787562915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATIONAL CENTER ON DOMESTIC AND SEX 4612 SHOAL CREEK BLVD AUSTIN, TX 787562915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NATIONAL CENTER ON DOMESTIC AND SEX 4612 SHOAL CREEK BLVD AUSTIN, TX 787562915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FEDERATION OF THE BLIND AR 8409 PAXTON RUN CT ARLINGTON, TX 760023018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL KIDNEY FOUNDATION INC 4801 WOODWAY DRIVE SUITE 115 EAST HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,825
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
NATIONAL KIDNEY FOUNDATION INC 5429 LYNDON B JOHNSON FWY STE 250 DALLAS, TX 752402617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OVARIAN CANCER COALITION I 12221 MERIT DRIVE SUITE 1950 DALLAS, TX 75251	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
NEBBIE WILLIAMS EL350 DALTON RD ROCKWALL, TX 750877061	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	170
NEEDVILLE YOUTH FAIR CORPORATION PO BOX 237 NEEDVILLE, TX 774610237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEEDVILLE YOUTH FAIR CORPORATION PO BOX 237 NEEDVILLE, TX 774610237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NEEDVILLE YOUTH FAIR CORPORATION PO BOX 237 NEEDVILLE, TX 774610237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NEEDVILLE YOUTH FAIR CORPORATION PO BOX 237 NEEDVILLE, TX 774610237	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEIGHBORHOOD HOUSING SERVICES OF WA 922 FRANKLIN AVE WACO, TX 767011906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,600
NEIGHBORHOOD RECOVERY COMMUNITY DEV 5445 ALMEDA RD SUITE 505 HOUSTON, TX 770047450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36,500
NEIGHBORHOOD RECOVERY COMMUNITY DEV 5445 ALMEDA RD SUITE 505 HOUSTON, TX 770047450	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEPALI CULTURAL AND SPIRITUAL CENTE 2016 W GRAUWYLER RD IRVING, TX 75061	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
NETWORK OF COMMUNITY MINISTRIES INC 741 S SHERMAN STREET RICHARDSON, TX 750814029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NETWORK OF COMMUNITY MINISTRIES INC 741 S SHERMAN STREET RICHARDSON, TX 750814029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK OF COMMUNITY MINISTRIES INC 741 S SHERMAN STREET RICHARDSON, TX 750814029	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NEVADA VOLUNTEER FIRE DEPARTMENT PO BOX 306 NEVADA, TX 751730306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NEVADA VOLUNTEER FIRE DEPARTMENT PO BOX 306 NEVADA, TX 751730306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEVADA VOLUNTEER FIRE DEPARTMENT PO BOX 306 NEVADA, TX 751730306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NEVADA VOLUNTEER FIRE DEPARTMENT PO BOX 306 NEVADA, TX 751730306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
NEW FRIENDS NEW LIFE PO BOX 192378 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NEW HOPE HOUSING INC 3315 HARRISBURG BLVD STE 400 HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW KEY SCHOOL INC 3947 EAST LOOP 820 S FORT WORTH, TX 76119	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
NEW TEXAS SYMPHONY ORCHESTRA 3620 HARRY HINES 35 DALLAS, TX 752190000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NEWDAY SERVICES FOR CHILDREN & FAMI 6816 CAMP BOWIE BLVDW SUITE 112 FORT WORTH, TX 76116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEXTOP INC2929 MCKINNEY STREET HOUSTON, TX 77003	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NEXTTALKPO BOX 160111 SAN ANTONIO, TX 782802311	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NEXUS RECOVERY CENTER INCORPORATED 8733 LA PRADA DRIVE DALLAS, TX 752285036	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NISHANT CANCER FOUNDATION 713 BALDWIN CT ALLEN, TX 750132988	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
NISHANT CANCER FOUNDATION 713 BALDWIN CT ALLEN, TX 750132988	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
NONPAREIL INSTITUTE 10675 RICHMOND AVENUE SUITE 120 HOUSTON, TX 77042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH DALLAS FOOD PANTRY 5201 SOUTH COLONY BLVD SUITE 650 THE COLONY, TX 750562331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
NORTH DALLAS FOOD PANTRY 5201 SOUTH COLONY BLVD SUITE 650 THE COLONY, TX 750562331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
NORTH DALLAS FOOD PANTRY 5201 SOUTH COLONY BLVD SUITE 650 THE COLONY, TX 750562331	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	183
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH DALLAS FOOD PANTRY 5201 SOUTH COLONY BLVD SUITE 650 THE COLONY, TX 750562331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
NORTH DALLAS SHARED MINISTRIES INC 2875 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NORTH DALLAS SHARED MINISTRIES INC 2875 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH DALLAS SHARED MINISTRIES INC 2875 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
NORTH DALLAS SHARED MINISTRIES INC 2875 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH DALLAS SHARED MINISTRIES INC 2875 MERRELL ROAD DALLAS, TX 75229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS AREA UNITED WAY INC 1105 HOLLIDAY ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
NORTH TEXAS AREA UNITED WAY INC 1105 HOLLIDAY ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
NORTH TEXAS AREA UNITED WAY INC 1105 HOLLIDAY ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS CHINESE CULTURE PROMOTI PO BOX 250592 PLANO, TX 750250592	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,650
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	685
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,985
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70,000
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,037
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	266
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,498
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	395
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,100
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	931
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,294
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	83
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	561
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,071
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	623
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	373
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
NORTH TEXAS JUNIOR GOLF & EDUCATION 16200 ADDISON ROAD SUITE 255 ADDISON, TX 75001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,515
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,145
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	541
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	404
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	487
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	212
NORTH TEXAS PUBLIC BROADCASTING INC 3000 HARRY HINES BLVD DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NORTH TEXAS RABBIT SANCTUARY CORP 1013 LESA LANE GARLAND, TX 750425620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ORCHESTRA INC PO BOX 821395 NORTH RICHLAND HILLS, TX 761821395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTHEAST ORCHESTRA INC PO BOX 821395 NORTH RICHLAND HILLS, TX 761821395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NORTHEAST ORCHESTRA INC PO BOX 821395 NORTH RICHLAND HILLS, TX 761821395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHEAST ORCHESTRA INC PO BOX 821395 NORTH RICHLAND HILLS, TX 761821395	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NORTHERN TEXAS PROFESSIONAL GOLFERS 15150 PRESTON RD STE 250 DALLAS, TX 752484863	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
NORTHLAND CHRISTIAN SCHOOL FOUNDATI 4363 SYLVANFIELD DR HOUSTON, TX 770141620	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHLAND CHRISTIAN SCHOOL FOUNDATI 4363 SYLVANFIELD DR HOUSTON, TX 770141620	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
NORTHWEST FLYERS INCORPORATED 12 GALLOWAY GATES COURT TOMBALL, TX 77377	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
NORTHWEST ISDPO BOX 77070 FORT WORTH, TX 761770070	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST ISD EDUCATION FOUNDATION PO BOX 77070 FORT WORTH, TX 761770070	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NUTRITION AND SERVICES FOR SENIORS 4590 CONCORD RD BEAUMONT, TX 777031806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
NUTRITION AND SERVICES FOR SENIORS 4590 CONCORD RD BEAUMONT, TX 777031806	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OASIS BAPTIST CHURCH 519 QUAIL HOLLOW DR LANCASTER, TX 751462127	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
OGLE EL4200 BIG FORK TRL MCKINNEY, TX 75070	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	55
OILFIELD HELPING HANDS PO BOX 720235 HOUSTON, TX 772720235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ON THE ROAD LENDING 1305 WYCLIFF AVE STE 140 DALLAS, TX 752076200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ONE BELIEF 4621 SOUTH COOPER NUM 131-487 ARLINGTON, TX 760170000	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	35
OPEN ARMS INC3610 PIPESTONE RD DALLAS, TX 75212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION CELEBRATION INC 8500 TEEL PARKWAY FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,140
OPERATION HOMEFRONT INC 1355 CENTRAL PKWY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
OPERATION HOMEFRONT INC 1355 CENTRAL PKWY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONT INC 1355 CENTRAL PKWY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	78
OPERATION HOMEFRONT INC 1355 CENTRAL PKWY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
OPERATION HOMEFRONT INC 1355 CENTRAL PKWY S STE 100 SAN ANTONIO, TX 78232	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION KINDNESS 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,580
OPERATION KINDNESS 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPERATION KINDNESS 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION KINDNESS 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
OPERATION KINDNESS 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,002
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION KINDNESS OF GARLAND 3201 EARHART DR CARROLLTON, TX 75006	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,235
OPERATION PETS ALIVEPO BOX 132104 THE WOODLANDS, TX 773932104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OPERATION PETS ALIVEPO BOX 132104 THE WOODLANDS, TX 773932104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY CENTER FOR THE HOMELESS 1208 MYRTLE AVE EL PASO TX 79901 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OPPORTUNITY CENTER FOR THE HOMELESS 1208 MYRTLE AVE EL PASO TX 79901 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
OPPORTUNITY CENTER FOR THE HOMELESS 1208 MYRTLE AVE EL PASO TX 79901 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY PLAN INCPO BOX 1035 CANYON, TX 790153605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	636
OPPORTUNITY PLAN INCPO BOX 1035 CANYON, TX 790153605	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	360
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
OPPORTUNITY SCHOOL INC 1100 S HARRISON ST AMARILLO, TX 791014214	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	120
OUR FRIENDS PLACE 6500 GREENVILLE AVE SUITE 620 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR FRIENDS PLACE 6500 GREENVILLE AVE SUITE 620 DALLAS, TX 75206	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 75211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
OUT OF MOUTH OF BABES PO BOX 210575 DALLAS, TX 75211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
OVERSEAS CHINA EDUCATION FOUNDATION P O BOX 772436 HOUSTON, TX 772152436	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
P A C PRIME YOUTH SPORTS 2401 FOREST CREEK DR FORT WORTH, TX 76123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
P A C PRIME YOUTH SPORTS 2401 FOREST CREEK DR FORT WORTH, TX 76123	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	825
PAMANAPO BOX 1164 ALLEN, TX 750130019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAMANAPO BOX 1164 ALLEN, TX 750130019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PANHANDLE-PLAINS HISTORICAL SOCIETY 2503 4TH AVENUE CANYON, TX 79015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PARALYZED VETERANS OF AMERICA 3925 FOREST LN GARLAND, TX 750426932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC PO BOX 153 LITTLE ELM, TX 750680153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
PARENT BOOSTER USA INC PO BOX 4 ENNIS, TX 75120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PARENT BOOSTER USA INC PO BOX 211103 BEDFORD, TX 760958103	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INC PO BOX 153 LITTLE ELM, TX 750680153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
PARENT BOOSTER USA INC PO BOX 4 ENNIS, TX 75120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PARENT BOOSTER USA INC PO BOX 153 LITTLE ELM, TX 750680153	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARENT BOOSTER USA INCPO BOX 4 ENNIS, TX 75120	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PARENTS FAMILIES AND FRIENDS OF LES PO BOX 190193 DALLAS, TX 752190193	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PARISH EPISCOPAL SCHOOL 4101 SIGMA ROAD DALLAS, TX 75244	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSON VOICE PROJECT INC 646 N COIT RD STE 2250 RICHARDSON, TX 750806228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PARKLAND FOUNDATION 1341 W MOCKINGBIRD LN SUITE 1100E DALLAS, TX 752474943	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
PARKRIDGE PREGNANCY CENTER 5203 79TH ST STE B LUBBOCK, TX 794242894	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERS IN PARENTING 1145 W 5TH ST AUSTIN, TX 78703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PASSION FOR CHILDRENS INC POST OFFICE BOX 192611 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	136
PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	102
PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	68
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATRIOT PAWS SERVICE DOGS 254 RANCH TRAIL ROCKWALL, TX 75032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	147
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
PEACEFUL VALLEY DONKEY RESCUE INC PO BOX 216 MILES, TX 76861	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	86
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
PEACEFUL VALLEY DONKEY RESCUE INC 8317 DUCKWORTH RD SAN ANGELO, TX 769058996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	36
PEARCE COMMUNITY WOMANS CLUB 6946 DELMETA DRIVE DALLAS, TX 75248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEARCE COMMUNITY WOMANS CLUB 6946 DELMETA DRIVE DALLAS, TX 75248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,786
PEARLAND J H SOUTH4719 BAILEY RD PEARLAND, TX 77584	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	200
PEARLAND NEIGHBORHOOD CENTER 2335 N TEXAS AVENUE PEARLAND, TX 77584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEARLAND NEIGHBORHOOD CENTER 2335 N TEXAS AVENUE PEARLAND, TX 77584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
PEARLAND NEIGHBORHOOD CENTER 2335 N TEXAS AVENUE PEARLAND, TX 77584	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PEOPLEFUND 2921 E 17TH STREET BLDG D STE 1 AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLEFUND 2921 E 17TH STREET BLDG D STE 1 AUSTIN, TX 78702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150,000
PEOPLES COMMUNITY CLINIC INC 1101 CAMINO LA COSTA AUSTIN, TX 78752	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
PESH BAND BOOSTERS 4525 ROSECLIFF DR PLANO, TX 750740234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PESH BAND BOOSTERS 4525 ROSECLIFF DR PLANO, TX 750740234	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
PETCO FOUNDATION 654 RICHLAND HILLS DR SAN ANTONIO, TX 782452149	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
PINK TO DO BREAST CANCER AWARENESS 1909 ORANGE BLOSSOM DR LAREDO, TX 780458355	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	43
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINK TO DO BREAST CANCER AWARENESS 1909 ORANGE BLOSSOM DR LAREDO, TX 780458355	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	226
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	95
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD GULF COAST INC 4600 GULF FREEWAY HOUSTON, TX 77023	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	395
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	194
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	770
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE DALLAS, TX 75231	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF GREATER TEXAS 7424 GREENVILLE AVE STE 206 DALLAS, TX 752314534	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	174
PLANNED PARENTHOOD SAN ANTONIO 2140 BABCOCK RD STE 100 SAN ANTONIO, TX 782294439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	22
PLANNED PARENTHOOD SAN ANTONIO 2140 BABCOCK RD STE 100 SAN ANTONIO, TX 782294439	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANO CHILDRENS THEATRE 6121 W PARK BLVD SUITE B216 PLANO, TX 75093	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
PLANO IMPROVEMENT CORPORATION 1520 K AVENUE STE 340 PLANO, TX 750746232	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	15,000
PLANO WEST SENIOR HIGH SCHOOL BAND 5601 W PARKER RD PLANO, TX 750937727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANO YOUTH LEADERSHIP PO BOX 261486 PLANO, TX 750261486	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PLANT IT FORWARD 4030 WILLOWBEND BLVD HOUSTON, TX 770255705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	378
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	504
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	252
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRATHAM USA 9703 RICHMOND AVE SUITE 102 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
PREGNANCY RESOURCES AND MEDICAL CLI 250 NW TARRANT AVE STE J BURLESON, TX 76028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
PRELUDE MUSIC FOUNDATION 9802 MADELINE ALYSSA CT HOUSTON, TX 770254341	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PRESBYTERIAN HOME FOR CHILDREN 3400 S BOWIE ST AMARILLO, TX 791094997	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
PRESBYTERIAN NIGHT SHELTER OF TARRA PO BOX 2645 FORT WORTH, TX 761132645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN NIGHT SHELTER OF TARRA PO BOX 2645 FORT WORTH, TX 761132645	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	107
PRESBYTERIAN NIGHT SHELTER OF TARRA 2400 CYPRESS ST FORT WORTH, TX 761026764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PRESBYTERIAN SCHOOL 5300 S MAIN ST HOUSTON, TX 770046811	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESBYTERIAN SCHOOL 5300 S MAIN ST HOUSTON, TX 770046811	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
PRESERVATION DALLAS 2922 SWISS AVE DALLAS, TX 752045962	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
PRESTONWOOD CHRISTIAN ACADEMY 6801 W PARK BLVD PLANO, TX 75093	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESTONWOOD CHRISTIAN ACADEMY 6801 W PARK BLVD PLANO, TX 75093	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	105
PRINCE OF PEACE CATHOLIC SCHOOL 5100 PLANO PARKWAY WEST PLANO, TX 75093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
PRINCE OF PEACE CATHOLIC SCHOOL 5100 PLANO PARKWAY WEST PLANO, TX 75093	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRINCE OF PEACE CHRISTIAN SCHOOL 4000 MIDWAY ROAD CARROLLTON, TX 750071903	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
PRINCE OF PEACE CHRISTIAN SCHOOL 4004 MIDWAY RD CARROLLTON, TX 750071903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
PRISON ENTREPRENEURSHIP PROGRAM 4140 DIRECTORS ROW HOUSTON, TX 77092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRISON ENTREPRENEURSHIP PROGRAM 4140 DIRECTORS ROW HOUSTON, TX 77092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
PROGRESS IN EDUCATION INC PO BOX 710092 HOUSTON, TX 772710092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PROGRESS IN EDUCATION INC PO BOX 710092 HOUSTON, TX 772710092	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT ARRIBA ADVANCED RETRAINING 1155 WESTMORELAND DR STE 235 EL PASO, TX 799255623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
PROJECT BELOVED THE MOLLY JANE MISS 2930 BLEDSOE STREET 124 FORT WORTH, TX 761072942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PROJECT BELOVED THE MOLLY JANE MISS 2930 BLEDSOE STREET 124 FORT WORTH, TX 761072942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT BELOVED THE MOLLY JANE MISS 2930 BLEDSOE STREET 124 FORT WORTH, TX 761072942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT BELOVED THE MOLLY JANE MISS 2930 BLEDSOE STREET 124 FORT WORTH, TX 761072942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROJECT VIDA3607 RIVERA AVE EL PASO, TX 799052415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT VIDA3607 RIVERA AVE EL PASO, TX 799052415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PROMISE HOUSE INC224 W PAGE AVE DALLAS, TX 752086631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
PROMISE HOUSE INC224 W PAGE AVE DALLAS, TX 752086631	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISE HOUSE INC224 W PAGE AVE DALLAS, TX 752086631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PROMISE HOUSE INC224 W PAGE AVE DALLAS, TX 752086631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PROMISE HOUSE INC224 W PAGE AVE DALLAS, TX 752086631	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROMISED LAND DACHSHUND SANCTUARY I 5000 E MARIGOLD ST OR PO BOX 826 GARDENDALE, TX 79758	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROVIDENCE FOUNDATION INC 6901 MEDICAL PARKWAY WACO, TX 76712	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
PTA TEXAS CONGRESSPO BOX 270954 FLOWER MOUND, TX 750270954	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 1520 CUMBERLAND DR GARLAND, TX 750408020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 12650 N BEACH STREET STE 114 C/O 64 FORT WORTH, TX 76244	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 7411 NICHOLS TRAIL FRISCO, TX 75034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,030
PTA TEXAS CONGRESS 16200 AVERY RANCH BLVD AUSTIN, TX 787170000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA TEXAS CONGRESS 6800 ARCHGATE DRIVE PLANO, TX 75024	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PTA TEXAS CONGRESS 3555 GRANADA AVE DALLAS, TX 752052235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 1000 PINEY POINT RD HOUSTON, TX 770242729	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PTA TEXAS CONGRESS 7643 LA MANGA DRIVE DALLAS, TX 75248	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA TEXAS CONGRESS 7411 NICHOLS TRAIL FRISCO, TX 75034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 1520 CUMBERLAND DR GARLAND, TX 750408020	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	205
PTA TEXAS CONGRESS 7152 SILVERADO TRAIL MCKINNEY, TX 75070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	55
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 3535 GUINN GATE DR FRISCO, TX 75034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
PTA TEXAS CONGRESS 1120 NEWPORT DRIVE ALLEN, TX 75013	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
PTA TEXAS CONGRESS 1900 TIMBER RIDGE DR FRISCO, TX 750364796	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 4300 WASKOM DR PLANO, TX 750247040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
PTA TEXAS CONGRESS 3555 GRANADA AVE DALLAS, TX 752052235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
PTA TEXAS CONGRESS2051 TRAIL GLN ROCKWALL, TX 750327365	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA TEXAS CONGRESS 1932 DOVE ROAD GRAPEVINE, TX 76051	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
PTA TEXAS CONGRESS 6000 OLD DECATUR ROAD FORT WORTH, TX 76179	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
PTSD FOUNDATION OF AMERICA 9724 DERRINGTON RD HOUSTON, TX 77064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTSD FOUNDATION OF AMERICA 9724 DERRINGTON RD HOUSTON, TX 77064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
PTSD FOUNDATION OF AMERICA 9724 DERRINGTON RD HOUSTON, TX 77064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
PUG HEARTS HOUSTON PUG RESCUE PO BOX 5053 ALVIN, TX 775125053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUTTING 4 POPS 27638 AUTUMN TERRACE BOERNE, TX 78006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
QUALITY OF LIFE FOUNDATION OF AUSTI 535 E 5TH ST AUSTIN, TX 787013725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
QUALITY OF LIFE FOUNDATION OF AUSTI 535 E 5TH ST AUSTIN, TX 787013725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUALITY OF LIFE FOUNDATION OF AUSTI 535 E 5TH ST AUSTIN, TX 787013725	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	67,500
RADHA GOVIND DHAM DALLAS 888 N MACARTHUR BLVD IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RAHBAR FOUNDATION INC 2436 KENT DR IRVING, TX 75062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANCHING HERITAGE ASSOCIATION BOX 43200 LUBBOCK, TX 794093200	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RAPE CRISIS CENTER OF COLLIN COUNTY 3325 SILVERSTONE DRIVE PLANO, TX 75023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
REACH OUT HONDURAS INC PO BOX 2993 MCKINNEY, TX 750708180	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH OUT HONDURAS INC PO BOX 2993 MCKINNEY, TX 750708180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REACH OUT HONDURAS INC PO BOX 2993 MCKINNEY, TX 750708180	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,119
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
READING PARTNERS 2910 SWISS AVENUE DALLAS, TX 75204	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REAL ESTATE COUNCIL FOUNDATION 3100 MCKINNON STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34,500
REAL ESTATE COUNCIL FOUNDATION 3100 MCKINNON STREET DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,500
REAL SCHOOL GARDENS 1700 UNIVERSITY DR STE 260 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REAL SCHOOL GARDENS 1700 UNIVERSITY DR STE 260 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
REAL SCHOOL GARDENS 1700 UNIVERSITY DR STE 260 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
REAL SCHOOL GARDENS 1700 UNIVERSITY DR STE 260 FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REBECCAS WISH7 MALLORY LN SAN ANTONIO, TX 782571240	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
REBUILDING TOGETHER - EL PASO INC 6400 AIRPORT ROAD BLDG A SUITE G EL PASO, TX 79925	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
REBUILDING TOGETHER HOUSTON 110NGREENWOOD SUITE 100 HOUSTON, TX 77011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RED COLLAR RESCUE INC 945 MCKINNEY ST STE 424 HOUSTON, TX 770026308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
REEDY HIGH SCHOOL BAND BOOSTER CLUB 3003 STONEBROOK PKWY FRISCO, TX 750341310	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
REFLECTION MINISTRIES OF TEXAS INC PO BOX 52371 MIDLAND, TX 797102371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,275
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	825
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REFUGEE & IMMIGRANT CENTER FOR EDUC 1305 N FLORES STREET SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
REGIONAL EAST TEXAS FOOD BANK 3201 ROBERTSON ROAD TYLER, TX 75701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
REGIONAL EAST TEXAS FOOD BANK 3201 ROBERTSON ROAD TYLER, TX 75701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE HER INCPO BOX 869 EULESS, TX 76039	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
RESCUE THE ANIMALS INC 4620 N 1ST ST ABILENE, TX 796036539	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RESCUED PETS MOVEMENT INC 2317 W 34TH ST HOUSTON, TX 77018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUED PETS MOVEMENT INC 2317 W 34TH ST HOUSTON, TX 77018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
RESCUERS WITHOUT BORDERS PO BOX 292 GOLDSMITH, TX 79741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
RESCUERS WITHOUT BORDERS PO BOX 292 GOLDSMITH, TX 79741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
RESOURCE CENTER OF DALLAS INC 5750 CEDAR SPRINGS ROAD DALLAS, TX 752356802	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
RESPITE CARE OF SAN ANTONIO INCORPO PO BOX 12633 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESTORE EDUCATIONPO BOX 692338 SAN ANTONIO, TX 782692338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
RETINA RESEARCH FOUNDATION 1977 BUTLER BLVD HOUSTON, TX 770304101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
REYNOLDS MIDDLE SCHOOL PTO 700 N COLEMAN ST PROSPER, TX 750782302	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARDSON ADULT LITERACY CENTER P O BOX 835936 RICHARDSON, TX 75083	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	51
RICHARDSON HIGH SCHOOL AREA BAND CL 1250 W BELT LINE RD RICHARDSON, TX 750805850	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RIO GRANDE HABITAT FOR HUMANITY PO BOX 4318 MCALLEN, TX 78502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIO GRANDE VALLEY BALLET COMPANY 203 ULEX AVE MCALLEN, TX 785042641	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
RISD EXCELLENCE IN EDUCATION FOUNDA 400 S GREENVILLE AVENUE RICHARDSON, TX 75081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	510
RISD EXCELLENCE IN EDUCATION FOUNDA 400 S GREENVILLE AVENUE RICHARDSON, TX 75081	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISD EXCELLENCE IN EDUCATION FOUNDA 400 S GREENVILLE AVE STE 101 RICHARDSON, TX 750814107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RISE RECOVERYPO BOX 15322 SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RISE SCHOOL OF DALLAS 6000 PRESTON RD MOODY FAMILY YMCA DALLAS, TX 75205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RISE SCHOOL OF DALLAS 6000 PRESTON RD DALLAS, TX 75205	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	9,000
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	750
RIVER OAKS BAPTIST SCHOOL ENDOWMENT 2300 WILLOWICK RD HOUSTON, TX 770273933	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	5,000
RIVERTREE ACADEMY INC PO BOX 101268 FORT WORTH, TX 76185	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROBERT CRIPPEN EL 18690 CUMBERLAND BLVD PORTER, TX 77365	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	75
ROBERT E LEE HIGH SCHOOL FOOTBALL B PO BOX 7014 MIDLAND, TX 797087014	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
ROBERTSON EL2501 WOODLAKE DR FRISCO, TX 75068	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	152
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET ROCKWALL, TX 75087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET ROCKWALL, TX 75087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET ROCKWALL, TX 75087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCKWALL COUNTY HELPING HANDS 950 WILLIAMS STREET ROCKWALL, TX 75087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
ROCKWALL ISD1050 WILLIAMS ROCKWALL, TX 750873832	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	30
RODEO AUSTIN9100 DECKER LAKE RD AUSTIN, TX 787244012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES INC 4707 BENGAL ST DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE CHARITIES INC 4707 BENGAL ST DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE CHARITIES INC 4707 BENGAL ST DALLAS, TX 75235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 1315 BARBARA JORDAN BLVD AUSTIN, TX 787233054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	438
RONALD MCDONALD HOUSE CHARITIES OF 1315 BARBARA JORDAN BLVD AUSTIN, TX 787233054	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RONALD MCDONALD HOUSE OF DALLAS INC 4707 BENGAL ST DALLAS, TX 752358007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF DALLAS INC 4707 BENGAL ST DALLAS, TX 752358007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	650
RONALD MCDONALD HOUSE OF FORT WORTH 1001 8TH AVENUE FORT WORTH, TX 761042706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
RONALD MCDONALD HOUSE OF FORT WORTH 1001 8TH AVENUE FORT WORTH, TX 761042706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	645
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	157
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE OF HOUSTON IN 1907 HOLCOMBE BLVD HOUSTON, TX 770304123	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ROSS VOLUNTEER ASSOCIATION PO BOX 12066 COLLEGE STATION, TX 77842	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
ROTARY CLUB OF ANGLETON CHARITABLE PO BOX 673 ANGLETON, TX 775160673	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROTARY CLUB OF SAN ANTONIO FOUNDATI 110 BROADWAY ST STE 220 SAN ANTONIO, TX 782051973	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
RUBYS RAINBOW INC2801 CANUS CV AUSTIN, TX 787485132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RUMBLE AGAINST CANCER 428 STONE CANYON DR SUNNYVALE, TX 751824604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SA CHRISTIAN HOPE RESOURCE CENTER I PO BOX 780904 SAN ANTONIO, TX 78278	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SA YOUTHPO BOX 7844 SAN ANTONIO, TX 78207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
SA YOUTHPO BOX 7844 SAN ANTONIO, TX 78207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SABRINA MEMORIAL FOUNDATION INC PO BOX 830343 RICHARDSON, TX 75083	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SACRED LIVING 9540 GARLAND RD STE 381 171 DALLAS, TX 752183471	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
SACRED LIVING2650 SAN PAULA AVE DALLAS, TX 752283162	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	237
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED LIVING2650 SAN PAULA AVE DALLAS, TX 752283162	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
SACRED LIVING2650 SAN PAULA AVE DALLAS, TX 752283162	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SACRED LIVING2650 SAN PAULA AVE DALLAS, TX 752283162	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED LIVING2650 SAN PAULA AVE DALLAS, TX 752283162	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
SAFEHAVEN OF TARRANT COUNTY 1100 HEMPHILL ST STE 303 FORT WORTH, TX 76104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAGINAW BAND BOOSTERS 800 N BLUE MOUND RD SAGINAW, TX 761311052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAHAJ MARG SPIRITUALITY FOUNDATION 11907 JIM BRIDGER DR AUSTIN, TX 787374107	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	600
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MARYS HALL INC 9401 STARCREST DR SAN ANTONIO, TX 782174162	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
SAINT MICHAEL AND ALL ANGELS CHURCH 8011 DOUGLAS AT COLGATE DALLAS, TX 752250000	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SALESMANSHIP CLUB CHARITABLE GOLF O 106 E 10TH ST SUITE 200 DALLAS, TX 752032236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALESMANSHIP CLUB OF DALLAS 106 EAST 10TH STREET SUITE 200 DALLAS, TX 752036642	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SALVATION ARMY CARR P COLLINS SOCI 5302 HARRY HINES BLVD DALLAS, TX 75235	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
SAM HOUSTON STATE UNIVERSITY PO BOX 2537 HUNTSVILLE, TX 773412537	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAM HOUSTON STATE UNIVERSITY PO BOX 2537 HUNTSVILLE, TX 773412537	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	348
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	757
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	552
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	368
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,626
SAMARITAN INN INC 1725 N MCDONALD ST MCKINNEY, TX 750718229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	194
SAMARITIAN INN FOUNDATION INC 1725 N MCDONALD ST MCKINNEY, TX 75071	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITIAN INN FOUNDATION INC 1725 N MCDONALD ST MCKINNEY, TX 75071	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	160
SAMARITIAN INN FOUNDATION INC 1725 N MCDONALD ST MCKINNEY, TX 75071	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 782125802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 782125802	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
SAN ANTONIO CHILDRENS MUSEUM 2800 BROADWAY ST SAN ANTONIO, TX 782097034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SAN ANTONIO CHRISTIAN SCHOOL FOUNDA 19202 REDLAND RD BLDG Z SAN ANTONIO, TX 782593334	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO CHRISTIAN SCHOOLS 19202 REDLAND ROAD SAN ANTONIO, TX 78259	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SAN ANTONIO CHRISTIAN SCHOOLS 19202 REDLAND ROAD SAN ANTONIO, TX 78259	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 W SAN ANTONIO, TX 78227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 W SAN ANTONIO, TX 78227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 W SAN ANTONIO, TX 78227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
SAN ANTONIO FOOD BANK 5200 OLD HIGHWAY 90 W SAN ANTONIO, TX 78227	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,064
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	338
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	273
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	161
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 782272209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO FOR GROWTH ON THE EASTS 220 CHESTNUT SAN ANTONIO, TX 78202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,000
SAN ANTONIO METROPOLITAN MINISTRY I 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 782132325	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100,000
SAN ANTONIO METROPOLITAN MINISTRY I 1919 NW LOOP 410 SUITE 100 SAN ANTONIO, TX 782132325	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO MUSEUM OF ART 200 WEST JONES AVENUE SAN ANTONIO, TX 78215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
SAN ANTONIO PETS ALIVE INC 1017 NORTH MAIN AVE STE 200B SAN ANTONIO, TX 782124723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	425
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	280
SAN ANTONIO PETS ALIVE INC 1017 NORTH MAIN AVE STE 200B SAN ANTONIO, TX 782124723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SAN ANTONIO PETS ALIVE INC 1017 NORTH MAIN AVE STE 200B SAN ANTONIO, TX 782124723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
SAN ANTONIO PETS ALIVE INC 1017 NORTH MAIN AVE STE 200B SAN ANTONIO, TX 782124723	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SAN ANTONIO PETS ALIVE INC PO BOX 830006 SAN ANTONIO, TX 78283	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO PUBLIC LIBRARY FOUNDATI 625 SHOOK AVENUE SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 782830386	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAN JOSE CLINIC2615 FANNIN HOUSTON, TX 770029224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30,000
SAN JOSE CLINIC2615 FANNIN HOUSTON, TX 77002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	21,000
SAN MARTIN DE PORRES CHURCH 621 W MAIN AVE ALTON, TX 785736871	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SASTHA TAMIL FOUNDATION 10801 MARBLE FALLS DR MCKINNEY, TX 750716630	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	8,000
SAVING HOPE FOUNDATION 950 COMMERCE ST FORT WORTH, TX 761025418	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAY SI1518 S ALAMO ST SAN ANTONIO, TX 782041763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
SCHOOL FUEL 102 WONDER WORLD DR 304-120 SAN MARCOS, TX 786666076	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	215
SCHULENBURG ISD 521 SHORTHORN DRIVE SCHULENBURG, TX 78956	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCOTTYS HOUSE BRAZOS VALLEY CHILD A 2424 KENT ST BRYAN, TX 778021937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
SCOTTYS HOUSE BRAZOS VALLEY CHILD A 2424 KENT ST BRYAN, TX 778021937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	35
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE PETSPO BOX 1216 LEAGUE CITY, TX 775741216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
SECOND CHANCE PETSPO BOX 1216 LEAGUE CITY, TX 775741216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SECOND CHANCE PETSPO BOX 1216 LEAGUE CITY, TX 775741216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE PETSPO BOX 1216 LEAGUE CITY, TX 775741216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SECOND CHANCE PETSPO BOX 1216 LEAGUE CITY, TX 775741216	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
SECOND CHANCE SPCA1700 J AVE PLANO, TX 750746118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND CHANCE SPCA1700 J AVE PLANO, TX 750746118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SECOND CHANCE SPCA1700 J AVE PLANO, TX 750746118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SECOND SERVINGS OF HOUSTON 4500 BISSONNET ST SUITE 360 BELLAIRE, TX 77401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SENIOR CITIZENS OF GREATER DALLAS I 3910 HARRY HINES DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SER-JOBS FOR PROGRESS OF THE TEXAS 1710 TELEPHONE RD HOUSTON, TX 77023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170,000
SER-JOBS FOR PROGRESS OF THE TEXAS 1710 TELEPHONE RD HOUSTON, TX 77023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SER-JOBS FOR PROGRESS OF THE TEXAS 1710 TELEPHONE RD HOUSTON, TX 77023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
SETON FUND OF THE DAUGHTERS OF CHAR 1500 RED RIVER STREET STE 12030 AUSTIN, TX 78705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
SETON FUND OF THE DAUGHTERS OF CHAR 1201 W 38TH STREET AUSTIN, TX 787051056	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SETON FUND OF THE DAUGHTERS OF CHAR 1201 W 38TH STREET AUSTIN, TX 787051056	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
SEVEN ACRES JEWISH SENIOR CARE SERV 6200 N BRAESWOOD BLVD HOUSTON, TX 770747536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
SEVEN ACRES JEWISH SENIOR CARE SERV 6200 N BRAESWOOD BLVD HOUSTON, TX 770747536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVEN ACRES JEWISH SENIOR CARE SERV 6200 N BRAESWOOD BLVD HOUSTON, TX 770747536	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
SEWA INTERNATIONAL INC PO BOX 820867 PO BOX, TX 772820867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEWA INTERNATIONAL INC 1000 WEST OAKS MALL STE 100 HOUSTON, TX 77082	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHAKESPEARE FESTIVAL OF DALLAS 1250 MAJESTY DRIVE DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SHAKESPEARE FESTIVAL OF DALLAS 1250 MAJESTY DRIVE DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
SHALOM AUSTIN7300 HART LANE AUSTIN, TX 78731	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARED HOUSING CENTER INC 402 N GOOD LATIMER EXPY DALLAS, TX 752045814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
SHARED HOUSING CENTER INC 402 N GOOD LATIMER EXPY DALLAS, TX 752045814	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	204
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	208
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SHARING LIFE COMMUNITY OUTREACH INC 3544 E EMPORIUM CIR MESQUITE, TX 751506524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	68
SHELTER MINISTRIES OF DALLAS 4411 LEMMON AVE STE 201 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHELTER MINISTRIES OF DALLAS 4411 LEMMON AVE STE 201 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
SHELTER MINISTRIES OF DALLAS 4411 LEMMON AVE STE 201 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
SHELTER MINISTRIES OF DALLAS FOUNDA PO BOX 151085 DALLAS, TX 753151085	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHERMAN COMMUNITY PLAYERS 500 N ELM ST SHERMAN, TX 750905808	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
SHERWOOD & MYRTIE FOSTER HOME FOR C PO BOX 978 STEPHENVILLE, TX 76401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SHRI SITA RAM FOUNDATION USA 1200 BLALOCK RD SUITE 210 HOUSTON, TX 77055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 815 MARKET ST GALVESTON, TX 77550	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	35
SHRINERS HOSPITALS FOR CHILDREN 815 MARKET ST GALVESTON, TX 77550	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	77
SHRINERS HOSPITALS FOR CHILDREN 815 MARKET ST GALVESTON, TX 77550	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,200
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	616
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHUBHAM FOUNDATION 14937 BEGONIA DRIVE FRISCO, TX 75035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,616
SIUT NORTH AMERICA INC 6671 SW FREEWAY STE 812A HOUSTON, TX 770742221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SIXTY AND BETTER INC 1400 CIRCLE DR STE 300 FORT WORTH, TX 761198142	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITH COUNTY CHAMPIONS FOR CHILDREN 4883 HIGHTECH DRIVE TYLER, TX 75703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOLDIERS ANGELS 2895 NE LOOP 410 SUITE 107 SAN ANTONIO, TX 78218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,350
SOME OTHER PLACE INCP O BOX 843 BEAUMONT, TX 777040843	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUPMOBILE INC 2423 S GOOD LATIMER EXPY DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
SOUPMOBILE INC 2423 S GOOD LATIMER EXPY DALLAS, TX 75215	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8
SOURASHTRA DHAAN ORGANIZATION 2504 NAPERTON DR PLANO, TX 750257012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOURASHTRA DHAAN ORGANIZATION 2504 NAPERTON DR PLANO, TX 750257012	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
SOUTH TEXAS INSTITUTE FOR THE ARTS 1902 N SHORELINE BLVD CORPUS CHRISTI, TX 78401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOUTH TEXAS INSTITUTE FOR THE ARTS 1902 N SHORELINE BLVD CORPUS CHRISTI, TX 78401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TEXAS PERSIAN RESCUE 106 MEADOW LARK CONVERSE, TX 781092512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SOUTH TEXAS PERSIAN RESCUE 106 MEADOW LARK CONVERSE, TX 781092512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SOUTH TEXAS PERSIAN RESCUE 106 MEADOW LARK CONVERSE, TX 781092512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH TEXAS PUBLIC BROADCASTING SYS 3205 S STAPLES CRP CHRISTI, TX 78411	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
SOUTH TEXAS SUPPER CLUB INC 1120 PEACH CREEK RD COLLEGE STATION, TX 77845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTHEAST EDUCATIONAL FOUNDATION 8200 HIGHWAY 105 BEAUMONT, TX 77657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHEAST EDUCATIONAL FOUNDATION 8200 HIGHWAY 105 BEAUMONT, TX 77657	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SOUTHEAST TEXAS FOOD BANK P O BOX 21012 BEAUMONT, TX 77720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SOUTHEAST TEXAS FOOD BANK P O BOX 21012 BEAUMONT, TX 77720	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,400
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	125
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,350
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN METHODIST UNIVERSITY PO BOX 750402 DALLAS, TX 752750402	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,025
SOUTHFAIR COMMUNITY DEVELOPMENT COR PO BOX 150353 DALLAS, TX 75315	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTHWEST SCHOOL OF ART 300 AUGUSTA SAN ANTONIO, TX 78205	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	12,350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWEST VIPASSANA ASSOCIATION INC PO BOX 412 BEDFORD, TX 76095	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUTHWESTERN DIABETIC FOUNDATION IN PO BOX 918 GAINESVILLE, TX 762410918	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,115
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVENUE SUITE 100 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHWESTERN MEDICAL FOUNDATION 3889 MAPLE AVENUE SUITE 100 DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPAULDING FOR CHILDREN 6925 PORTWEST DR STE 110 HOUSTON, TX 770248021	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	810
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,600
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	724
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,650
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	639
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	126
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF TEXAS2400 LONE STAR DR DALLAS, TX 752126309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL CAMPS FOR SPECIAL KIDS 2929 CARLISLE STREET SUITE 355 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	845
SPECIAL CAMPS FOR SPECIAL KIDS 2929 CARLISLE STREET SUITE 355 DALLAS, TX 75204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS TEXAS INC 1804 RUTHERFORD LN AUSTIN, TX 78754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
SPECIAL OLYMPICS TEXAS INC 1804 RUTHERFORD LN AUSTIN, TX 78754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
SPECIAL OLYMPICS TEXAS INC 1804 RUTHERFORD LN AUSTIN, TX 78754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS TEXAS INC 1804 RUTHERFORD LN AUSTIN, TX 78754	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
SPHOORTI FOUNDATION USA 5314 BEACON HILL DR FRISCO, TX 75034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRING BRANCH BASEBALL PROGRAM INC 8526 PITNER ROAD HOUSTON, TX 77080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPRING BRANCH BASEBALL PROGRAM INC 8526 PITNER ROAD HOUSTON, TX 77080	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
SPRING BRANCH COMMUNITY HEALTH CENT 800 W SAM HOUSTON PARKWAY S SUITE 200 HOUSTON, TX 77042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRING CREEK EL 7667 ROUNDROCK ROAD DALLAS, TX 75248	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
SPRING CREEK EL 7667 ROUNDROCK ROAD DALLAS, TX 75248	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,753
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,002
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKWY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,000
SRI SHIRDI SAI BABA TEMPLE OF DFW 2699 WEST PLANO PKAY PLANO, TX 75075	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,116
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ST AGNES ACADEMY SCHOOL 9000 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ALPHONSA SYRO-MALABAR CATHOLIC C 200 S HEARTZ RD COPPELL, TX 75019	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
ST ANDREW CATHOLIC SCHOOL 3304 DRYDEN RD FORT WORTH, TX 761093704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST ANDREW CATHOLIC SCHOOL 3304 DRYDEN RD FORT WORTH, TX 761093704	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANDREWS EPISCOPAL SCHOOL OF AMAR 1515 S GEORGIA AMARILLO, TX 79102	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
ST AUGUSTINE CATHOLIC SCHOOL 5500 LAUREL CREEK WAY HOUSTON, TX 770176729	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST BENEDICT PARISH2920 AZLE AVE FORT WORTH, TX 761064909	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHRISTOPHER EPISCOPAL CHURCH 2508 ST CHRISTOPHER AVE LEAGUE CITY, TX 77573	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ST CLARE OF ASSISI CATHOLIC SCHOOL 3131 EL DORADO BLVD HOUSTON, TX 770595100	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,000
ST EDWARDS UNIVERSITY 3001 SOUTH CONGRESS AVENUE AUSTIN, TX 78704	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST EDWARDS UNIVERSITY UNIVERSITY ADVANCEMENT/GIFT PROCESSING - 3001 S CONGRESS AVE AUSTIN, TX 787046489	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST JAMES EPISCOPAL SCHOOL OF DALLAS 9845 MCCREE RD DALLAS, TX 752383444	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	208
ST JAMES EPISCOPAL SCHOOL OF DALLAS 9845 MCCREE RD DALLAS, TX 752383444	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS EPISCOPAL SCHOOL 848 HARTER ROAD DALLAS, TX 75218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	600
ST JOHNS EPISCOPAL SCHOOL 848 HARTER ROAD DALLAS, TX 75218	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
ST JOHNS LOWER SCHOOL 2401 CLAREMONT LANE HOUSTON, TX 770195811	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHNS SCHOOL 2401 CLAREMONT LANE HOUSTON, TX 77019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
ST JOHNS SCHOOL 2401 CLAREMONT LANE HOUSTON, TX 77019	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
ST JOSEPH CATHOLIC SCHOOL 1811 CAROLINA ST BAYTOWN, TX 775206026	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPH CATHOLIC SCHOOL 1811 CAROLINA ST BAYTOWN, TX 775206026	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	630
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	808
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	915
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	400
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	172
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JUDE CHILDRENS RESEARCH HOSPITAL 5800 CAMPUS CIRCLE DRIVE EAST SUITE 108-A IRVING, TX 75063	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ST LAURENCE CATHOLIC SCHOOL 2630 AUSTIN PARKWAY SUGAR LAND, TX 774791235	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
ST LAURENCE CATHOLIC SCHOOL 2630 AUSTIN PARKWAY SUGAR LAND, TX 774791235	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST LAURENCE CATHOLIC SCHOOL 2630 AUSTIN PARKWAY SUGAR LAND, TX 774791235	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	833
ST LAURENCE CATHOLIC SCHOOL 2630 AUSTIN PARKWAY SUGAR LAND, TX 774791235	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	417
ST MARKS EPISCOPAL CHURCH 3039 RANCH ROAD 12 SAN MARCOS, TX 786662488	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARKS EPISCOPAL SCHOOL 3816 BELLAIRE BLVD HOUSTON, TX 770251209	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARKS SCHOOL OF TEXAS 10600 PRESTON RD DALLAS, TX 752304000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
ST MARYS UNIVERSITY OF SAN ANTONIO ONE CAMINO SANTA MARIA SAN ANTONIO, TX 782288544	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST MICHAEL CATHOLIC PARISH MCKINNEY 411 PAULA RD MCKINNEY, TX 750693322	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	3,600
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MONICA SCHOOL 4140 WALNUT HILL LANE DALLAS, TX 752296260	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,000
ST PAUL LUHRN CHILD DEVPT CTR INC 2302 S PRESA ST SAN ANTONIO, TX 782102840	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
ST PETER-ST JOSEPH CHILDRENS HOME 919 MISSION RD SAN ANTONIO, TX 782104501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST PIUS X HIGH SCHOOL 811 W DONOVAN HOUSTON, TX 770915699	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
ST RITA SCHOOL12525 INWOOD RD DALLAS, TX 75244	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,750
ST THERESAS CATHOLIC SCHOOL 4311 SMALL DRIVE AUSTIN, TX 78731	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS AQUINAS CATHOLIC SCHOOL 6306 KENWOOD AVENUE DALLAS, TX 75214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ST THOMAS AQUINAS CATHOLIC SCHOOL 6306 KENWOOD AVENUE DALLAS, TX 75214	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST THOMAS HIGH SCHOOL 4500 MEMORIAL DR HOUSTON, TX 770077332	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE PARISH SCHOOL 5927 WIGTON DR HOUSTON, TX 77096	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,900
ST THOMAS MORE PARISH SCHOOL 5927 WIGTON DR HOUSTON, TX 77096	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	410
ST THOMAS MORE PARISH SCHOOL 5927 WIGTON DR HOUSTON, TX 77096	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST THOMAS MORE PARISH SCHOOL 5927 WIGTON DR HOUSTON, TX 77096	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
ST THOMAS MORE PARISH SCHOOL 5927 WIGTON DR HOUSTON, TX 77096	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	130
STALEY MIDDLE SCHOOL BAND PARENT AS 6927 STADIUM LANE FRISCO, TX 75034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STAR OF HOPE MISSION 4848 LOOP CENTRAL DR STE 500 HOUSTON, TX 77081	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
STARRY INC1300 N MAYS ST ROUND ROCK, TX 786644207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STATE COUNCIL CHARITIES 6633 HWY 290 EAST SUITE 204 AUSTIN, TX 787231157	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
STATE FAIR OF TEXASPO BOX 150009 DALLAS, TX 75315	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50,000
STATE OF TEXAS KIDNEY FOUNDATION 4204 GARDENDALE SUITE 106 SAN ANTONIO, TX 78229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEEL MAGNOLIA MOMS 11931 BROKEN BOUGH DR HOUSTON, TX 770245052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,310
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHANIES DREAMPO BOX 243 PALMER, TX 75152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
STEPHEN BREEN MEMORIAL FOUNDATION I 1940 WARNER RD FORT WORTH, TX 761101255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STEPHEN F AUSTIN HIGH SCHOOL PROJEC 319 LAKEBEND DR SUGAR LAND, TX 77479	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHEN F AUSTIN HIGH SCHOOL PROJEC 319 LAKEBEND DR SUGAR LAND, TX 77479	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
STEPHEN F AUSTIN STATE UNIVERSITY F OFFICE OF DEVELOPMENT - PO BOX 6092 SFA STATION NACOGDOCHES, TX 759626092	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,350
STEPHEN F AUSTIN STATE UNIVERSITY F OFFICE OF DEVELOPMENT - PO BOX 6092 SFA STATION NACOGDOCHES, TX 759626092	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,080
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPHENS EL133 GARZA RD SHADY SHORES, TX 76208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
STEPHENS EL133 GARZA RD SHADY SHORES, TX 76208	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
STRAKE JESUIT COLLEGE PREP SCHOOL 8900 BELLAIRE BLVD HOUSTON, TX 77036	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
STRAYDOG INCPO BOX 1465 GUN BARREL CY, TX 751471465	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STURGE-WEBER FOUNDATION 12345 JONES ROAD SUITE 125 HOUSTON, TX 77070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STURGE-WEBER FOUNDATION 12345 JONES ROAD SUITE 125 HOUSTON, TX 77070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	924
STURGE-WEBER FOUNDATION 12345 JONES ROAD SUITE 125 HOUSTON, TX 77070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STURGE-WEBER FOUNDATION 12345 JONES ROAD SUITE 125 HOUSTON, TX 77070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SUICIDE AND CRISIS CENTER OF NORTH 2808 SWISS AVE DALLAS, TX 752045967	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUNCREEK UNITED METHODIST CHURCH 1517 W MCDERMOTT DRIVE ALLEN, TX 75013	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUNCREEK UNITED METHODIST CHURCH 1517 W MCDERMOTT DRIVE ALLEN, TX 75013	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,030
SUNCREEK UNITED METHODIST CHURCH 1517 W MCDERMOTT DRIVE ALLEN, TX 75013	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	4,350
SUPPORT FOR EDUCATIONAL AND ECONOMI PO BOX 452516 GARLAND, TX 750452516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	915
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	695
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,144
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 650309 DALLAS, TX 752650309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 731696 DALLAS, TX 75373	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	357
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 650309 DALLAS, TX 752650309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	111
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 650309 DALLAS, TX 752650309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 6678 SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	143
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 6678 SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	44
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	255
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	104
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	354
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	406
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 261730 PLANO, TX 75026	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 6678 SAN ANTONIO, TX 78209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 75244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57
SUSAN G KOMEN BREAST CANCER FOUNDAT 5005 LBJ FWY STE 526 DALLAS, TX 752446125	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSTAINABLE FOOD CENTER INC 2921 E 17TH ST BLDG C AUSTIN, TX 78702	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,404
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SWAMINARAYAN GURUKUL-USA 621 PARK VISTA RD PLANO, TX 750944623	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
T H ROGERS SCHOOL PARENT TEACHER OR 5840 SAN FELIPE ST HOUSTON, TX 770573059	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TACA INC1722 ROUTH STREET STE 115 DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TACA INC1722 ROUTH STREET STE 115 DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40,000
TACA INC1722 ROUTH STREET STE 115 DALLAS, TX 75201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TADLOCK EL12515 GODFREY DR FRISCO, TX 75035	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	132
TADSAW INC 13423 BLANCO RD SUITE 218 SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
TAKE ME HOME PET RESCUE 561 W CAMPBELL SUITE 303 RICHARDSON, TX 75080	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAKE ME HOME PET RESCUE 561 W CAMPBELL SUITE 303 RICHARDSON, TX 75080	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TALLEY EL5900 COIT DRIVE FRISCO, TX 75035	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	90
TAMIL MALARUM MAIYAM INC 2412 CIMMARON DR PLANO, TX 750254714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAMIL MALARUM MAIYAM INC 2412 CIMMARON DR PLANO, TX 750254714	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,300
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	53
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH, TX 76107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
TARRANT COUNTY COLLEGE FOUNDATION 1500 HOUSTON ST FORT WORTH, TX 761026524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TARRANT COUNTY COLLEGE FOUNDATION 1500 HOUSTON ST FORT WORTH, TX 761026524	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,150
TASK FORCE DAGGER FOUNDATION 12655 N CENTRAL EXPY STE 340 DALLAS, TX 752431759	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,111
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,500
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TAYLOR EL9865 GILLESPIE DR PLANO, TX 75025	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
TEACH FOR AMERICA INC 801 N BRYAN RD MISSION, TX 78572	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TEACH FOR AMERICA INC 600 N PEARL ST SUITE 2300 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEACH FOR AMERICA INC 2 GREENWAY PLAZA SUITE 500 HOUSTON, TX 77046	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TEAM TEXAS FOR FAMILIES OF FALLEN O PO BOX 110466 CARROLLTON, TX 750110466	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEAM ZEN - CHAMPIONS FOR LIFE 16701 GOLDENWOOD WAY AUSTIN, TX 787379003	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEATRO HISPANO DE DALLAS 1230 RIVER BEND DRIVE SUITE 111 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	289
TEATRO HISPANO DE DALLAS 1230 RIVER BEND DRIVE SUITE 111 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	222
TEATRO HISPANO DE DALLAS 1230 RIVER BEND DRIVE SUITE 111 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEATRO HISPANO DE DALLAS 1230 RIVER BEND DRIVE SUITE 111 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
TEATRO HISPANO DE DALLAS 1230 RIVER BEND DRIVE SUITE 111 DALLAS, TX 75247	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,950
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,475
TELANGANA AMERICAN TELUGU ASSOCIATI 3030 IVY HILL LN IRVING, TX 75063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,500
TELANGANA PEOPLES SOCIETY OF DALLAS 9555 LEBANON RD SUITE 203 FRISCO, TX 75035	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TELUGU ASSOCIATION OF NORTH AMERICA 6200 SAVOY STE 530 HOUSTON, TX 770363325	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
TELUGU ASSOCIATION OF NORTH TEXAS I POBOX 167781 IRVING, TX 75016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
TEMPLE EMANU-EL FOUNDATION INC 8500 HILLCREST AVE DALLAS, TX 752254204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TERRANCE M JOHNSON DANCE PROJECT 1222 COMMERCE ST 2018 DALLAS, TX 75202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TEXARKANA REGIONAL ARTS & HUMANITIE PO BOX 1171 TEXARKANA, TX 755041171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEXAS 4000 FOR CANCER 1111 W 24TH STREET SUITE 200 AUSTIN, TX 78705	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	109
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS 4000 FOR CANCER 1111 W 24TH STREET SUITE 200 AUSTIN, TX 78705	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEXAS A & M UNIVERSITY 12TH MAN FOU PO BOX 2800 COLLEGE STA, TX 778412800	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
TEXAS A & M UNIVERSITY 12TH MAN FOU PO BOX 2800 COLLEGE STA, TX 778412800	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A & M UNIVERSITY 12TH MAN FOU PO BOX 2800 COLLEGE STA, TX 778412800	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
TEXAS A & M UNIVERSITY 12TH MAN FOU PO BOX 2800 COLLEGE STA, TX 778412800	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,350
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	6,425
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,750
TEXAS A&M INTERNATIONAL UNIVERSITY 5201 UNIVERSITY BOULEVARD LAREDO, TX 78041	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
TEXAS A&M UNIVERSITY 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS AGGIE BAND ASSOCIATION 1134 FINFEATHER RD BRYAN, TX 778033823	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	52
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS AGGIE CORPS OF CADETS ASSOCIA 1134 FINFEATHER ROAD BRYAN, TX 77803	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	17
TEXAS BALLET THEATER INC 1540 MALL CIRCLE FORT WORTH, TX 761161535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
TEXAS BEST CHOICES ANIMAL RESCUE 2502 RED BUD TRL QUINLAN, TX 754749027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS BEST CHOICES ANIMAL RESCUE 2502 RED BUD TRL QUINLAN, TX 754749027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TEXAS BROTHERHOOD RIDE 3902 CORDER ST HOUSTON, TX 770215704	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	49
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	84
TEXAS CHILDRENS HOSPITAL PO BOX 300630 HOUSTON, TX 77030	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	17
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	30
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,400
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	667
TEXAS COALITION FOR ANIMAL PROTECTI PO BOX 77016 FORT WORTH, TX 76177	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS CONSERVATION ALLIANCE PO BOX 822554 DALLAS, TX 75382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEXAS CONSERVATION ALLIANCE PO BOX 822554 DALLAS, TX 75382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TEXAS CONSERVATION ALLIANCE PO BOX 822554 DALLAS, TX 75382	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TEXAS DIAPER BANK 1803 GRANDSTAND DRIVE SUITE 150 SAN ANTONIO, TX 78238	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR BLVD SUITE 300 ARLINGTON, TX 76011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
TEXAS INTERSCHOLASTIC LEAGUE FOUNDA PO BOX 151027 AUSTIN, TX 787151027	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS LAND CONSERVANCY PO BOX 162481 AUSTIN, TX 78716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEXAS LIONS CAMP INCPO BOX 290247 KERRVILLE, TX 780290247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TEXAS MAMMA JAMMA RIDE PO BOX 302106 AUSTIN, TX 78703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS MAMMA JAMMA RIDE PO BOX 302106 AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
TEXAS MAMMA JAMMA RIDE PO BOX 302106 AUSTIN, TX 78703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	156
TEXAS MUSLIM WOMENS FOUNDATION INC PO BOX 863388 PLANO TEXAS 75086 PLANO, TX 750863388	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS MUSLIM WOMENS FOUNDATION INC PO BOX 863388 PLANO TEXAS 75086 PLANO, TX 750863388	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TEXAS PAWPRINTSPO BOX 600644 DALLAS, TX 753600644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEXAS PAWPRINTSPO BOX 600644 DALLAS, TX 753600644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS PUBLIC RADIO 8401 DATAPOINT DR STE 800 SAN ANTONIO, TX 782295903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
TEXAS PYTHIAN HOME INC 1825 E BANKHEAD DR WEATHERFORD, TX 760864614	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
TEXAS RIO GRANDE LEGAL AID INC 4920 N IH-35 FRONTAGE RD AUSTIN, TX 78751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	129
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TEXAS SCOTTISH RITE HOSPITAL FOR CH 2222 WELBORN DALLAS, TX 75219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 752193924	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 752193924	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	380
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 752193924	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	610
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN ST DALLAS, TX 752193924	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	35
TEXAS SCOTTISH RITE HOSPITAL FOR CR 2222 WELBORN STREET DALLAS, TX 75219	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	120
TEXAS SENTINELS FOUNDATION INC 18000 GROESCHKE RD A-7 HOUSTON, TX 770845642	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS SENTINELS FOUNDATION INC 18000 GROESCHKE RD A-7 HOUSTON, TX 770845642	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	290
TEXAS STAR RESCUE 749 ETHEREDGE RD LONGVIEW, TX 756027061	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TEXAS STATE HISTORY MUSEUM FOUNDATI PO BOX 12456 AUSTIN, TX 78711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	2,500
TEXAS STATE UNIVERSITY DEVELOPMENT 601 UNIVERSITY DR - JCK 480 SAN MARCOS, TX 786664684	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS STATE UNIVERSITY DEVELOPMENT 601 UNIVERSITY DR 480 SAN MARCOS, TX 786664684	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TEXAS TECH ALUMNI ASSOCIATION PO BOX 45025 LUBBOCK, TX 794095001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
TEXAS TECH FOUNDATION INC BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS TECH FOUNDATION INC BOX 45025 LUBBOCK, TX 794095025	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,200
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
TEXAS WESLEYAN UNIVERSITY 1201 WESLEYAN STREET FORT WORTH, TX 76105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
TEXAS WOUNDED WARRIORS 2200 SPACE PARK DRIVE SUITE 100 HOUSTON, TX 77058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXAS WOUNDED WARRIORS 2200 SPACE PARK DRIVE SUITE 100 HOUSTON, TX 77058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
TEXAS WOUNDED WARRIORS 2200 SPACE PARK DRIVE SUITE 100 HOUSTON, TX 77058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
TEXAS WOUNDED WARRIORS 2200 SPACE PARK DRIVE SUITE 100 HOUSTON, TX 77058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEXPROTECTS-THE TEXAS ASSOCIATION F 1341 W MOCKINGBIRD LANE SUITE 560 W DALLAS, TX 75247	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE 100 CLUB INC 5555 SAN FELIPE ST STE 1750 HOUSTON, TX 77056	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE ARLINGTON LIFE SHELTER 325 W DIVISION ST ARLINGTON, TX 76011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	240
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LN HOUSTON, TX 770557222	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BANDAN KORO EXPERIENCE EDUCATIO 2319 LINCOLN PARK DR GRAND PRAIRIE, TX 750501323	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
THE BANDAN KORO EXPERIENCE EDUCATIO 2319 LINCOLN PARK DR GRAND PRAIRIE, TX 750501323	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
THE BROOKWOOD COMMUNITY INC 1752 FM 1489 BROOKSHIRE, TX 77423	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BROOKWOOD COMMUNITY INC 1752 FM 1489 BROOKSHIRE, TX 77423	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
THE CANTERBURY EPISCOPAL SCHOOL 1708 N WESTMORELAND RD DESOTO, TX 75115	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
THE CARVER DEVELOPMENT BOARD 226 N HACKBERRY SAN ANTONIO, TX 78202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CATHOLIC FOUNDATION 12222 MERIT DRIVE SUITE 850 DALLAS, TX 75251	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,375
THE CHARITY BALL ASSOCIATION OF SAN PO BOX 6708 SAN ANTONIO, TX 782090708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
THE CHILDRENS ADVOCACY FOR ROCKWELL 1350 E WASHINGTON ST ROCKWALL, TX 750874719	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS SHELTER 2939 W WOODLAWN AVE SAN ANTONIO, TX 782285015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	13,500
THE CHILDRENS SHELTER 2939 W WOODLAWN AVE SAN ANTONIO, TX 782285015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE CHILDRENS SHELTER 2939 WEST WOODLAWN SAN ANTONIO, TX 78228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHILDRENS SHELTER 2939 WEST WOODLAWN SAN ANTONIO, TX 78228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
THE CHILDRENS SHELTER 2939 WEST WOODLAWN SAN ANTONIO, TX 78228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
THE CITIZENS FOUNDATION USA 9494 SOUTHWEST FREEWAY SUITE 620 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CITIZENS FOUNDATION USA 9494 SOUTHWEST FREEWAY SUITE 620 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,825
THE CITIZENS FOUNDATION USA 9494 SOUTHWEST FREEWAY SUITE 620 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	144
THE CITIZENS FOUNDATION USA 9494 SOUTHWEST FREEWAY SUITE 620 HOUSTON, TX 77074	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONCILIO 650 FORT WORTH AVE SUITE 250 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
THE CONCILIO 650 FORT WORTH AVE SUITE 250 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
THE CONCILIO 650 FORT WORTH AVE SUITE 250 DALLAS, TX 75208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CRYSTAL CHARITY BALL 3838 OAK LAWN AVENUE SUITE L150 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE CRYSTAL CHARITY BALL 3838 OAK LAWN AVENUE SUITE L150 DALLAS, TX 75219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE FINE ARTS FOUNDATION PO BOX 542254 HOUSTON, TX 772542254	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FORGE FOR FAMILIES INC 3435 DIXIE DRIVE HOUSTON, TX 77057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
THE GARDEN AT MOCKINGBIRD ELEMENTAR 6333 E MOCKINGBIRD STE 147-512 DALLAS, TX 752142692	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
THE HIGHLANDS SCHOOL INC 1451 E NORTHGATE DR IRVING, TX 750624705	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HIGHLANDS SCHOOL INC 1451 E NORTHGATE DR IRVING, TX 750624705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE HIGHLANDS SCHOOL INC 1451 E NORTHGATE DR IRVING, TX 750624705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,100
THE HIGHLANDS SCHOOL INC 1451 E NORTHGATE DR IRVING, TX 750624705	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	700
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	80
THE HOCKADAY SCHOOL 11600 WELCH ROAD DALLAS, TX 752292913	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	225
THE HOCKADAY SCHOOL OFFICE OF DEVELOPMENT - PO BOX 299000 DALLAS, TX 752299965	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
THE INTERNATIONAL RHINO FOUNDATION 201 MAIN ST STE 2600 FORT WORTH, TX 761023134	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JOSEPHINE THEATRICAL COMPANY IN 339 W JOSEPHINE ST SAN ANTONIO, TX 782124129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
THE JOSEPHINE THEATRICAL COMPANY IN 339 W JOSEPHINE ST SAN ANTONIO, TX 782124129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
THE JOSEPHINE THEATRICAL COMPANY IN 339 W JOSEPHINE ST SAN ANTONIO, TX 782124129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE JUNIOR LEAGUE OF NORTH HARRIS C 2219 SAWDUST RD STE 1403 THE WOODLANDS, TX 773802581	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	6,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,125
THE KINKAID SCHOOL 201 KINKAID SCHOOL DRIVE HOUSTON, TX 770247504	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
THE LAMPLIGHTER SCHOOL 11611 INWOOD ROAD DALLAS, TX 75229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MAGDALEN HOUSE 1302 REDWOOD CIR DALLAS, TX 752183654	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	208
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MARY KAY FOUNDATION PO BOX 799044 DALLAS, TX 753799044	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE MAVERICK BOYS AND GIRLS CLUB OF 1923 S LINCOLN ST AMARILLO, TX 791092745	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MENTORING ALLIANCE 1909 SOUTH BROADWAY AVE TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE MENTORING ALLIANCE 1909 SOUTH BROADWAY AVE TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE MONTESSORI SCHOOL OF SAN ANTONI 17722 ROGERS RANCH PKWY SAN ANTONIO, TX 782584600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MONTESSORI SCHOOL OF SAN ANTONI 17722 ROGERS RANCH PKWY SAN ANTONIO, TX 782584600	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
THE POSSE FOUNDATION INC 1001 MCKINNEY STREET SUITE 950 HOUSTON, TX 77002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
THE RONALD MCDONALD HOUSE OF GALVES 301 14TH ST GALVESTON, TX 77550	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	342
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ROSE 12700 N FEATHERWOOD DRIVE SUITE 260 HOUSTON, TX 77034	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
THE ROTARY FOUNDATION OF ROTARY INT 1405 NEWNING AVENUE AUSTIN, TX 78704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE SAFE ALLIANCEPO BOX 19454 AUSTIN, TX 78760	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 633 N BROADWAY AVE TYLER, TX 75702	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 8787 NORTH STEMMONS FREEWAY STE 800 DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20,000
THE SALVATION ARMY 4721 W WACO DRIVE WACO, TX 76710	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 4721 W WACO DRIVE WACO, TX 76710	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMY 521 JOSEPHINE STREET CORPUS CHRISTI, TX 78401	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	700
THE SALVATION ARMY 8787 NSTEMMONS FREEWAY DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYP O BOX 278 ARLINGTON, TX 76004	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
THE SALVATION ARMY521 W ELMIRA SAN ANTONIO, TX 78212	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,000
THE SALVATION ARMY451 W AVENUE D GARLAND, TX 75040	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 1000 AUSTIN, TX 78767	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
THE SALVATION ARMY 8787 NSTEMMONS FREEWAY DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SALVATION ARMY 8787 NSTEMMONS FREEWAY DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TEXAS A & M UNIVERSITY COMMERCE PO BOX 3425 COMMERCE, TX 754293425	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,250
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH ROAD SUITE 202 SAN ANTONIO, TX 78230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,148
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	822
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	554
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	277
THE UNITED WAY INC2207 LINE AVE AMARILLO, TX 79101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
THE UNIVERSITY OF TEXAS RIO GRANDE 1201 W UNIVERSITY DR EITTB 1210 EDINBURG, TX 785392909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UNIVERSITY OF TEXAS RIO GRANDE 1201 W UNIVERSITY DR EITTB 1210 EDINBURG, TX 785392909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
THE WEST TEXAS REHABILITATION CENTE 4601 HARTFORD ST ABILENE, TX 796054603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	315
THE WOMENS HOME 607 WESTHEIMER ROAD HOUSTON, TX 77006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE WOMENS HOME 607 WESTHEIMER ROAD HOUSTON, TX 77006	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	475
THE WOMENS RESOURCE OF GREATER HOUS 730 N POST OAK RD STE 203 HOUSTON, TX 770243969	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE WORKFAITH CONNECTION 4555 DACOMA 200 HOUSTON, TX 77092	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THEATRE ARLINGTON INC 305 W MAIN ST ARLINGTON, TX 760107115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
THIN BLUE LINE FOUNDATION 9414 STONE PORCH LN HOUSTON, TX 77064	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
TMI-THE EPISCOPAL SCHOOL OF TEXAS 20955 WEST TEJAS TRAIL SAN ANTONIO, TX 78257	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOOLBANK USA INC1215 GAZIN HOUSTON, TX 77020	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
TOUCH A LIFE 400 EAST ROYAL LANE BLDG 3 SUITE 29 IRVING, TX 750393540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
TOUCH A LIFE 400 EAST ROYAL LANE BLDG 3 SUITE 29 IRVING, TX 750393540	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOWN LAKE TRAIL FOUNDATION PO BOX 5195 AUSTIN, TX 787635195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TRAIN AND HELP THE BABIES 218 FLAGSTONE LANE COPPELL, TX 75019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TRAIN YOUR MIND TRAIN YOUR GAME BAS 4020 FOXHOUND LANE FORT WORTH, TX 76123	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,080
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
TRANS PRIDE INITIATIVEPO BOX 3982 DALLAS, TX 752081282	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	21
TRANSFORMATIONS BY AUSTIN ANGELS 9901 BRODIE LN STE 160 PMB 255 AUSTIN, TX 787485892	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAVIS ACADEMY OF FINE ARTS 800 WEST BERRY STREET FORT WORTH, TX 76110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	315
TRAVIS AUDUBON SOCIETY INC 3710 CEDAR STREET BOX 5 AUSTIN, TX 787051450	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TREES FOR HOUSTONPO BOX 270477 HOUSTON, TX 77277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREES FOR HOUSTONPO BOX 270477 HOUSTON, TX 77277	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
TRINITY CHRISTIAN ACADEMY 4954 E I-20 SERVICE ROAD S WILLOW PARK, TX 760873651	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
TRINITY PARK CONSERVANCY 1444 OAK LAWN AVE STE 200 DALLAS, TX 752073600	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY RIVER MISSION INC 2060 SINGLETON BLVD STE 104 DALLAS, TX 752123872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
TRINITY UNIVERSITY ONE TRINITY PLACE 49 SAN ANTONIO, TX 782127200	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY VALLEY SCHOOL 7500 DUTCH BRANCH RD FORT WORTH, TX 761324110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
TRINITY VALLEY SCHOOL 7500 DUTCH BRANCH RD FORT WORTH, TX 761324110	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
TRUTH BE TOLDPO BOX 40221 AUSTIN, TX 787040221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURTLE CREEK CHORALE INC 3630 HARRY HINES BLVD SUITE 306 DALLAS, TX 75219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
TWIN CITY MISSIONPO BOX 3490 BRYAN, TX 778053490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
TWIN CITY MISSIONPO BOX 3490 BRYAN, TX 778053490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN CITY MISSIONPO BOX 3490 BRYAN, TX 778053490	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TYLER JUNIOR COLLEGE FOUNDATION PO BOX 9020 TYLER, TX 757119020	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
TYLER JUNIOR COLLEGE FOUNDATION PO BOX 9020 TYLER, TX 757119020	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TYLER JUNIOR GOLF FOUNDATION PO BOX 74 BULLARD, TX 75757	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	888
UGM OF DALLAS3211 IRVING BLVD DALLAS, TX 75247	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	405
UMC FOUNDATION 602 INDIANA AVENUE LUBBOCK, TX 79415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION GOSPEL MISSION OF TARRANT COU PO BOX 1957 FORT WORTH, TX 76101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNION GOSPEL MISSION OF TARRANT COU PO BOX 1957 FORT WORTH, TX 76101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNION GOSPEL MISSION OF TARRANT COU PO BOX 1957 FORT WORTH, TX 76101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION GOSPEL MISSION OF TARRANT COU PO BOX 1957 FORT WORTH, TX 76101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,250
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	625
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	625
UNITED CHURCH OF CHRIST 5910 CEDAR SPRINGS RD DALLAS, TX 75235	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED REGIONAL HEALTH CARE FOUNDAT 1600 11TH ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 50TH STREET BUILDING 44 FORT HOOD, TX 76544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
UNITED SERVICE ORGANIZATIONS INC 50TH STREET BUILDING 44 FORT HOOD, TX 76544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNITED STATES VETERANS INITIATIVE 1200 BINZ STREET SUITE 290 HOUSTON, TX 77004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD AUSTIN, TX 787021340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,985
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD AUSTIN, TX 787021340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,572
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD AUSTIN, TX 787021340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,048
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD AUSTIN, TX 787021340	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	524
UNITED WAY FOUNDATION OF METROPOLIT 1800 N LAMAR DALLAS, TX 75202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,789
UNITED WAY FOUNDATION OF METROPOLIT 1800 N LAMAR DALLAS, TX 75202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOUNDATION OF METROPOLIT 1800 N LAMAR DALLAS, TX 75202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	107
UNITED WAY FOUNDATION OF METROPOLIT 1800 N LAMAR DALLAS, TX 75202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,376
UNITED WAY FOUNDATION OF METROPOLIT 1800 N LAMAR DALLAS, TX 75202	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	188
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF BRAZORIA COUNTY POST OFFICE BOX 1959 ANGLETON, TX 775161959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
UNITED WAY OF BRAZORIA COUNTY POST OFFICE BOX 1959 ANGLETON, TX 775161959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED WAY OF BRAZORIA COUNTY POST OFFICE BOX 1959 ANGLETON, TX 775161959	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DENTON COUNTY INC 1314 TEASLEY LANE DENTON, TX 762057946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
UNITED WAY OF DENTON COUNTY INC 1314 TEASLEY LANE DENTON, TX 762057946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF DENTON COUNTY INC 1314 TEASLEY LANE DENTON, TX 762057946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DENTON COUNTY INC 1314 TEASLEY LANE DENTON, TX 762057946	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF EL PASO COUNTY 100 NORTH STANTON STREET STE 500 EL PASO, TX 79901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF EL PASO COUNTY 100 NORTH STANTON STREET STE 500 EL PASO, TX 79901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF EL PASO COUNTY 100 NORTH STANTON STREET STE 500 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
UNITED WAY OF EL PASO COUNTY 100 NORTH STANTON STREET STE 500 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
UNITED WAY OF EL PASO COUNTY 100 NORTH STANTON STREET STE 500 EL PASO, TX 79901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DR BAYTOWN, TX 775201413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DRIVE BAYTOWN, TX 77520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DR BAYTOWN, TX 775201413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DRIVE BAYTOWN, TX 77520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DR BAYTOWN, TX 775201413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DRIVE BAYTOWN, TX 77520	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER BAYTOWN AREA 5309 DECKER DR BAYTOWN, TX 775201413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,960
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	63
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,415
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 770075813	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	515
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,020
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,456
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	293
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,383
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168
UNITED WAY OF METROPOLITAN DALLAS I 1800 N LAMAR DALLAS, TX 75202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,904
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	556
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	353
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	278
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SAN ANTONIO & BEXAR C 700 SOUTH ALAMO SAN ANTONIO, TX 782930898	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	139
UNITED WAY OF SOUTHERN CAMERON COUN 634 E LEVEE ST BROWNSVILLE, TX 785205214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	924
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,141
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	231
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	953
UNITED WAY OF TARRANT COUNTY 1500 N MAIN STE 200 FORT WORTH, TX 76164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	461
UNITED WAY OF THE COASTAL BEND INC 4659 EVERHART RD CORPUS CHRISTI, TX 78411	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF DALLAS 1845 E NORTHGATE DR IRVING, TX 750624736	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	70
UNIVERSITY OF HOUSTON COLLEGE OF BU PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON FOUNDATION ONE MAIN ST HOUSTON, TX 770021001	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20,000
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF HOUSTON FOUNDATION PO BOX 867 HOUSTON, TX 770010867	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF HOUSTON SYSTEM PO BOX 867 HOUSTON, TX 770010867	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 76203	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,500
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,957
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	255
UNIVERSITY OF NORTH TEXAS FOUNDATIO 1155 UNION CIRCLE 311250 DENTON, TX 762035017	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS AT ARLINGTON AL PO BOX 1043 ARLINGTON, TX 760041043	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,575
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,116
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	7,000
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	78
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,030
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	20
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	59
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,500
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	25
UNIVERSITY OF TEXAS FOUNDATION NO 1 9011 MOUNTAIN RIDGE DR SUITE 150 AUSTIN, TX 78759	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY PARK SCHOOL PARENT- TEAC 3505 AMHERST AVE DALLAS, TX 752257420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY PARK SCHOOL PARENT-TEAC 3505 AMHERST AVE DALLAS, TX 752257420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
UNIVERSITY PARK SCHOOL PARENT-TEAC 3505 AMHERST AVE DALLAS, TX 752257420	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,190
UNLIKELY HEROES INCPO BOX 518 GRAPEVINE, TX 76099	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNLIKELY HEROES INCPO BOX 518 GRAPEVINE, TX 76099	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
UPTOWN PLAYERS INCPO BOX 192264 DALLAS, TX 752198516	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 76052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 76052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	148
URGENT ANIMALS OF FORT WORTH INC 1816 CLOVER SPRINGS DR HASLET, TX 76052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
URSULINE ACADEMY OF DALLAS 4900 WALNUT HILL LN DALLAS, TX 752296542	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	6,300
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	160
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	80
UT SOUTHWESTERN HEALTH SYSTEMS 5323 HARRY HINES BLVD DALLAS, TX 753909009	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	40
VALLEY ALLIANCE OF MENTORS FOR PO BOX 6882 MCALLEN, TX 78501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY ALLIANCE OF MENTORS FOR PO BOX 6882 MCALLEN, TX 78501	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
VALLEY CREEK CHURCH 5800 LONG PRAIRIE RD FLOWER MOUND, TX 750282282	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
VALLEY CREEK CHURCH 5800 LONG PRAIRIE RD FLOWER MOUND, TX 750282282	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CREEK CHURCH 5800 LONG PRAIRIE RD FLOWER MOUND, TX 750282282	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
VAMPIRE COURT OF DALLAS 9108 COTTONWOOD VILLAGE DR FORT WORTH, TX 761204190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VAMPIRE COURT OF DALLAS 9108 COTTONWOOD VILLAGE DR FORT WORTH, TX 761204190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	89
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAMPIRE COURT OF DALLAS 9108 COTTONWOOD VILLAGE DR FORT WORTH, TX 761204190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
VAMPIRE COURT OF DALLAS 9108 COTTONWOOD VILLAGE DR FORT WORTH, TX 761204190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VAMPIRE COURT OF DALLAS 9108 COTTONWOOD VILLAGE DR FORT WORTH, TX 761204190	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAN ALSTYNE EDUCATION FOUNDATION IN PO BOX 1620 VAN ALSTYNE, TX 75495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	82
VAN ALSTYNE EDUCATION FOUNDATION IN PO BOX 1620 VAN ALSTYNE, TX 75495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VAN ALSTYNE EDUCATION FOUNDATION IN PO BOX 1620 VAN ALSTYNE, TX 75495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VAN ALSTYNE EDUCATION FOUNDATION IN PO BOX 1620 VAN ALSTYNE, TX 75495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
VANGUARD COLLEGE PREPARATORY SCHOOL 2517 MOUNT CARMEL DR WACO, TX 767101507	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
VERITAS CHRISTIAN ACADEMY 7000 FERRIS STREET BELLAIRE, TX 774013921	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	4,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	803
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VICTORY NEW TESTAMENT FELLOWSHIP IN PO BOX 383126 DUNCANVILLE, TX 751383126	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	625
VIETNAMESE CULTURE AND SCIENCE ASSO 13080 BELLAIRE BLVD SUITE G HOUSTON, TX 77072	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	865
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	290
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	496
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
VISITING NURSE ASSOCIATION OF TEXAS 1600 VICEROY DRIVE SUITE 400 DALLAS, TX 752352316	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	236
VOLUNTEER FIREMANS ASSOCIATION 923 SHAW AVE PASADENA, TX 77506	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER FIREMANS ASSOCIATION 923 SHAW AVE PASADENA, TX 77506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
W I COOK FOUNDATION INC 801 7TH AVE FORT WORTH, TX 761042733	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
WACO CHAMBER OF COMMERCE COMMUNITY PO BOX 1220 WACO, TX 767031220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WACO CHAMBER OF COMMERCE COMMUNITY PO BOX 1220 WACO, TX 767031220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
WACO CHAMBER OF COMMERCE COMMUNITY PO BOX 1220 WACO, TX 767031220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WACO COMMUNITY DEVELOPMENT CORPORAT 1624 COLCORD WACO, TX 767072203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WACO CULTURAL ARTS FEST 814 ELM AVE WACO, TX 76704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
WACO FOUNDATION 1227 NVALLEY MILLS DR STE 235 WACO, TX 76710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
WAKELAND HIGH SCHOOL BAND BOOSTERS 10700 LEGACY DR FRISCO, TX 750341260	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WALLY WATKINS EL1301 ELM DR WYLIE, TX 75098	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	158
WARRIOR DOG FOUNDATION 5930 ROYAL LN STE E 355 DALLAS, TX 75230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
WAXAHACHIE COMMUNITY THEATER INC PO BOX 2102 WAXAHACHIE, TX 751682102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WAYSIDE SCHOOLS6405 S IH 35 AUSTIN, TX 787443401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
WE DEFY4100 EL DORADO PKWY MCKINNEY, TX 750706102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	135
WE DEFY4100 EL DORADO PKWY MCKINNEY, TX 750706102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WE DEFY4100 EL DORADO PKWY MCKINNEY, TX 750706102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	90
WEIMARANER RESCUE OF NORTH TEXAS IN 4347 W NORTHWEST HWY STE 120 DALLAS, TX 752203866	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
WESLEY COMMUNITY CENTER INC 1410 LEE ST HOUSTON, TX 770098228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESLEY COMMUNITY CENTER INC 1410 LEE ST HOUSTON, TX 770098228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WEST KESSLER NEIGHBORHOOD ASSOC PO BOX 225647 DALLAS, TX 752225647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
WEST KESSLER NEIGHBORHOOD ASSOC PO BOX 225647 DALLAS, TX 752225647	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST TEXAS A & M UNIVERSITY FOUNDAT WTAMU BOX 60766 CANYON, TX 790160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
WEST TEXAS A & M UNIVERSITY FOUNDAT P O BOX 60766 CANYON, TX 790160001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WEST TEXAS FOOD BANKPO BOX 4242 ODESSA, TX 79760	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST TEXAS FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
WEST TEXAS FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
WEST TEXAS FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAKE HIGH BOOSTER CLUB INC 4100 WESTBANK DR AUSTIN, TX 787466566	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WESTLAND BAPTIST CHURCH 1407 W GRAND PARKWAY SOUTH KATY, TX 77494	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,270
WESTLAND BAPTIST CHURCH 1407 W GRAND PARKWAY SOUTH KATY, TX 77494	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	635
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTLAND BAPTIST CHURCH 1407 W GRAND PARKWAY SOUTH KATY, TX 77494	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,270
WESTLAND BAPTIST CHURCH 1407 W GRAND PARKWAY SOUTH KATY, TX 77494	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	635
WESTWOOD DEBATE AND SPEECH BOOSTERS 12400 MELLOW MEADOW AUSTIN, TX 78750	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	295
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHAT ABOUT REMEMBERING ME CENTER IN 809 LIPSCOMB ST FORT WORTH, TX 761043121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,400
WHITE ROCK LAKE CONSERVANCY INC PO BOX 140227 DALLAS, TX 752140227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
WICHITA FALLS AREA FOOD BANK 1230 MIDWESTERN PARKWAY WICHITA FALLS, TX 76307	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FALLS AREA FOOD BANK 1230 MIDWESTERN PARKWAY WICHITA FALLS, TX 76307	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WICHITA FALLS FAITH MISSION INC 1300 TRAVIS ST WICHITA FALLS, TX 763017049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WICHITA FALLS FAITH MISSION INC 1300 TRAVIS ST WICHITA FALLS, TX 763017049	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WICHITA FALLS YOUTH SYMPHONY ORCHES 1300 LAMAR ST WICHITA FALLS, TX 763017031	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WILDCAT YOUTH SPORTS ORGANIZATION 17833 MARY MAGARET ST DALLAS, TX 75287	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
WILDCAT YOUTH SPORTS ORGANIZATION 17833 MARY MAGARET ST DALLAS, TX 75287	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDCAT YOUTH SPORTS ORGANIZATION 17833 MARY MAGARET ST DALLAS, TX 75287	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
WILKINSON CENTERPO BOX 720248 DALLAS, TX 753720248	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,395
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	4,750
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
WILLIAM MARSH RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 770051827	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WINGS OF HOPE EQUITHERAPY PO BOX 445 BURLESON, TX 760970000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WIPE OUT KIDS CANCER INC 1349 EMPIRE CENTRAL SUITE 100 DALLAS, TX 75247	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WITTE MUSEUM3801 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
WITTE MUSEUM3801 BROADWAY SAN ANTONIO, TX 78209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD ROAD DALLAS, TX 752357423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN IN NEED OF GENEROUS SUPPORT 2603 INWOOD ROAD DALLAS, TX 752357423	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
WOMENS AND MENS HEALTH SERVICES OF 3536 HOLLY RD CORPUS CHRISTI, TX 78415	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
WOMENS CENTER OF TARRANT COUNTY INC 1723 HEMPHILL STREET FORT WORTH, TX 761101516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS CENTER OF TARRANT COUNTY INC 1723 HEMPHILL STREET FORT WORTH, TX 761101516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WOMENS CENTER OF TARRANT COUNTY INC 1723 HEMPHILL STREET FORT WORTH, TX 761101516	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,075
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE215 TYLER, TX 75701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE215 TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE215 TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE215 TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE 215 TYLER, TX 75711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE215 TYLER, TX 75701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
WOMENS FUND OF SMITH COUNTY 909 ESE LOOP 323 SUITE 215 TYLER, TX 75711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMENS SHELTER OF SOUTH TEXAS PO BOX 3368 CORPUS CHRISTI, TX 784633368	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
WOMENS STORYBOOK PROJECT OF TEXAS 5524 BEE CAVES ROAD SUITE 131 AUSTIN, TX 78746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WOODROW WILSON HIGH SCHOOL COMMUNIT PO BOX 140062 DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODROW WILSON HIGH SCHOOL COMMUNIT PO BOX 140062 DALLAS, TX 75214	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WORKFORCE SOLUTIONS BORDERPLEX INC 300 E MAIN SUITE 800 EL PASO, TX 799011372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
WORKFORCE SOLUTIONS BORDERPLEX INC 300 E MAIN SUITE 800 EL PASO, TX 799011372	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORKSOURCE GREATER AUSTIN AREA WORK 9001 N IH 35 STE 110E AUSTIN, TX 78753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WORLD AFFAIRS COUNCIL OF DALLAS FOR 325 N ST PAUL STREET SUITE 4200 DALLAS, TX 752013857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
WORLD AFFAIRS COUNCIL OF DALLAS FOR 325 N ST PAUL STREET SUITE 4200 DALLAS, TX 752013857	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	87
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
WORLD HUNGER INITIATIVE 2605 SPRING DR SACHSE, TX 75048	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	169
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WREATHS ACROSS AMERICA 4582 KINGWOOD DR 247 KINGWOOD, TX 77345	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
WYLIE EAST BAND BOOSTER CLUB PO BOX 1131 WYLIE, TX 750981131	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YEAR UP INC 701 ELM STREET 4TH FLOOR DALLAS, TX 75202	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YELLOWSTONE ACADEMY INC 3000 TRULLEY ST HOUSTON, TX 770041743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,250
YELLOWSTONE ACADEMY INC 3000 TRULLEY ST HOUSTON, TX 770041743	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YES PREP PUBLIC SCHOOLS INC 5515 SOUTH LOOP EAST SUITE B HOUSTON, TX 77033	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YES PREP PUBLIC SCHOOLS INC 5515 SOUTH LOOP EAST SUITE B HOUSTON, TX 77033	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YES PREP PUBLIC SCHOOLS INC 353 CRENSHAW ROAD HOUSTON, TX 77034	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	200
YES PREP PUBLIC SCHOOLS INC 353 CRENSHAW ROAD HOUSTON, TX 77034	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	267
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YES PREP PUBLIC SCHOOLS INC 353 CRENSHAW ROAD HOUSTON, TX 77034	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	50
YFCH INC903 COLLINS BLVD CEDAR HILL, TX 751047365	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
YMCA OF METROPOLITAN DALLAS 7112 GASTON AVENUE DALLAS, TX 75214	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF METROPOLITAN DALLAS 8920 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DALLAS 300 RIDGE ROAD MCKINNEY, TX 75070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YMCA OF METROPOLITAN DALLAS 4332 NORTHAVEN RD DALLAS, TX 75229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF METROPOLITAN DALLAS 8920 STULTS ROAD DALLAS, TX 75243	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
YMCA OF METROPOLITAN DALLAS 601 N AKARD ST DALLAS, TX 75201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
YMCA OF METROPOLITAN FORT WORTH 512 LAMAR STREET SUITE 400 FORT WORTH, TX 761023717	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY CORPUS CHRISTI, TX 784013431	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
YOUNG MENS CHRISTIAN ASSOC OF GREAT 231 E RHAPSODY SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
YOUNG MENS CHRISTIAN ASSOC OF GREAT 231 E RHAPSODY SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOC OF GREAT 231 E RHAPSODY SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
YOUNG MENS CHRISTIAN ASSOC OF GREAT 231 E RHAPSODY SAN ANTONIO, TX 78216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
YOUNG MENS CHRISTIAN ASSOCIATION OF 3208 RED RIVER ST STE 200 AUSTIN, TX 787052650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1234 WEST 34TH STREET HOUSTON, TX 77018	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 6145 SHADOWBEND PLACE THE WOODLANDS, TX 77381	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 3208 RED RIVER ST STE 200 AUSTIN, TX 787052650	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 1010 9TH ST WICHITA FALLS, TX 76301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS ALLIANCE FOUNDATION PO BOX 684612 AUSTIN, TX 78768	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG WOMENS CHRISTIAN ASSOCIATION 201 E MAIN SUITE 400 EL PASO, TX 799011383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 201 E MAIN SUITE 400 EL PASO, TX 79901	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
YOUNG WOMENS PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS PREPARATORY NETWORK 1722 ROUTH STREET SUITE 720 DALLAS, TX 75201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
A NEW DAWN370 S 500 E STE 209 CLEARFIELD, UT 840157312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
A NEW DAWN370 S 500 E STE 209 CLEARFIELD, UT 840157312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	8,050
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,130
AMERICAN CANCER SOCIETY INC 375 EAST 100 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	253
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ART ACCESS230 S 500 W STE 125 SALT LAKE CTY, UT 841011245	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,860
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,455
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	961
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	775
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	615
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	529
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	336
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	365
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	725
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,613
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOY SCOUTS OF AMERICA 525 FOOTHILL BLVD SALT LAKE CITY, UT 84113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 525 FOOTHILL DR SALT LAKE CITY, UT 841131102	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	150
BOY SCOUTS OF AMERICA 525 FOOTHILL BLVD SALT LAKE CITY, UT 84113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	23
BOYS AND GIRLS CLUB OF UTAH COUNTY 1060 EAST 150 NORTH PROVO, UT 846060000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHAM YOUNG UNIVERSITY PO BOX 27188 PROVO, UT 84602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,100
BRIGHAM YOUNG UNIVERSITY PO BOX 27188 PROVO, UT 84602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	36
BRIGHAM YOUNG UNIVERSITY PO BOX 27188 PROVO, UT 84602	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIGHAM YOUNG UNIVERSITY 1450 N UNIVERSITY AVE PROVO, UT 84602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
BRIGHAM YOUNG UNIVERSITY PO BOX 27188 PROVO, UT 84602	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	29
CANCER WELLNESS HOUSE INC 59 S 1100 E SALT LAKE CTY, UT 841021508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANYONS SCHOOL DISTRICT EDUCATION F 9361 S 300 E SANDY, UT 840702902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CATHOLIC COMMUNITY SERVICES OF UTAH 745 E 300 S SALT LAKE CTY, UT 841022256	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	750
CATHOLIC COMMUNITY SERVICES OF UTAH 745 E 300 S SALT LAKE CTY, UT 841022256	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY SERVICES OF UTAH 745 E 300 S SALT LAKE CTY, UT 841022256	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC COMMUNITY SERVICES OF UTAH 745 E 300 S SALT LAKE CTY, UT 841022256	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
CATHOLIC FOUNDATION OF UTAH 27 C ST SALT LAKE CTY, UT 841032302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,314
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	54
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
CHILDRENS MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOLANGIOCARCINOMA FOUNDATION 5526 W 13400 S 510 HERRIMAN, UT 840966919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHOLANGIOCARCINOMA FOUNDATION 5526 W 13400 S 510 HERRIMAN, UT 840966919	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
CITIZENS COMMITTEE TO SAVE OUR CANY 3690 E FORT UNION BLVD SUITE 101 COTTONWOOD HEIGHTS, UT 84121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CITIZENS COMMITTEE TO SAVE OUR CANY 3690 E FORT UNION BLVD SUITE 101 COTTONWOOD HEIGHTS, UT 84121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CITIZENS COMMITTEE TO SAVE OUR CANY 3690 E FORT UNION BLVD SUITE 101 COTTONWOOD HEIGHTS, UT 84121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
COMMUNITY ACTION SERVICES AND FOOD 815 S FREEDOM BLVD STE 100 PROVO, UT 846015817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY DEVELOPMENT CORPORATION O 501 E 1700 S SALT LAKE CTY, UT 841052915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CORPORATION OF THE PRESIDING BISHOP 1450 N UNIVERSITY AVE PROVO, UT 84604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
ECCLES COMMUNITY ART CENTER 2580 JEFFERSON AVE OGDEN, UT 844012411	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE, UT 841291177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
FRIENDS OF THE WEBER-MORGAN CHILDRE 2408 VAN BUREN AVE OGDEN, UT 844012712	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HABITAT FOR HUMANITY INTERNATIONAL 1276 S 500 W SALT LAKE CTY, UT 841013019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HONNOLD FOUNDATION 159 W 300 S 200 SLC, UT 84101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HONNOLD FOUNDATION 159 W 300 S 200 SLC, UT 84101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
HUMANE SOCIETY OF UTAH 4242 S 300 WEST MURRAY, UT 841071415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY OF UTAH 4242 S 300 WEST MURRAY, UT 841071415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 5002 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 5002 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANITARIAN EXPERIENCE INC 307 W 200 S SUITE 5002 SALT LAKE CITY, UT 84101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	290
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUNTSMAN CANCER FOUNDATION 500 S HUNTSMAN WAY SALT LAKE CTY, UT 841081235	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
JDRF INTERNATIONAL 132 S 600 E SUITE 100 SALT LAKE CITY, UT 84102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
JUNIOR ACHIEVEMENT OF UTAH INC 515 S 700 E STE 1F SALT LAKE CITY, UT 84102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LATTER-DAY SAINT CHARITIES 1450 N UNIVERSITY AVE PROVO, UT 84604	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,600
LIVE WELLE FOUNDATION INC 1677 EAST 750 SOUTH SPRINGVILLE, UT 846633926	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,500
MADELEINE CHOIR SCHOOL 205 FIRST AVENUE SALT LAKE CITY, UT 841032343	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
NATIONAL ABILITY CENTER 1000 ABILITY WAY PARK CITY, UT 84060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NEIGHBORHOOD HOUSE ASSOCIATION 1050 W 500 S SALT LAKE CITY, UT 84104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OGDEN SYMPHONY-BALLET ASSOCIATION 638 26TH ST OGDEN, UT 844012594	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
OPERATION UNDERGROUND RAILROAD INC 5727 N 1700 W CEDAR CITY, UT 847217129	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARK CITY CONSERVATION ASSOCIATION PO BOX 682998 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARK CITY CONSERVATION ASSOCIATION PO BOX 682998 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
PARK CITY CONSERVATION ASSOCIATION PO BOX 682998 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PEOPLES HEALTH CLINIC INC PO BOX 681558 PARK CITY, UT 84068	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD ASSOCIATION OF U 654 S 900 E SALT LAKE CTY, UT 841023478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PLANNED PARENTHOOD ASSOCIATION OF U 654 S 900 E SALT LAKE CTY, UT 841023478	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PTA UTAH CONGRESS50 PARK ST GRANTSVILLE, UT 840299670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PTA UTAH CONGRESS50 PARK ST GRANTSVILLE, UT 840299670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
PTA UTAH CONGRESS50 PARK ST GRANTSVILLE, UT 840299670	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROUND RIVER CONSERVATION STUDIES 925 E 900 S STE 207 SALT LAKE CITY, UT 841051401	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SALT LAKE COMMUNITY COLLEGE 4600 S REDWOOD RD SALT LAKE, UT 841233145	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
SALT LAKE COMMUNITY COLLEGE 4600 S REDWOOD RD SALT LAKE, UT 841233145	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 1275 E FAIRFAX RD SALT LAKE CITY, UT 84103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN FAIRFAX AVE AT VIRGINIA ST SALT LAKE CITY, UT 84103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	80
SHRINERS HOSPITALS FOR CHILDREN FAIRFAX AVE AT VIRGINIA ST SALT LAKE CITY, UT 84103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN FAIRFAX AVE AT VIRGINIA ST SALT LAKE CITY, UT 84103	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	20
SIMON SAYS FOUNDATION HOPE PROJECTS 717 W BIGLER LN MIDWAY, UT 840496410	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
SOUTHERN UTAH WILDERNESS ALLIANCE 425 E 100 S SALT LAKE CTY, UT 841111801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST FRANCIS XAVIER CATHOLIC SCHOOL 4501 W 5215 S KEARNS, UT 84118	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
ST JOSEPH CATHOLIC HIGH SCHOOL 1790 LAKE ST OGDEN, UT 84401	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
SUMMIT COUNTY CLUBHOUSE PO BOX 680861 PARK CITY, UT 84068	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEENY TEARS 641 W VALLEY VIEW DRIVE SARATOGA SPRINGS, UT 84045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TEENY TEARS 641 W VALLEY VIEW DRIVE SARATOGA SPRINGS, UT 84045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
TEENY TEARS 641 W VALLEY VIEW DRIVE SARATOGA SPRINGS, UT 84045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEENY TEARS 641 W VALLEY VIEW DRIVE SARATOGA SPRINGS, UT 84045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
TEENY TEARS 641 W VALLEY VIEW DRIVE SARATOGA SPRINGS, UT 84045	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE PARK CITY FOUNDATION PO BOX 681499 PARK CITY, UT 840681499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
THE SUDDEN ARRHYTHMIA DEATH SYNDROM 4527 SOUTH 2300 EAST STE 104 SALT LAKE CITY, UT 84117	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOPAZ MUSEUMPO BOX 241 DELTA, UT 846240241	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF CENTRAL AND SOUTHERN PO BOX 135 PROVO, UT 846030135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED WAY OF SALT LAKE 257 E 200 S STE 300 SALT LAKE CITY, UT 841112078	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SALT LAKE 257 E 200 S STE 300 SALT LAKE CITY, UT 841112078	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
UNIVERSITY OF UTAH 332 SOUTH 1400 EAST SUITE 150 SALT LAKE CITY, UT 84112	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
UNIVERSITY OF UTAH 200 S CENTRAL CAMPUS DR RM 101 SALT LAKE CTY, UT 841120300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF UTAH 200 S CENTRAL CAMPUS DR RM 101 SALT LAKE CTY, UT 841120300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,750
UNIVERSITY OF UTAH 301 WAKARA WAY SALT LAKE CITY, UT 84108	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50,000
UNIVERSITY OF UTAH 200 S CENTRAL CAMPUS DR RM 101 SALT LAKE CTY, UT 841120300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF UTAH 200 S CENTRAL CAMPUS DR RM 101 SALT LAKE CTY, UT 841120300	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,350
UTAH FOOD BANK3150 S 900 W SALT LAKE CTY, UT 84119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UTAH FOOD BANK 3150 SOUTH 900 WEST SOUTH SALT LAKE, UT 84119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UTAH FOOD BANK 3150 SOUTH 900 WEST SOUTH SALT LAKE, UT 84119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
UTAH STATE UNIVERSITY 1590 OLD MAIN HILL LOGAN, UT 843221590	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
UTAH ZOOLOGICAL SOCIETY 2600 E SUNNYSIDE AVE SALT LAKE CTY, UT 841081454	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEBER HUMAN SERVICES FOUNDATION 237 26TH ST OGDEN, UT 844013105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WILDLIFE S O S406E 300S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
WILDLIFE S O S406E 300S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE S O S406E 300S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
WILDLIFE S O S406E 300S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
WILDLIFE S O S406E 300S 302 SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
YOUNG WOMENS CHRISTIAN ASSOCIATION 322 EAST 300 SOUTH SALT LAKE CITY, UT 84111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUTH FUTURES2760 ADAMS AVE OGDEN, UT 84403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
423 FUND5902 EASTBLUFF COURT MIDLOTHIAN, VA 23112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ACCESS COLLEGE FOUNDATION 2555 ELLSMERE AVENUE SUITE 110 NORFOLK, VA 23513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
ACHIEVABLE DREAM ENDOWMENT INC 10858 WARWICK BLVD STE A NEWPORT NEWS, VA 236013741	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AFGHAN RELIEF FUND INC 11501 BULL RUN OVERLOOK CT MANASSAS, VA 20109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
AFRICAN AMERICAN TEACHING FELLOWS O PO BOX 5064 CHARLOTTESVILLE, VA 22905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
AHC INC 2230 NORTH FAIRFAX DR SUITE 100 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDNOW5401 ORNAMENTAL WAY VIRGINIA BCH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AIDNOW5401 ORNAMENTAL WAY VIRGINIA BCH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AIDNOW5401 ORNAMENTAL WAY VIRGINIA BCH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AIDNOW5401 ORNAMENTAL WAY VIRGINIA BCH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AIMS INDIA FOUNDATION 13327 MISTY DAWN DR HERNDON, VA 201713077	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,000
AIR FORCE AID SOCIETY INC 1550 CRYSTAL DRIVE SUITE 809 ARLINGTON, VA 222023423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AKITA RESCUE-MID ATLANTIC COAST INC PO BOX 4266 MANASSAS, VA 201080727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AKITA RESCUE-MID ATLANTIC COAST INC PO BOX 4266 MANASSAS, VA 201080727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AKITA RESCUE-MID ATLANTIC COAST INC PO BOX 4266 MANASSAS, VA 201080727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE HOUSING IMPROVEMENT PROGR 2127 BERKMAR DRIVE CHARLOTTESVILLE, VA 229011592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ALBEMARLE HOUSING IMPROVEMENT PROGR 2127 BERKMAR DRIVE CHARLOTTESVILLE, VA 229011592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	8,000
ALBEMARLE HOUSING IMPROVEMENT PROGR 2127 BERKMAR DRIVE CHARLOTTESVILLE, VA 229011592	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE SOCIETY FOR THE PREVENTIO PO BOX 7047 CHARLOTTESVILLE, VA 229067047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALBEMARLE SOCIETY FOR THE PREVENTIO PO BOX 7047 CHARLOTTESVILLE, VA 229067047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
ALBEMARLE SOCIETY FOR THE PREVENTIO PO BOX 7047 CHARLOTTESVILLE, VA 229067047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALBEMARLE SOCIETY FOR THE PREVENTIO PO BOX 7047 CHARLOTTESVILLE, VA 229067047	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
ALEXANDRIA COUNTRY DAY SCHOOL 2400 RUSSELL ROAD ALEXANDRIA, VA 223011536	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
ALUMNI ASSOCIATION OF GEORGE MASON 4400 UNIVERSITY DR MSC 3B3 FAIRFAX, VA 220304422	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 355 RIO RD WEST SUITE 102 CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
ALZHEIMERS DISEASE AND RELATED DISO 355 RIO RD WEST SUITE 102 CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,445
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
ALZHEIMERS DISEASE AND RELATED DISO 6350 CENTER DRIVE SUITE 102 NORFOLK, VA 23502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
ALZHEIMERS DISEASE AND RELATED DISO 6350 CENTER DRIVE SUITE 102 NORFOLK, VA 23502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 355 RIO RD WEST SUITE 102 CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 4600 COX RD STE 130 GLEN ALLEN, VA 230606708	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
ALZHEIMERS DISEASE AND RELATED DISO 6350 CENTER DRIVE SUITE 102 NORFOLK, VA 23502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC RD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC RD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 420 NEFF AVE STE 210 HARRISONBURG, VA 22801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN CANCER SOCIETY INC 11835 CANON BLVD SUITE A102 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
AMERICAN CANCER SOCIETY INC 1445 RIO RD E STE 104 CHARLOTTESVILLE, VA 229011751	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN CANCER SOCIETY INC 420 NEFF AVE STE 210 HARRISONBURG, VA 22801	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	485
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
AMERICAN CANCER SOCIETY INC 11835 CANON BLVD SUITE A102 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	64
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 11835 CANON BLVD SUITE A102 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	94
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	970
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2840 ELECTRIC ROAD SUITE 106A ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 4416 EXPRESSWAY DRIVE VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	194
AMERICAN CIVIL RIGHTS UNION 175 CAMERON STATION BLVD ALEXANDRIA, VA 223047783	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN CIVIL WAR MUSEUM 500 TREDEGAR ST RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL WAR MUSEUM 500 TREDEGAR ST RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 22202 ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	395
AMERICAN DIABETES ASSOCIATION 7670 WOODWAY DRIVE HOUSTON, VA 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 ARLINGTON VA 22202 ARLINGTON, VA 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 22202 ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,185
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 ARLINGTON VA 22202 ARLINGTON, VA 77063	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 22202 ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	910
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DR 900 22202 ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE HOUSTON, VA 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC PO BOX 1834 MERRIFIELD, VA 221168034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	575
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN DIABETES ASSOCIATION INC 870 GREENBRIER CIRCLE SUITE 404 CHESAPEAKE, VA 23320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	93
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE HOUSTON, VA 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	905
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN DIABETES ASSOCIATION INC PO BOX 1834 MERRIFIELD, VA 221168034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 7670 WOODWAY DRIVE HOUSTON, VA 77063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DR STE 900 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN DIABETES ASSOCIATION INC 2451 CRYSTAL DRIVE ARLINGTON, VA 222024804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	520
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,380
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 3140 CHAPARRAL DRIVE BLDG C SUITE 106 ROANOKE, VA 24018	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
AMERICAN HEART ASSOCIATION INC 4669 SOUTH BOULEVARD SUITE 103 VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	855
AMERICAN HEART ASSOCIATION INC 4669 SOUTH BOULEVARD SUITE 103 VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
AMERICAN HEART ASSOCIATION INC 4601 N FAIRFAX DRIVE SUITE 700 ARLINGTON, VA 22203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 4217 PARK PLACE CT GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
AMERICAN INSTITUTE FOR CANCER RESEA 1560 WILSON BOUELVARD STE 1000 ARLINGTON, VA 22209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN LEGISLATIVE EXCHANGE COUNC 2900 CRYSTAL DR STE 600 ARLINGTON, VA 222023595	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
AMERICAN NATIONAL RED CROSS PO BOX 248 FREDERICKSBURG, VA 22404	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1105 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
AMERICAN NATIONAL RED CROSS 611 WEST BRAMBLETON AVENUE NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN NATIONAL RED CROSS 1105 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN SHAKESPEARE CENTER 20 SOUTH NEW ST FL 4 STAUNTON, VA 24401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	425
AMERICAN STROKE FOUNDATION 4217 PARK PLACE COURT GLEN ALLEN, VA 230609979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN STROKE FOUNDATION 4217 PARK PLACE COURT GLEN ALLEN, VA 230609979	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICANS FOR PROSPERITY FOUNDATION 1310 N COURTHOUSE RD STE 700 ARLINGTON, VA 222012961	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAS 911 FOUNDATION INC 13630 BARNHOUSE PL LEESBURG, VA 201765460	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,025
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	216
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 1300 WILSON BLVD SUITE 600 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
AN ACHIEVABLE DREAM INC 10858 WARWICK BLVD SUITE A NEWPORT NEWS, VA 23601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
ANGELS OF THE ABBEY INC 7000 COVENTRY RD ALEXANDRIA, VA 223061807	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL DEFENSE LEAGUE OF WASHINGTON PO BOX 2099 ABINGDON, VA 24212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANIMAL DEFENSE LEAGUE OF WASHINGTON PO BOX 2099 ABINGDON, VA 24212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ANIMAL WELFARE LEAGUE OF ARLINGTON 2650 S ARLINGTON MILL DR ARLINGTON, VA 222062212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN GREAT PYRENEES ASSOCIAT 8976 BATTLEFIELD PARK RD HENRICO, VA 232318229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
ARC OF THE PIEDMONT INC 1149 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	140
ARCH INC1621 N KENT ST STE 700 ARLINGTON, VA 222092119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
ARLINGTON FOOD ASSISTANCE CENTER PO BOX 6261 ARLINGTON, VA 22206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ARLINGTON GAY & LESBIAN ALLIANCE PO BOX 100324 ARLINGTON, VA 22210	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARLINGTON PARTNERSHIP FOR AFFORDABL 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30,000
ARLINGTON PARTNERSHIP FOR AFFORDABL 4318 N CARLIN SPRINGS ROAD ARLINGTON, VA 22203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
ARLINGTON STREET PEOPLE S ASSISTANC PO BOX 100731 ARLINGTON, VA 222103731	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY EMERGENCY RELIEF 2530 CRYSTAL DRIVE ARLINGTON, VA 22202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
ARMY EMERGENCY RELIEF 2530 CRYSTAL DRIVE SUITE 13161 ARLINGTON, VA 222023934	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ARMY HISTORICAL FOUNDATION INC 2425 WILSON BLVD ARLINGTON, VA 222013326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMY HISTORICAL FOUNDATION INC 2425 WILSON BLVD ARLINGTON, VA 222013326	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50,000
ART 180 INC114 W MARSHALL ST RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
ARTHRITIS FOUNDATION INC 1506 WILLOW LAWN DRIVE SUITE 207 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASHA-JYOTHI13760 HENRY POND CT CHANTILLY, VA 20151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,500
ASHA-JYOTHI13760 HENRY POND CT CHANTILLY, VA 20151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ASIAN AMERICAN SUCCESS INCORPORATED 6521 ARLINGTON BLVD SUITE 502 FALLS CHURCH VA 22042 FALLS CHURCH, VA 22042	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASK CHILDHOOD CANCER FOUNDATION 5211 W BROAD ST RICHMOND, VA 232303009	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ASK CHILDHOOD CANCER FOUNDATION 5211 W BROAD ST STE 102 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
ASTHMA & ALLERGY FOUNDATION OF AMER 1235 S CLARK ST CRYSTAL CITY, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	37
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASTHMA & ALLERGY FOUNDATION OF AMER 1235 S CLARK ST CRYSTAL CITY, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
ASTHMA & ALLERGY FOUNDATION OF AMER 1235 S CLARK ST CRYSTAL CITY, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
AUTISM SOCIETY OF AMERICA 10467 WHITE GRANITE DRIVE 324 OAKTON, VA 22124	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AVALON A CENTER FOR WOMEN AND CHILD PO BOX 6805 WILLIAMSBURG, VA 23188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AWARENESS GARDENPO BOX 3231 LYNCHBURG, VA 245033231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
AWARENESS GARDENPO BOX 3231 LYNCHBURG, VA 245033231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AWARENESS GARDENPO BOX 3231 LYNCHBURG, VA 245033231	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
AYLETT COUNTRY DAY SCHOOL INC PO BOX 70 MILLERS TAVERN, VA 231150070	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
B DESH FOUNDATION INC 6 SILO MILL CT STERLING, VA 201641169	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BARNETT-SEARING NATIONAL CANCER FOU 4094 MAJESTIC LANE 101 FAIRFAX, VA 22033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BARNETT-SEARING NATIONAL CANCER FOU 4094 MAJESTIC LANE 101 FAIRFAX, VA 22033	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,019
BARTER FOUNDATION INCORPORATED STAT PO BOX 867 ABINGDON, VA 242120867	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEACON TREE FOUNDATION 9201 ARBORETUM PKWY STE 140 RICHMOND, VA 232365407	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BECAUSE WE CARE MINISTRY INC PO BOX 14132 ROANOKE, VA 240384132	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BEGIN AGAIN FOUNDATION PO BOX 6029 VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEGIN AGAIN FOUNDATION PO BOX 6029 VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
BEGIN AGAIN FOUNDATION PO BOX 6029 VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BEGIN AGAIN FOUNDATION PO BOX 6029 VIRGINIA BCH, VA 23456	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BENEDICTINE EDUCATIONAL FOUNDATION 12829 RIVER ROAD RICHMOND, VA 232387206	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	6,250
BETTER HOUSING COALITION 23 WEST BROAD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BIG BROTHERS & BIG SISTERS SERVICES 500 E MAIN ST 1105 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS & BIG SISTERS SERVICES 500 E MAIN ST 1105 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BIG BROTHERS & BIG SISTERS SERVICES 500 E MAIN ST 1105 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BIKE THE US FOR MS INC PO BOX 10001 BLACKSBURG, VA 24062	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIRTHPLACE OF COUNTRY MUSIC ALLIANC PO BOX 1927 BRISTOL, VA 24203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
BIRTHPLACE OF COUNTRY MUSIC ALLIANC PO BOX 1927 BRISTOL, VA 24203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BIRTHPLACE OF COUNTRY MUSIC ALLIANC PO BOX 1927 BRISTOL, VA 24203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP IRETON HIGH SCHOOL 201 CAMBRIDGE ROAD ALEXANDRIA, VA 22314	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BISHOP IRETON HIGH SCHOOL 201 CAMBRIDGE ROAD ALEXANDRIA, VA 22314	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
BISHOP OCONNELL HIGH SCHOOL 6600 LITTLE FALLS RD ARLINGTON, VA 222131211	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BISHOP SULLIVAN CATHOLIC HIGH SCHOO 4552 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
BLACK GIRLS RUN FOUNDATION 8223 PILGRIM TER RICHMOND, VA 232271667	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
BLUE RIDGE AREA FOOD BANK INC PO BOX 937 VERONA, VA 244820937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE RIDGE AREA FOOD BANK INC PO BOX 937 VERONA, VA 244820937	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
BLUE RIDGE YOUTH GOLF FOUNDATION IN 1 BOARS HEAD PLACE SUITE 120 CHARLOTTESVLE, VA 22903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BLUE SKY FUNDPO BOX 8108 RICHMOND, VA 232230208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BLUEFIELD COLLEGE 3000 COLLEGE AVENUE BLUEFIELD, VA 24605	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	212
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	186
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	106
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOAZ AND RUTH INC 3030 MEADOWBRIDGE ROAD RICHMOND, VA 23222	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	53
BOLLING HAXALL HOUSE FOUNDATION 211 E FRANKLIN ST RICHMOND, VA 232192211	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
BON SECOURS MEMORIAL REGIONAL MEDIC 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	124
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BON SECOURS MEMORIAL REGIONAL MEDIC 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
BON SECOURS MEMORIAL REGIONAL MEDIC 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	30
BON SECOURS RICHMOND HEALTH CARE FO 5008 MONUMENT AVENUE 2ND FLOOR RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BON SECOURS-DEPAUL HEALTH FOUNDATIO 150 KINGSLEY LANE NORFOLK, VA 23505	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	7,500
BOY SCOUT TROOP 503 8275 MEADOWBRIDGE ROAD MECHANICSVILLE, VA 23116	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
BOY SCOUT TROOP 503 8275 MEADOWBRIDGE ROAD MECHANICSVILLE, VA 23116	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 2131 VALLEY VIEW BLVD ROANOKE, VA 24012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 801 HOPEMAN PARKWAY WAYNESBORO, VA 22980	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4015 FITZHUGH AVE RICHMOND, VA 232303921	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUB OF THE MOUNTAIN E PO BOX 1074 BRISTOL, VA 24203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUB OF THE VIRGINIA P 11825 ROCK LANDING DR STE B NEWPORT NEWS, VA 236064236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF CENTRAL VIRGI PO BOX 707 CHARLOTTESVILLE, VA 229020707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BOYS & GIRLS CLUBS OF GREATER WASHI 9501 DEAN PARK LN MANASSAS, VA 20110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
BOYS & GIRLS CLUBS OF GREATER WASHI 9501 DEAN PARK LN MANASSAS, VA 20110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF GREATER WASHI 9501 DEAN PARK LN MANASSAS, VA 20110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
BOYS & GIRLS CLUBS OF METRO RICHMON 5511 STAPLES MILL RD STE 301 RICHMOND, VA 23228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
BOYS & GIRLS CLUBS OF METRO RICHMON 5511 STAPLES MILL RD STE 301 RICHMOND, VA 23228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF METRO RICHMON 5511 STAPLES MILL RD STE 301 RICHMOND, VA 23228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BOYS & GIRLS CLUBS OF METRO RICHMON 5511 STAPLES MILL RD STE 301 RICHMOND, VA 23228	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BOYS & GIRLS CLUBS OF SOUTHEAST VIR 1300 DIAMOND SPRINGS ROAD SUITE 300 VIRGINIA BEACH, VA 23455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUBS OF SOUTHWEST VIR 1714 9TH STREET SE ROANOKE, VA 24013	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS & GIRLS CLUBS OF THE VIRGINIA 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING NEWPORT NEWS, VA 236064236	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
BOYS AND GIRLS CLUB OF FAUQUIER INC 169 KEITH STREET WARRENTON, VA 201863404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS TO MEN MENTORING NETWORK OF VI 1107 W 42ND ST RICHMOND, VA 232254608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BRISTOL TRAINSTATION FOUNDATION 101 MARTIN LUTHER KING JR BLVD BRISTOL, VA 242014089	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BURNLEY-MORAN ELEMENTARY 1300 LONG STREET CHARLOTTESVILLE, VA 22901	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CALVARY REVIVAL CHURCH 5755 POPLAR HALL DR NORFOLK, VA 235023813	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
CALVARY REVIVAL CHURCH 5755 POPLAR HALL DR NORFOLK, VA 235023813	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
CALVARY REVIVAL CHURCH 5755 POPLAR HALL DR NORFOLK, VA 235023813	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMP HOLIDAY TRAILS INC 400 HOLIDAY TRAILS LN CHARLOTTESVILLE, VA 229037774	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAMP KESEM NATIONALPO BOX 12432 RICHMOND, VA 23241	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER CARE FOUNDATION OF TIDEWATER PO BOX 12693 NORFOLK, VA 235410693	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CAPE HENRY COLLEGIATE SCHOOL 1320 MILL DAM RD VIRGINIA BEACH, VA 23454	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
CAPE HENRY COLLEGIATE SCHOOL 1320 MILL DAM RD VIRGINIA BEACH, VA 23454	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPE HENRY COLLEGIATE SCHOOL 1320 MILL DAM RD VIRGINIA BEACH, VA 23454	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	600
CAPE HENRY COLLEGIATE SCHOOL INC 1320 MILL DAM RD VIRGINIA BCH, VA 234542306	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
CAPERNAUM MINISTRIES INC 1604 NORTH HILLTOP SHOPPING CENTER VIRGINIA BEACH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL HOSPICE2900 TELESTAR CT FALLS CHURCH, VA 220421206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
CAPITAL HOSPICE2900 TELESTAR CT FALLS CHURCH, VA 220421206	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
CAPITOL AREA RESCUE EFFORT INC PO BOX 575 SANDSTON, VA 231500575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITOL AREA RESCUE EFFORT INC PO BOX 575 SANDSTON, VA 231500575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	110
CAPITOL AREA RESCUE EFFORT INC PO BOX 575 SANDSTON, VA 231500575	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,849
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,229
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CARITASPO BOX 25790 RICHMOND, VA 232605790	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROLINE COUNTY AGRICULTURAL FAIR A PO BOX 1207 RUTHER GLEN, VA 225468207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CARPENTERS SHELTER INC 5701-D DUKE STREET ALEXANDRIA, VA 22304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
CAT ADOPTION AND RESCUE EFFORTS INC PO BOX 2934 RICHMOND, VA 232289700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF THE DIOCESE O 200 N GLEBE RD STE 506 ARLINGTON, VA 222033728	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	79
CATHOLIC CHARITIES OF THE DIOCESE O 200 N GLEBE RD STE 506 ARLINGTON, VA 222033728	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
CATHOLIC CHARITIES OF THE DIOCESE O 200 N GLEBE RD STE 506 ARLINGTON, VA 222033728	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	900
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
CATHOLIC CHARITIES USA 2050 BALLENGER AVE STE 400 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
CAVE SPRING FIRST AID & RESCUE SQUA PO BOX 20181 ROANOKE, VA 240180019	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTER FOR CLIMATE AND ENERGY SOLUT 2101 WILSON BLVD STE 550 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	57,834
CENTER FOR CLIMATE AND ENERGY SOLUT 2101 WILSON BLVD STE 550 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CENTER FOR EXCELLENCE IN EDUCATION 8201 GREENSBORO DR STE 215 MCLEAN, VA 221023813	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHANCELLOR VOLUNTEER FIRE AND RESCU 5992 PLANK RD FREDERICKSBURG, VA 22408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56,045
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,898
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	41,460
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	73,558
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	17,159
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18,080
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	27,501
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,763
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	13,469
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	168,500
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	131,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,694
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16,420
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17,192
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	9,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHARITIES AID FOUNDATION AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARITY TENNIS CLASSIC INC 108 MACAULAY RD WILLIAMSBURG, VA 23185	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
CHARLOTTE HIGH ALUMNI ASSOCIATION I 13150 FIVE FORKS ROAD AMELIA, VA 23002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
CHARLOTTESVILLE AREA COMMUNITY FOUN PO BOX 1767 CHARLOTTESVILLE, VA 229021767	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTESVILLE AREA COMMUNITY FOUN PO BOX 1767 CHARLOTTESVILLE, VA 229021767	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
CHARLOTTESVILLE CLIMATE COLLABORATI 306 E JEFFERSON ST STE B CHARLOTTESVLE, VA 229025152	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHARLOTTESVILLE FREE CLINIC 1138 ROSE HILL DRIVE CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHARLOTTESVILLE WRITING CENTER INC PO BOX 5012 CHARLOTTESVILLE, VA 22905	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
CHEETAH CONSERVATION FUND 200 DANGERFIELD ROAD SUITE 200 ALEXANDRIA, VA 223140000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CHESAPEAKE BAY FOUNDATION INC 3663 MARLIN BAY DR VIRGINIA BEACH, VA 23455	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESAPEAKE BAY FOUNDATION INC 3663 MARLIN BAY DR VIRGINIA BEACH, VA 23455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
CHESAPEAKE BAY WINE CLASSIC FOUNDAT PO BOX 1175 VIRGINIA BCH, VA 234510175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
CHESAPEAKE BAY WINE CLASSIC FOUNDAT PO BOX 1175 VIRGINIA BCH, VA 234510175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHESTERFIELD ALTERNATIVES INC PO BOX 281 CHESTERFIELD, VA 238320004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CHESTERFIELD CASA INC 9457 AMBERDALE DRIVE RICHMOND, VA 23236	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
CHILD & FAMILY SERVICES OF EASTERN 150 BOUSH STREET SUITE 500 NORFOLK, VA 235101637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD & FAMILY SERVICES OF EASTERN 150 BOUSH STREET SUITE 500 NORFOLK, VA 235101637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
CHILD & FAMILY SERVICES OF EASTERN 150 BOUSH STREET SUITE 500 NORFOLK, VA 235101637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	64
CHILDFUND ALLIANCE 2821 EMERYWOOD PKWY RICHMOND, VA 232943726	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	174
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,253
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	340
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	237
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	752
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDFUND INTERNATIONAL USA 2821 EMERYWOOD PKWY RICHMOND, VA 23294	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
CHILDREN INCORPORATED PO BOX 72848 NORTH CHESTERFIELD, VA 23235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
CHILDREN INCORPORATED PO BOX 72848 NORTH CHESTERFIELD, VA 23235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF FALLEN PATRIOTS FOUNDAT 44900 PRENTICE DRIVE DULLES, VA 20166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
CHILDREN OF FALLEN PATRIOTS FOUNDAT 44900 PRENTICE DRIVE DULLES, VA 20166	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDREN OF FALLEN PATRIOTS FOUNDAT 1818 LIBRARY ST STE 500 RESTON, VA 201906274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN OF FALLEN PATRIOTS FOUNDAT 1818 LIBRARY ST STE 500 RESTON, VA 201906274	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
CHILDRENS HOME SOCIETY OF VIRGINIA 4200 FITZHUGH AVE RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOSPITAL AND HEALTHCARE S 2924 BROOK ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,095
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	948
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	587
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,271
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF THE KINGS DAU 601 CHILDRENS LN NORFOLK, VA 235071910	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	226
CHILDRENS MUSEUM OF RICHMOND 2626 W BROAD ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHILDRENS MUSEUM OF RICHMOND 2626 W BROAD ST RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CHRISTOPHER NEWPORT UNIVERSITY EDUC 1 AVENUE OF THE ARTS NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH HILL ACTIVITIES AND TUTORING PO BOX 23087 RICHMOND, VA 23223	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	126
CITIZENS FOR A BETTER EASTERN SHORE PO BOX 882 EASTVILLE, VA 233470882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE 4TH FLOOR ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,201,491
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE 4TH FLOOR ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,030
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE 4TH FLOOR ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
COALITION TO SALUTE AMERICAS HEROES 552 FORT EVANS RD SUITE 300 LEESBURG, VA 20176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COAST GUARD AVIATION ASSOCIATION AN PO BOX 940 TROY, VA 229740940	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
COAST GUARD MUTUAL ASSISTANCE INCOR 1005 N GLEBE RD STE 220 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
CODE OF SUPPORT FOUNDATION 4220 KING STREET ALEXANDRIA, VA 22302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CODEBLUE CARES FOUNDATION 5000 MONUMENT AVENUE RICHMOND, VA 232303627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
CODEVA INC300 E BROAD ST RICHMOND, VA 232191956	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 5527 CHARLOTTESVLE, VA 229055527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,250
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 5527 CHARLOTTESVLE, VA 229055527	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE FOUNDATION OF THE UNIVERSIT PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COLLEGIATE SCHOOL 103 N MOORELAND RD RICHMOND, VA 23229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,312
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,700
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	206
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH CATHOLIC CHARITIES 1601 ROLLING HILLS DRIVE RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	55
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMONWEALTH PUBLIC BROADCASTING CO 23 SESAME ST RICHMOND, VA 23235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COMMUNITIES IN SCHOOLS CHESTERFIELD PO BOX 10 CHESTERFIELD, VA 23832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS INC 2345 CRYSTAL DR STE 700 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	315
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
COMMUNITIES IN SCHOOLS OF HAMPTON R 933 BROAD STREET 7784 PORTSMOUTH, VA 23707	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF PETERSBUR 255 EAST SOUTH BOULEVARD SUITE 134 PETERSBURG, VA 23805	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET STE 2 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET STE 2 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITIES IN SCHOOLS OF RICHMOND 2922 WEST MARSHALL STREET STE 2 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
COMMUNITY SCHOOL 7815 WILLIAMSON RD ROANOKE, VA 240194360	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONQUER CANCER FDN OF THE AMERICAN 2318 MILL ROAD SUITE 800 ALEXANDRIA, VA 223146833	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CONSERVATION INTERNATIONAL FOUNDATI 2011 CRYSTAL DRIVE SUITE 600 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
COPTIC ORPHANS SUPPORT ASSOCIATION PO BOX 2881 MERRIFIELD, VA 221161881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COPTIC ORPHANS SUPPORT ASSOCIATION PO BOX 2881 MERRIFIELD, VA 221161881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,030
CORNERSTONES INC 11150 SUNSET HILLS ROAD SUITE 210 RESTON, VA 201905360	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CRISIS PREGNANCY CENTER OF TIDEWATE PO BOX 119 NORFOLK, VA 235010119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTURAL ARTS CENTER AT GLEN ALLEN PO BOX 1249 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
CULTURAL ARTS CENTER AT GLEN ALLEN PO BOX 1249 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
CULTURAL ARTS CENTER AT GLEN ALLEN PO BOX 1249 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTUREWORKS INC 1906 A NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
CULTUREWORKS INC 1906 A NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
CULTUREWORKS INC 1906 A NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CULTUREWORKS INC 1906 A NORTH HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
CYSTIC FIBROSIS FOUNDATION 7202 GLEN FOREST DRIVE STE 102 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
CYSTIC FIBROSIS FOUNDATION 7202 GLEN FOREST DRIVE STE 102 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENTAL TRADE ALLIANCE FOUNDATION 4350 NORTH FAIRFAX DRIVE SUITE 220 ARLINGTON, VA 22203	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
DEPAUL COMMUNITY RESOURCES 5650 HOLLINS ROAD ROANOKE, VA 24019	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DEVOTION TO CHILDREN INC 1939 ROLAND CLARKE PLC ST110 RESTON, VA 20191	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
DOWNS SYNDROME ASSOCIATION OF GREAT 1504 SANTA ROSA ROAD SUITE 124 RICHMOND, VA 23229	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
DREAMS4U13408 BLACK WALNUT LN SPOTSYLVANIA, VA 225517301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTERN SHORE OF VIRGINIA BARRIER I PO BOX 206 MACHIPONGO, VA 234050206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250,000
EDMARC INC516 LONDON STREET PORTSMOUTH, VA 237042530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELEOS HEALING GLOBAL MISSION PO BOX 3802 MERRIFIELD, VA 22116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,900
ELEOS HEALING GLOBAL MISSION PO BOX 3802 MERRIFIELD, VA 22116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
ELIZABETH RIVER PROJECT 475 WATER ST SUITE C103A PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
ELKTON PROGRESSIVE IMPROVEMENT COMM PO BOX 467 ELKTON, VA 228270467	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ELMONT ELEMENTARY 12007 CEDAR LANE ASHLAND, VA 23005	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
EMORY & HENRY COLLEGEP O BOX 950 EMORY, VA 24327	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BEACH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BEACH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BEACH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
EQUI-KIDS THERAPEUTIC RIDING PROGRA 2626 HERITAGE PARK DRIVE VIRGINIA BEACH, VA 23456	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETHIOPIAN COMMUNITY DEVELOPMENT COU 901 S HIGHLAND ST ARLINGTON, VA 22204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
EVANGELICAL LUTHERAN CHURCH IN AMER PO BOX 1809 MERRIFIELD, VA 22116	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
EVANGELICAL LUTHERAN CHURCH IN AMER PO BOX 1809 MERRIFIELD, VA 22116	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
F E T C H INC 5711 STAPLES MILL RD STE 101 RICHMOND, VA 23228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
FAIRFAX CO PBLC SCHS 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	25
FAIRFAX CO PBLC SCHS 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAIRFAX COURT APPOINTED SPECIAL ADV 4103 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	614
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	154
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	567
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	430
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	310
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 232201111	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED MORE INC1415 RHOADMILLER ST RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
FEED MORE INC 1415 RHOADMILLER STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEEDING AMERICA SOUTHWEST VIRGINIA 1025 ELECTRIC ROAD SALEM, VA 24153	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	371
FERRUM COLLEGEPO BOX 1000 FERRUM, VA 240889001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
FERRUM COLLEGEPO BOX 1000 FERRUM, VA 240889001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FIRST BAPTIST CHURCH OF GATE CITY PO BOX 97 GATE CITY, VA 242510097	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
FLINT HILL SCHOOL 3320 JERMANTOWN RD OAKTON, VA 221242405	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DR STE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	63
FOOD ALLERGY RESEARCH & EDUCATION I 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,650
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	978
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	692
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK, VA 235043326	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	346
FORGOTTEN FELINES OF CULPEPER 665 WINDERMERE DR CULPEPER, VA 227011212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FORGOTTEN FELINES OF CULPEPER 665 WINDERMERE DR CULPEPER, VA 227011212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
FORKIDS INCPO BOX 6044 NORFOLK, VA 23508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,000
FORT HUNT YOUTH ATHLETIC ASSOCIATIO C/O LESLIE SCHOEFFEL 1009 NEAL DRIVE ALEXANDRIA, VA 22308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRANK W COX HIGH 2425 SHOREHAVEN DR VIRGINIA BEACH, VA 234541749	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	2,000
FREDERICKSBURG AREA HIV AIDS SUPPOR 4701 MARKET ST STE B FREDERICKSBRG, VA 224088613	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
FREDERICKSBURG AREA MUSEUM AND CULT PO BOX 922 FREDERICKSBURG, VA 22404	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDERICKSBURG REGIONAL FOODBANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
FREDERICKSBURG REGIONAL FOODBANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
FREDERICKSBURG REGIONAL FOODBANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREDERICKSBURG REGIONAL FOODBANK 3631 LEE HILL DRIVE FREDERICKSBURG, VA 22402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FREE CLINIC OF POWHATAN 3908 OLD BUCKINGHAM RD POWHATAN, VA 23139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
FREEDOM 4-24PO BOX 3155 LYNCHBURG, VA 24503	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	144
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM 4-24PO BOX 3155 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	216
FREEDOM 4-24PO BOX 3155 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	96
FREEDOM ALLIANCE 22570 MARKEY CT STE 240 DULLES, VA 201666915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	74
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM ALLIANCE 22570 MARKEY CT STE 240 DULLES, VA 201666915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FREEDOM ALLIANCE 22570 MARKEY CT STE 240 DULLES, VA 201666915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FRENCH BULLDOG RESCUE NETWORK A NON PO BOX 4764 GLEN ALLEN, VA 230584764	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIEDREICHS ATAXIA RESEARCH ALLIANC PO BOX 1537 SPRINGFIELD, VA 221510537	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
FRIENDS OF HANOVER DOG PARKS PO BOX 573 ASHLAND, VA 230050573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	124
FRIENDS OF HANOVER DOG PARKS PO BOX 573 ASHLAND, VA 230050573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF HANOVER DOG PARKS PO BOX 573 ASHLAND, VA 230050573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
FRIENDS OF HANOVER DOG PARKS PO BOX 573 ASHLAND, VA 230050573	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
FRIENDS OF LOUDOUN COUNTY ANIMAL SE PO BOX 4352 BROADLANDS, VA 20148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF NORFOLK DEPARTMENT OF HU 999 WATERSIDE DR STE 430 NORFOLK, VA 235103324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FRIENDS OF RICHMOND K-9 INC PO BOX 25495 RICHMOND, VA 232605495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF SHENANDOAH VALLEY ANIMAL 104 LANCHESTER CT WAYNESBORO, VA 229801563	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF VIRGINIA BEACH ANIMAL CO 1624 DEY COVE DR VIRGINIA BCH, VA 234541334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	184
FRIENDS OF VIRGINIA BEACH ANIMAL CO 1624 DEY COVE DR VIRGINIA BCH, VA 234541334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
FRIENDS OF VIRGINIA BEACH ANIMAL CO 1624 DEY COVE DR VIRGINIA BCH, VA 234541334	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
GALAPAGOS CONSERVANCY INC 11150 FAIRFAX BLVD SUITE 408 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GAP4LYFE MENTORSHIP PROGRAM INC 9210 OLD MAYLAND WAY HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAP4LYFE MENTORSHIP PROGRAM INC 9210 OLD MAYLAND WAY HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
GAP4LYFE MENTORSHIP PROGRAM INC 9210 OLD MAYLAND WAY HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GAP4LYFE MENTORSHIP PROGRAM INC 9210 OLD MAYLAND WAY HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GAP4LYFE MENTORSHIP PROGRAM INC 9210 OLD MAYLAND WAY HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GEN8 FOUNDATION INC 20328 BURNLEY SQ POTOMAC FALLS, VA 201656455	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
GENESYS WORKS 8230 LEESBURG PIKE STE 710 VIENNA, VA 22182	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE H MOODY MIDDLE 7800 WOODMAN RD HENRICO, VA 232283826	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	60
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25,000
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
GEORGE MASON UNIVERSITY FOUNDATION 4400 UNIVERSITY DRIVE MS 1A3 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE 155 ASHBURN, VA 20037	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
GERMANNA COMMUNITY COLLEGE EDUCATIO PO BOX 1430 LOCUST GROVE, VA 22508	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIRL SCOUT COMMONWEALTH COUNCIL OF 4900 AUGUSTA AVENUE SUITE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
GIRLS INCOPORATED OF BRISTOL 613 HIGHLAND AVE BRISTOL, VA 242014041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLOBAL CAMPS AFRICA INC 11911 FREEDOM DR SUITE 850 RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOBAL CAMPS AFRICA INC 11911 FREEDOM DR SUITE 850 RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
GLOBAL CAMPS AFRICA INC 11911 FREEDOM DR SUITE 850 RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	135
GLOUCESTER-MATHEWS HUMANE SOCIETY PO BOX 385 GLOUCESTER, VA 230610385	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOLDEN RETRIEVER RESCUE EDUCATION A PO BOX 190 MERRIFIELD, VA 221160190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
GOOCHLANDCARES INC 2999 RIVER RD W GOOCHLAND, VA 23063	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GOOD SHEPHERD ALLIANCE INC 20684 ASHBURN ROAD ASHBURN, VA 20147	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOOD SHEPHERD HOUSING AND FAMILY SE 8305 RICHMOND HWY STE 17B ALEXANDRIA, VA 22309	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
GOODWILL INDUSTRIES OF THE VALLEYS 2502 MELROSE AVENUE SW ROANOKE, VA 240170159	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
GOODWILL OF CENTRAL AND COASTAL VIR 6301 MIDLOTHIAN TURNPIKE RICHMOND, VA 23225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRANDIN THEATRE FOUNDATION INC 1310 GRANDIN RD SW ROANOKE, VA 24015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
GRANDIN THEATRE FOUNDATION INC 1310 GRANDIN RD SW ROANOKE, VA 24015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
GRANDIN THEATRE FOUNDATION INC 1310 GRANDIN RD SW ROANOKE, VA 24015	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	360
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER MANASSAS BASEBALL LEAGUE IN PO BOX 4433 MANASSAS, VA 201084433	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	900
GREATER RESTON ARTS CENTER INC 12001 MARKET ST RESTON, VA 201906244	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
GREATER RICHMOND FIT4KIDS INC PO BOX 1092 RICHMOND, VA 23218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER WASHINGTON EDUCATIONAL TELE 3939 CAMPBELL AVE 439 ARLINGTON, VA 22206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,260
GREEN HEDGES SCHOOL 415 WINDOVER AVENUE NW VIENNA, VA 221804232	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
GREYT LOVE RETIREMENTPO BOX 363 HANOVER, VA 230690363	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GWC BROWN LEGACY EDUCATION FUND PO BOX 2433 NORFOLK, VA 235012433	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
GWYNETHS GIFT FOUNDATION INC 2217 PRINCESS ANNE STREET SUITE 101 FREDERICKSBURG, VA 22401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 919 WEST MAIN STREET CHARLOTTESVILLE, VA 229032846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HABITAT FOR HUMANITY INTERNATIONAL 919 WEST MAIN STREET CHARLOTTESVILLE, VA 229032846	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
HABITAT FOR HUMANITY INTERNATIONAL 900 TIDEWATER DRIVE NORFOLK, VA 235043328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1443 NEWPORT NEWS, VA 236010443	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 360 ALLEGHANY AVENUE LYNCHBURG, VA 245012606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HABITAT FOR HUMANITY INTERNATIONAL 900 TIDEWATER DRIVE NORFOLK, VA 235043328	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	334
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 2281 DABNEY RD STE A RICHMOND, VA 232303336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	154
HAMPDEN-SYDNEY COLLEGE BROWN STUDENT CENTER BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	350
HAMPDEN-SYDNEY COLLEGE BROWN STUDENT CENTER BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPDEN-SYDNEY COLLEGE BROWN STUDENT CENTER BOX 637 HAMPDENSYDNEY, VA 23943	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,298
HAMPTON ROADS ACADEMY 739 ACADEMY LN NEWPORT NEWS, VA 236027092	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
HAMPTON ROADS ACADEMY 739 ACADEMY LN NEWPORT NEWS, VA 236027092	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	260
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HAMPTON ROADS COMMUNITY ACTION PROG PO BOX 37 NEWPORT NEWS, VA 23607	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	390
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS EDUCATIONAL TELECOMMU 5200 HAMPTON BLVD NORFOLK, VA 235081507	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	115
HAMPTON ROADS WORKFORCE FOUNDATION 999 WATERSIDE DRIVE SUITE 1314 NORFOLK, VA 235102310	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HAMPTON ROADS WRITERS PO BOX 56228 VIRGINIA BEACH, VA 23456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON ROADS WRITERS PO BOX 56228 VIRGINIA BEACH, VA 23456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
HAMPTON ROADS WRITERS PO BOX 56228 VIRGINIA BEACH, VA 23456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HAMPTON ROADS WRITERS PO BOX 56228 VIRGINIA BEACH, VA 23456	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	10,000
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	105
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	240
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMPTON UNIVERSITY 200 WILLIAM R HARVEY WAY HAMPTON, VA 236680001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	80
HAMPTON UNIVERSITY HAMPTON UNIVERSITY HAMPTON, VA 236680001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
HANDS ACROSS MATHEWS INTERFAITH SER PO BOX 1303 MATHEWS, VA 231091303	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANOVER CO PBLC SCHS 200 BERKLEY ST ASHLAND, VA 230051399	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	100
HANOVER HUMANE SOCIETY INC PO BOX 1011 ASHLAND, VA 230051011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HANOVER HUMANE SOCIETY INC PO BOX 1011 ASHLAND, VA 230051011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	247
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANOVER HUMANE SOCIETY INC PO BOX 1011 ASHLAND, VA 230051011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
HANOVER HUMANE SOCIETY INC PO BOX 1011 ASHLAND, VA 230051011	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT SUITE T CHANTILY, VA 20151	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT SUITE T CHANTILY, VA 20151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
HENRICO COUNTY COURT APPOINTED SPEC 3001 HUNGARY SPRING ROAD STE A HENRICO, VA 23228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HENRICO EDUCATION FOUNDATION INCORP PO BOX 31413 HENRICO, VA 23294	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRICO EDUCATION FOUNDATION INCORP 8401 PATTERSON AVENUE SUITE 203 HENRICO, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HENRICO EDUCATION FOUNDATION INCORP 8401 PATTERSON AVENUE SUITE 203 HENRICO, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HENRICO HUMANE SOCIETY INC PO BOX 28014 RICHMOND, VA 232280014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	72
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRICO HUMANE SOCIETY INC PO BOX 28014 RICHMOND, VA 232280014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
HENRICO HUMANE SOCIETY INC PO BOX 28014 HENRICO, VA 23228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HENRICO HUMANE SOCIETY INC PO BOX 28014 RICHMOND, VA 232280014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRICO HUMANE SOCIETY INC PO BOX 28014 RICHMOND, VA 232280014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HERITAGE HUMANE SOCIETY 430 WALLER MILL RD WILLIAMSBURG, VA 231853008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HERNDON-RESTON FISH INC 1141 ELDEN STREET 200 HERNDON, VA 20170	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HIDDEN VALLEY HIGH SCHOOL BAND BOOS 5000 TITAN TRAIL ROANOKE, VA 240180000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIDDEN VALLEY HIGH SCHOOL PARENT- T 5000 TITAN TRAIL ROANOKE, VA 24018	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
HIGH PLAINS INDIANS INC 4218 VIRGILINA ROAD VIRGILINA, VA 24598	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HIGHER ACHIEVEMENT PROGRAM INC 4009 FITZHUGH AVE SUITE 200 RICHMOND, VA 23230	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HISTORIC RICHMOND FOUNDATION-THE WI 4 EAST MAIN STREET 1C RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HISTORIC SANDUSKY FOUNDATION INC 757 SANDUSKY DR LYNCHBURG, VA 245021429	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
HOLA INCORPORATED 524 WINST SALEM AVE VIRGINIA BCH, VA 234514751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLLINS UNIVERSITY CORPORATION BOX 9629 7916 WILLIAMSON RD ROANOKE, VA 24020	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,600
HOPE FOR LIFE RESCUE INC 610 JACK RABBIT ROAD VIRGINIA BEACH, VA 234516134	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	175
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE FOR THE WARRIORS 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE HOUSE FOUNDATION INC 801 BOUSH STREET STE 302 NORFOLK, VA 23510	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
HOPE TO WALK3635 S MAIN ST STE A BLACKSBURG, VA 240607021	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HORIZONS HAMPTON ROADS INC 7336 GRANBY ST NORFOLK, VA 23505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
HORIZONS HAMPTON ROADS INC 7336 GRANBY ST NORFOLK, VA 23505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
HORIZONS HAMPTON ROADS INC 7336 GRANBY ST NORFOLK, VA 23505	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOSPICE OF THE PIEDMONT INC 675 PETER JEFFERSON PARKWAY STE 300 CHARLOTTESVILLE, VA 22911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
HOSPICE OF THE PIEDMONT INC 675 PETER JEFFERSON PARKWAY STE 300 CHARLOTTESVILLE, VA 22911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
HUMANE FARM ANIMAL CAREPO BOX 82 MIDDLEBURG, VA 20118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INDIGO1661 BAY POINT DR VIRGINIA BCH, VA 234541408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
INNSBROOK ROTARY CHARITABLE FOUNDAT P O BOX 2308 GLEN ALLEN, VA 230582308	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
INSIGHT MEMORY CARE CENTER 3953 PENDER DRIVE SUITE 100 FAIRFAX, VA 22030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH ALLIANCE FOR CLIMATE JUS 4310 DORSET RD RICHMOND, VA 232343643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
INTERNATIONAL JUSTICE MISSION 1235 S CLARK ST STE 1400 ARLINGTON, VA 222024370	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ISHAN GALA FOUNDATION INC PO BOX 7692 CHARLOTESVILLE, VA 22906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC CIRCLE OF NORTH AMERICA VIR 2913 WOODLAWN TRL ALEXANDRIA, VA 223062829	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,919
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	353
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	18,385
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	790
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLAMIC RELIEF USA 3655 WHEELER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
ITS NOT YOUR FAULT 91322 DUNN ST CHESAPEAKE, VA 233206416	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
J SARGEANT REYNOLDS COMMUNITY PO BOX 26924 RICHMOND, VA 232616924	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON HIGH SCHOOL BAND PARE 2500 JAMES MADISON DR VIENNA, VA 221815536	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
JAMES MADISON HIGH SCHOOL BAND PARE 2500 JAMES MADISON DR VIENNA, VA 221815536	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JAMES MADISON UNIVERSITY 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228070001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON UNIVERSITY 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
JAMES MADISON UNIVERSITY 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228070001	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	705
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,350
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JAMES MADISON UNIVERSITY FOUNDATION 220 UNIVERSITY BLVD MSC 3603 HARRISONBURG, VA 228071044	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
JAMES RIVER ASSOCIATION 211 ROCKETTS WAY SUITE 200 RICHMOND, VA 23231	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
JANE GOODALL INSTITUTE FOR WILDLIFE 1595 SPRING HILL RD SUITE 550 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
JDRF INTERNATIONAL 1801 LIBBIE AVENUE SUITE 106 RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1801 LIBBIE AVENUE SUITE 106 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,150
JEWISH FAMILY SERVICE OF TIDEWATER 5000 CORPORATE WOODS DRIVE SUITE 400 VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
JILLS HOUSE INC9011 LEESBURG PIKE VIENNA, VA 221821722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JILLS HOUSE INC9011 LEESBURG PIKE VIENNA, VA 221821722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JILLS HOUSE INC9011 LEESBURG PIKE VIENNA, VA 221821722	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
JOBS FOR AMERICAS GRADUATES INC 1729 KING STREET STE 100 ALEXANDRIA, VA 223142742	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN TYLER COMMUNITY COLLEGE FOUNDA 800 CHARTER COLONY PARKWAY MIDLOTHIAN, VA 23114	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JOURNEY HOME INC 305 EDGEWOOD DR MINERAL, VA 231174716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
JOURNEY HOME INC 305 EDGEWOOD DR MINERAL, VA 231174716	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUDEO-CHRISTIAN OUTREACH CENTER INC 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
JUDEO-CHRISTIAN OUTREACH CENTER INC 1053 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234515641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
JUNIOR ACHIEVEMENT OF CENTRAL VIRGI 1801 LIBBIE AVENUE STE 203 RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF CENTRAL VIRGI 1801 LIBBIE AVENUE STE 203 RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,075
JUNIOR ACHIEVEMENT OF GREATER HAMPT 2600 INTERNATIONAL PARKWAY STE 100 VIRGINIA BEACH, VA 23452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
JUNIOR FEDERATED WOMANS CLUB OF CHE PO BOX 1554 CHESTERFIELD, VA 238329105	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR LEAGUE OF RICHMOND VIRGINIA 2605 WEST CARY STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KAKENYAS DREAM 4250 N FAIRFAX DR SUITE 600 ARLINGTON, VA 22203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
KAKENYAS DREAM 4250 N FAIRFAX DR SUITE 600 ARLINGTON, VA 22203	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,560
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	540
KAPPA ALPHA ORDER EDUCATIONAL FOUND PO BOX 1865 115 LIBERTY HALL ROAD LEXINGTON, VA 244500000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
KEEP VIRGINIA BEAUTIFUL INC PO BOX 73503 N CHESTERFLD, VA 232358042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS TO KIDS NETWROK INC 44330 PREMIER PLZ STE 130 ASHBURN, VA 201475071	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
KING GEORGE ANIMAL RESCUE LEAGUE PO BOX 1003 DAHLGREN, VA 22448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KING GEORGE ANIMAL RESCUE LEAGUE PO BOX 1003 DAHLGREN, VA 22448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KING GEORGE ANIMAL RESCUE LEAGUE PO BOX 1003 DAHLGREN, VA 22448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
KING GEORGE ANIMAL RESCUE LEAGUE PO BOX 1003 DAHLGREN, VA 22448	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LA COCINA VA1500 N GLEBE ROAD ARLINGTON, VA 22207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LANCE CORPORAL CODY S CHILDERS MEMO 524 SILK TREE LANE CHESAPEAKE, VA 23320	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LEAD VIRGINIA 6800 PARAGON PLACE SUITE 450 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
LEADERSHIP METRO RICHMOND INC 9211 FOREST HILL AVENUE SUITE 200-A RICHMOND, VA 23235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
LEADERSHIP METRO RICHMOND INC 9211 FOREST HILL AVENUE SUITE 200-A RICHMOND, VA 23235	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEASHES OF VALOR24114 SPARTA RD MILFORD, VA 225142701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	935
LEE-DAVIS HIGH SCHOOL BAND BOOSTERS PO BOX 1014 MECHANICSVLLE, VA 231111014	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEE-MT VERNON SPORTS CLUB INC PO BOX 10202 ALEXANDRIA, VA 223100202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LEES FRIENDS7400 HAMPTON BLVD NORFOLK, VA 23505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
LEGAL AID JUSTICE CENTER 1000 PRESTON AVE CHARLOTTESVILLE, VA 229032105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	297
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEGAL AID JUSTICE CENTER 1000 PRESTON AVE CHARLOTTESVILLE, VA 229032105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
LEGAL AID JUSTICE CENTER 123 EAST BROAD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LIFE CHURCHPO BOX 1809 MERRIFIELD, VA 22116	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE CHURCHPO BOX 1809 MERRIFIELD, VA 22116	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
LIFE LINE INC 19415 DEERFIELD AVENUE 109 LANDSDOWNE, VA 20176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
LIFE LINE INC 19415 DEERFIELD AVENUE 109 LANDSDOWNE, VA 20176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE LINE INC 19415 DEERFIELD AVENUE 109 LANDSDOWNE, VA 20176	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	120
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LITERACY COUNCIL OF NORTHERN VIRGIN 2855 ANNANDALE ROAD FALLS CHURCH, VA 22042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY VOLUNTEERS OF GLOUCESTER I PO BOX 28 WHITE MARSH, VA 23183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LITTLE SISTERS OF THE POOR IN RICHM 1503 MICHAELS RD HENRICO, VA 232294822	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LIVE ACTION 2200 WILSON BLVD STE 111 102 ARLINGTON, VA 222013324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVE ARTS INCPO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LIVE ARTS INCPO BOX 1231 CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
LOAVES & FISHES FOOD PANTRY INC 2050 LAMBS RD CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOAVES & FISHES FOOD PANTRY INC 2050 LAMBS RD CHARLOTTESVILLE, VA 22901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LOCAL INITIATIVES SUPPORT CORPORATI 413 STUART CIRCLE SUITE 300 RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
LOST DOG RESCUE FOUNDATION PO BOX 50037 ARLINGTON, VA 22205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	449
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN CITIZENS FOR SOCIAL JUSTICE 105 EAST MARKET STREET LEESBURG, VA 20176	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
LOUDOUN COUNTRY DAY SCHOOL INC 20600 RED CEDAR DRIVE LEESBURG, VA 20175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A-1 LEESBURG, VA 20175	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	79
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
LOUDOUN HUNGER RELIEF 750 MILLER DRIVE SUITE A1 LEESBURG, VA 20175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
LOUISA COUNTY RESOURCE COUNCIL OF L PO BOX 52 LOUISA, VA 230930052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOUISA COUNTY RESOURCE COUNCIL OF L PO BOX 52 LOUISA, VA 230930052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
LOUISE W EGGLESTON CENTER INC 1161 INGLESIDE RD NORFOLK, VA 23502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LOVABLE PAWS INC5637 LOWLAND LN ROANOKE, VA 240186641	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LOWER LOUDON BOYS FOOTBALL INC PO BOX 163 STERLING, VA 201670163	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
LUNENBURG HEALTH SERVICE INCORPORAT PO BOX 121 VICTORIA, VA 23974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	36
LUNENBURG HEALTH SERVICE INCORPORAT PO BOX 121 VICTORIA, VA 23974	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUNENBURG HEALTH SERVICE INCORPORAT PO BOX 121 VICTORIA, VA 23974	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
LUPUS FOUNDATION OF VIRGINIA INC PO BOX 25418 RICHMOND, VA 232605418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	34
LUPUS FOUNDATION OF VIRGINIA INC PO BOX 25418 RICHMOND, VA 232605418	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LYNCHBURG HUMANE SOCIETY INC 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
LYNCHBURG HUMANE SOCIETY INC 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LYNCHBURG HUMANE SOCIETY INC 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAGGIE L WALKER GOVERNORS SCHOOL FO 1000 N LOMBARDY ST RICHMOND, VA 232202204	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	123
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE A WISH FOUNDATION OF GREATER V 2810 N PARHAM RD STE 302 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MANCHESTER HIGH SCHOOL BAND BOOSTER PO BOX 6048 MIDLOTHIAN, VA 231120035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
MANCHESTER HIGH SCHOOL BAND BOOSTER PO BOX 6048 MIDLOTHIAN, VA 231120035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANCHESTER HIGH SCHOOL BAND BOOSTER PO BOX 6048 MIDLOTHIAN, VA 231120035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
MANNA CHRISTIAN FELLOWSHIP OF RICHM 6851 S LABURNUM AVE RICHMOND, VA 23231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	120
MANNA CHRISTIAN FELLOWSHIP OF RICHM 6851 S LABURNUM AVE RICHMOND, VA 23231	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
MARCH OF DIMES INC 25392 CHERRY HILL RD PARKSLEY, VA 23421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,286
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 4191 INNSLAKE DRIVE SUITE 201 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	118
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	455
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MARCH OF DIMES INC 4191 INNSLAKE DRIVE SUITE 201 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
MARCH OF DIMES INC 4191 INNSLAKE DRIVE SUITE 201 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
MARCH OF DIMES INC 25392 CHERRY HILL RD PARKSLEY, VA 23421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	689
MARCH OF DIMES INC 4191 INNSLAKE DRIVE SUITE 201 GLEN ALLEN, VA 23060	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARCH OF DIMES INC 25392 CHERRY HILL RD PARKSLEY, VA 23421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
MARCH OF DIMES INC 1550 CRYSTAL DR SUITE 1300 DC MARKET ARLINGTON, VA 222024144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 221722200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE CORPS HERITAGE FOUNDATION 18900 JEFFERSON DAVIS HIGHWAY TRIANGLE, VA 221722200	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MARINE CORPS SCHOLARSHIP FOUNDATION 909 N WASHINGTON ST STE 400 ALEXANDRIA, VA 223141555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,010
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE, VA 22172	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARINERS MUSEUM 100 MUSEUM DRIVE NEWPORT NEWS, VA 236063757	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 244021500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,150
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 244021500	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAXSTRONG MEMORIAL FUND IN HONOR OF 1845 BROOKWOOD RD NORFOLK, VA 235183125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MCLEAN PROJECT FOR THE ARTS INC 1234 INGLESIDE AVENUE MCLEAN, VA 22101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
MCSHIN FOUNDATION 2300 DUMBARTON RD RICHMOND, VA 23228	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS AMERICA 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 222024142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
MEALS ON WHEELS AMERICA 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 222024142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
MEALS ON WHEELS AMERICA 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 222024142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEALS ON WHEELS AMERICA 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 222024142	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
MEALS ON WHEELS OF CHARLOTTESVILLE- 704 ROSE HILL DR CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	30
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	65
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDICAL COLLEGE OF VIRGINIA FOUNDAT PO BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	10
MEDICAL HOME PLUS INC 8719 FOREST HILL AVE N CHESTERFLD, VA 232352431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,356
MENCHVILLE HOUSE MINISTRIES PO BOX 22687 NEWPORT NEWS, VA 23609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENCHVILLE HOUSE MINISTRIES PO BOX 22687 NEWPORT NEWS, VA 23609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MENCHVILLE HOUSE MINISTRIES PO BOX 22687 NEWPORT NEWS, VA 23609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MENCHVILLE HOUSE MINISTRIES PO BOX 22687 NEWPORT NEWS, VA 23609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MENCHVILLE HOUSE MINISTRIES PO BOX 22687 NEWPORT NEWS, VA 23609	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
MERCATUS CENTER INC 3434 WASHINGTON BLVD 4TH FL ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
MERCY CHEFS INC 711 WASHINGTON STREET PORTSMOUTH, VA 23704	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROPOLITAN GUINEA PIG RESCUE 6030 LITTLE BROOK CT CLIFTON, VA 201241019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
METROPOLITAN RICHMOND SPORTS BACKER 100 AVE OF CHAMPIONS STE 300 RICHMOND, VA 232304329	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
MID-ATLANTIC TEEN CHALLENGE 9302 WARWICK BLVD NEWPORT NEWS, VA 236014535	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILL MOUNTAIN ZOO INCPO BOX 8159 ROANOKE, VA 24014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MIRIAMS HOUSE INCPO BOX 3196 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
MOBILE HOPE ASSOCIATION PO BOX 4135 ASHBURN, VA 201480007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOBILE HOPE ASSOCIATION PO BOX 4135 ASHBURN, VA 201480007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,535
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOMENTS OF HOPE OUTREACH PO BOX 161 STUDLEY, VA 231620161	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
MONTPELIER FOUNDATIONPO BOX 911 ORANGE, VA 22960	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MOUNT CALVARY BAPTIST CHURCH 2020 RED LANE POWHATAN, VA 23139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	429
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT CALVARY BAPTIST CHURCH 2020 RED LANE POWHATAN, VA 23139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	550
MOUNT CALVARY BAPTIST CHURCH 2020 RED LANE POWHATAN, VA 23139	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
MOUNT VERNON LADIES ASSOCIATION OF PO BOX 110 MOUNT VERNON, VA 221210110	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNTAIN HERITAGE INCPO BOX 1259 SAINT PAUL, VA 242831259	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
MOUNTAIN MISSION SCHOOL ENDOWMENT F 1760 EDGEWATER DR GRUNDY, VA 24614	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,600
MULTIPLE SCLEROSIS ASSOCIATION OF A PO BOX 1887 MERRIFIELD, VA 221168087	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSICIANS UNITED TO SERVE THE YOUTH 105 RIDGE ST CHARLOTTESVILLE, VA 229025549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MUSICIANS UNITED TO SERVE THE YOUTH 105 RIDGE ST CHARLOTTESVILLE, VA 229025549	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	215
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	405
MUSLIM AID AMERICA 1818 LIBRARY ST STE 500 RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
MVP BASEBALL CLUB CORPORATION 4741 POMEGRANATE COURT ALEXANDRIA, VA 22309	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI3803 FAIRFAX DR STE 100 ARLINGTON, VA 222035860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
NAMI3803 FAIRFAX DR STE 100 ARLINGTON, VA 222035860	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
NAMI-CVA1904 BYRD AVE STE 207 RICHMOND, VA 232303027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAMI-CVA1904 BYRD AVE STE 207 RICHMOND, VA 232303027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
NAMI-CVA1904 BYRD AVE STE 207 RICHMOND, VA 232303027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NARO EXPANDED VIDEO ARCHIVAL LIBRAR 1511 COLLEY AVE NORFOLK, VA 235171707	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL ASSOCIATION OF CORPORATE D 1515 N COURTHOUSE RD STE 1200 ARLINGTON, VA 222012915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATIONAL BLACK FARMERS ASSOCIATION 68 WIND ROAD BASKERVILLE, VA 23915	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
NATIONAL BLOOD CLOT ALLIANCE 8321 OLD COURTHOUSE RD SUITE 255 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	700
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE STREET STE 125 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL COUNCIL ON THE AGING INC 251 18TH STREET SOUTH SUITE 500 ARLINGTON, VA 22202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200,000
NATIONAL FOUNDATION TO END SENIOR H 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATIONAL FOUNDATION TO END SENIOR H 1550 CRYSTAL DR STE 1004 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL FRAGILE X FOUNDATION 1861 INTERNATIONAL DRIVE STE 200 MCLEAN, VA 22102	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
NATIONAL RIGHT TO WORK LEGAL DEFENS 8001 BRADDOCK ROAD SUITE 600 SPRINGFIELD, VA 221510000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 201905361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 201905361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	170
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 201905361	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,497
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	603
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,014
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	202
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	621
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	46
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	177
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	151
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	345
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
NATURE CONSERVANCY 530 E MAIN ST SUITE 820 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
NATURE CONSERVANCY 4245 FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 222031637	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	52
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVY SEAL FOUNDATION INC 1619 D ST BUILDING 5326 VIRGINIA BEACH, VA 23459	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,303
NAVY-MARINE CORPS RELIEF SOCIETY 875 NORTH RANDOLPH ST SUITE 225 ARLINGTON, VA 222031977	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
NEPALI AMERICAN COMMUNITY CENTER 6112 GEORGE BAYLOR DR CENTREVILLE, VA 201214812	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,001
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NETWORK FOR AFRICAPO BOX 6609 CHARLOTTESVILLE, VA 22906	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
NEW RIVER VALLEY HABITAT FOR HUMANI 1675 N FRANKLIN ST CHRISTIANSBRG, VA 240731401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
NEXTUP RVA3409 W MOORE STREET RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 235025591	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
NORFOLK ACADEMY 1585 WESLEYAN DRIVE NORFOLK, VA 235025591	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,350
NORFOLK ACADEMY FOUNDATION 1585 WESLEYAN DR NORFOLK, VA 235025512	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK BOTANICAL GARDEN INC 6700 AZALEA GARDEN ROAD NORFOLK, VA 23518	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,370
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
NORFOLK SOCIETY FOR THE PREVENTION 916 BALLENTINE BLVD NORFOLK, VA 235044102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	270
NORFOLK SOCIETY FOR THE PREVENTION 916 BALLENTINE BLVD NORFOLK, VA 235044102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORFOLK SOCIETY FOR THE PREVENTION 916 BALLENTINE BLVD NORFOLK, VA 235044102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
NORFOLK STATE UNIVERSITY FOUNDATION 700 PARK AVENUE NORFOLK, VA 235048050	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
NORTH CROSS SCHOOL 4254 COLONIAL AVE SW ROANOKE, VA 240184009	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHERN VIRGINIA AFFORDABLE HOUSIN 301 CLIFFORD AVE ALEXANDRIA, VA 22305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DR STE 100 OAKTON, VA 221242764	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NORTHSTAR ACADEMY INC 8055 SHRADER RD RICHMOND, VA 232944217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
OFFENDER AID AND RESTORATION OF ARL 1400 N UHLE STREET SUITE 704 ARLINGTON, VA 222012911	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD DOMINION UNIVERSITY EDUCATIONAL 4417 MONARCH WAY 4TH FLOOR NORFOLK, VA 235082548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
OLD DOMINION UNIVERSITY EDUCATIONAL 4417 MONARCH WAY 4TH FLOOR NORFOLK, VA 235082548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
OLD DOMINION UNIVERSITY EDUCATIONAL 4417 MONARCH WAY 4TH FLOOR NORFOLK, VA 235082548	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLD PRESBYTERIAN MEETING HOUSE 323 S FAIRFAX ST ALEXANDRIA, VA 223143807	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
OLIVET MEDICAL MINISTRY INC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
OLIVET MEDICAL MINISTRY INC 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION BLESSING INTERNATIONAL RE 977 CENTERVILLE TPKE VIRGINIA BEACH, VA 234637701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
OPERATION FIRST RESPONSE 20037 DOVE HILL RD CULPEPER, VA 227018125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	385
OPERATION FIRST RESPONSE 20037 DOVE HILL RD CULPEPER, VA 227018125	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION FIRST RESPONSE 20037 DOVE HILL RD CULPEPER, VA 227018125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERATION FIRST RESPONSE 20037 DOVE HILL RD CULPEPER, VA 227018125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
OPERATION FIRST RESPONSE 20037 DOVE HILL RD CULPEPER, VA 227018125	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOME INCPO BOX 423 FOREST, VA 245510423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OPERATION HOME INCPO BOX 423 FOREST, VA 245510423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
OPERATION HOME INCPO BOX 423 FOREST, VA 245510423	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION PAWS FOR HOMES 10140 HILLINGTON CT VIENNA, VA 22182	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
OPERATION SAVE A SHELTER DOG 6150 WEST BLACKWATER ROAD US ZUNI, VA 23898	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPERATION SAVE A SHELTER DOG 6150 WEST BLACKWATER ROAD US ZUNI, VA 23898	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	340
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	261
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	366
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	62
OPERATION SMILE INC 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ORCHARD HILLS ACHIEVEMENT CENTER IN 6032 CLOVERDALE RD ROANOKE, VA 24019	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
ORGANIZATION FOR AUTISM RESEARCH IN 2111 WILSON BLVD SUITE 401 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
ORGANIZATION FOR AUTISM RESEARCH IN 2111 WILSON BLVD SUITE 401 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR COMMUNITY PLACE 17 E JOHNSON STREET HARRISONBURG, VA 228024714	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
OUR LADY OF MOUNT CARMEL SCHOOL 52 HARPERSVILLE RD NEWPORT NEWS, VA 23601	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVE LYNCHBURG, VA 24501	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP FOR HOUSING AFFORDABILI 8975 THREE CHOPT ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,750
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
PARTNERSHIP FOR THE FUTURE INC 4521 HIGHWOODS PKWY GLEN ALLEN, VA 230606148	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	396
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PATHWAY HOMES INC 10201 FAIRFAX BLVD STE 200 FAIRFAX, VA 220302209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL D CAMP COMMUNITY COLLEGE FOUND 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,500
PAUL D CAMP COMMUNITY COLLEGE FOUND 100 NORTH COLLEGE DRIVE FRANKLIN, VA 23851	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7,500
PAUL H CALE ELEMENTARY SCHOOL PTO 1757 AVON STREET EXT CHARLOTTESVLE, VA 229028708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL H CALE ELEMENTARY SCHOOL PTO 1757 AVON STREET EXT CHARLOTTESVLE, VA 229028708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
PAWS IN NEED VA INC 1662 GUTHRIE STREET VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
PAWS IN NEED VA INC 1662 GUTHRIE STREET VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENINSULA COMMUNITY FOUNDATION OF V 48 W QUEENS WAY HAMPTON, VA 23669	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
PENINSULA FINE ARTS CENTER INC 101 MUSEUM DRIVE NEWPORT NEWS, VA 23606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
PENINSULA FINE ARTS CENTER INC 101 MUSEUM DRIVE NEWPORT NEWS, VA 23606	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PENNY APPEAL USA INC717 KING ST ALEXANDRIA, VA 223143014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	498
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	228
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,315
PEOPLE FOR THE ETHICAL TREATMENT OF 501 FRONT ST NORFOLK, VA 235101040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	261
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PETER-PAUL DEVELOPMENT CENTER INC 1708 N 22ND STREET RICHMOND, VA 232234431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PETERSBURG LIBRARY FOUNDATION INC 201 W WASHINGTON ST PETERSBURG, VA 238034203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
PIEDMONT HOUSING ALLIANCE INCORPORA 682 BERKMAR CIR CHARLOTTESVLE, VA 229011464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT HOUSING ALLIANCE INCORPORA 682 BERKMAR CIR CHARLOTTESVLE, VA 229011464	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
PIEDMONT VIRGINIA COMMUNITY COLLEGE 501 COLLEGE DRIVE CHARLOTTESVILLE, VA 229027589	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	12,000
PIEDMONT VIRGINIA COMMUNITY COLLEGE 501 COLLEGE DRIVE CHARLOTTESVILLE, VA 229027589	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIN MINISTRY 1164 MILLERS LN SUITE A VIRGINIA BCH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PIN MINISTRY 1164 MILLERS LN SUITE A VIRGINIA BCH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PLANNED PARENTHOOD OF SOUTHEASTERN 201 NORTH HAMILTON ST RICHMOND, VA 23221	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHEASTERN 403 YALE DRIVE HAMPTON, VA 23666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PLANNED PARENTHOOD OF SOUTHEASTERN 403 YALE DRIVE HAMPTON, VA 23666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
PLANNED PARENTHOOD OF SOUTHEASTERN 403 YALE DRIVE HAMPTON, VA 23666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF SOUTHEASTERN 403 YALE DRIVE HAMPTON, VA 23666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
POINTER RESCUE ORG INC 9949 MALLOW ST MANASSAS, VA 201104218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POINTER RESCUE ORG INC 9949 MALLOW ST MANASSAS, VA 201104218	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PORTUGUESE AMERICAN LEADERSHIP COUN 9255 CENTER STREET SUITE 404 MANASSAS, VA 20110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
POSITIVE VIBE FOUNDATION 2825 HATHAWAY RD RICHMOND, VA 232251725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
POSITIVE VIBE FOUNDATION 2825 HATHAWAY RD RICHMOND, VA 232251725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
POTOMAC SCHOOL 1301 POTOMAC SCHOOL ROAD MCLEAN, VA 22101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,000
POTOWMACK ELEMENTARY 46465 ESTERBROOK CIRCLE STERLING, VA 20165	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
PREVENT CANCER FOUNDATION 1600 DUKE ST SUITE 500 ALEXANDRIA, VA 223143421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	552
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRISMS INC 21800 TOWN CENTER PL STE 266A-633 STERLING, VA 201641897	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LN MILLWOOD, VA 226460255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LANE MILLWOOD, VA 22646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LN MILLWOOD, VA 226460255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LN MILLWOOD, VA 226460255	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
PROJECT HOPE THE PEOPLE TO PEOPLE H 255 CARTER HALL LANE MILLWOOD, VA 22646	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROTESTANT EPISCOPAL CHURCH IN THE 201 E FREDERICK DR STERLING, VA 20164	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
PROTESTANT EPISCOPAL CHURCH IN THE 2020 LASKIN ROAD VIRGINIA BEACH, VA 23454	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
PUBLIC ART RESTON 12001 SUNRISE VALLEY DRIVE RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC BROADCASTING SERVICE 2100 CRYSTAL DRIVE ARLINGTON, VA 222023784	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
PURPOSEBOUND PARENTS 7719 TOWCHESTER DRIVE NORTH CHESTERFIELD, VA 23832	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
RADFORD UNIVERSITY FOUNDATION INC PO BOX 6893 RADFORD, VA 241426915	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADFORD UNIVERSITY FOUNDATION INC PO BOX 6893 RADFORD, VA 241426915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RAINFOREST TRUST PO BOX 841 WARRENTON VA 20188-0841U ITED STATES WARRENTON, VA 201880841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
RAINFOREST TRUST PO BOX 841 WARRENTON VA 20188-0841U ITED STATES WARRENTON, VA 201880841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	555
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINFOREST TRUST PO BOX 841 WARRENTON VA 20188-0841U ITED STATES WARRENTON, VA 201880841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RAINFOREST TRUST PO BOX 841 WARRENTON VA 20188-0841U ITED STATES WARRENTON, VA 201880841	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
RANDOLPH COLLEGEPO BOX 3215 LYNCHBURG, VA 24503	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
RANDOLPH-MACON COLLEGE P O BOX 5005 DEVELOPMENT OFFICE ASHLAND, VA 23005	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 230055505	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAPPAHANNOCK UNITED WAY INC 3310 SHANNON PARK DRIVE FREDERICKSBURG, VA 22408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
READING AND EDUCATION FOR ADULT DEV 4915 RADFORD AVENUE STE 204 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
READYKIDS INC1000 E HIGH STREET CHARLOTTESVILLE, VA 229024848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
READYKIDS INC1000 E HIGH STREET CHARLOTTESVILLE, VA 229024848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	223
READYKIDS INC1000 E HIGH STREET CHARLOTTESVILLE, VA 229024848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
RECTOR & VISITORS OF THE UNIVERSITY 417 EMMET STREET SOUTH CHARLOTTESVI LE VA 22904 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400194 CHARLOTTESVILLE, VA 22904	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
RECTOR & VISITORS OF THE UNIVERSITY 617 WEST MAIN STREET CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
RECTOR & VISITORS OF THE UNIVERSITY ALUMNI DEVELOPMENT OFFICE - PO BOX 801015 CHARLOTTESVILLE, VA 229081015	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
RECTOR & VISITORS OF THE UNIVERSITY PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REESTABLISH RICHMOND INC 2920 W BROAD STREET SUITE 218 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
REESTABLISH RICHMOND INC 2920 W BROAD STREET SUITE 218 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
REESTABLISH RICHMOND INC 2920 W BROAD STREET SUITE 218 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REESTABLISH RICHMOND INC 2920 W BROAD STREET SUITE 218 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
REESTABLISH RICHMOND INC 2920 W BROAD STREET SUITE 218 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
REGENT UNIVERSITY 1000 REGENT UNIVERSITY DR ADM 128 VIRGINIA BEACH, VA 23464	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
RESOLVE INCORPORATED 7918 JONES BRANCH DR STE 300 MCLEAN, VA 22102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	263
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHARD BLAND COLLEGE FOUNDATION IN 11301 JOHNSON RD SOUTH PRINCE GEORGE, VA 238057100	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,250
RICHMOND ANIMAL LEAGUE INC 11401 INTERNATIONAL DR RICHMOND, VA 232363945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RICHMOND ANIMAL LEAGUE INC 11401 INTERNATIONAL DR RICHMOND, VA 232363945	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
RICHMOND ANIMAL WELFARE FOUNDATION 1600 CHAMBERLAYNE AVENUE RICHMOND, VA 23222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND AREA ASSOC FOR RETARDED CI 3600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
RICHMOND BALLET INC 407 EAST CANAL STREET RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
RICHMOND FIRST TEE 9211 FOREST HILL AVE STE 104 RICHMOND, VA 232356874	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND HOCKEY INC 807 WESTCREEK DRIVE NORTH CHESTERFIELD, VA 23236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
RICHMOND HOCKEY INC 807 WESTCREEK DRIVE NORTH CHESTERFIELD, VA 23236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
RICHMOND JAZZ SOCIETY INCORPORATED PO BOX 25723 RICHMOND, VA 232605723	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
RICHMOND PERFORMING ARTS ALLIANCE 600 E GRACE STREET SUITE 400 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND PERFORMING ARTS ALLIANCE 600 E GRACE STREET SUITE 400 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,008
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND SOCIETY FOR THE PREVENTION 2519 HERMITAGE ROAD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RICHMOND SYMPHONY 612 EAST GRACE STREET SUITE 401 RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
RICHMOND SYMPHONY 612 EAST GRACE STREET SUITE 401 RICHMOND, VA 23219	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RICHMOND TRIANGLE PLAYERS 1300 ALTAMONT AVE RICHMOND, VA 232304714	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
RING DOG RESCUE INCPO BOX 28632 RICHMOND, VA 232288632	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
RITA WELSH ADULT LITERACY PROGRAM I 301 MONTICELLO AVENUE WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIVERS EDGE ELEMENTARY 11600 HOLMAN RIDGE RD GLEN ALLEN, VA 23059	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	150
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,583
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	8,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,584
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,430
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE COLLEGE221 COLLEGE LANE SALEM, VA 24153	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	563
ROANOKE SYMPHONY ORCHESTRA 128 EAST CAMPBELL AVENUE ROANOKE, VA 240111406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
ROANOKE SYMPHONY ORCHESTRA 128 EAST CAMPBELL AVENUE ROANOKE, VA 240111406	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROANOKE VALLEY PRESERVATION FOUNDAT PO BOX 1366 ROANOKE, VA 240071366	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
RONALD MCDONALD HOUSE CHARITIES OF 300 9TH ST SW CHARLOTTESVLE, VA 229033454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RONALD MCDONALD HOUSE CHARITIES OF 2330 MONUMENT AVE RICHMOND, VA 232202604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE CHARITIES OF 2330 MONUMENT AVE RICHMOND, VA 232202604	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RUNNINGBROOKE 107 S WEST STREET NO 545 ALEXANDRIA, VA 223142824	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
RUSH LIFETIME HOMESPO BOX 3305 LYNCHBURG, VA 24503	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RUTHERFORD INSTITUTEPO BOX 7482 CHARLOTTESVLE, VA 229067482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,250
SACRED HEART CENTER INC 1400 PERRY ST RICHMOND, VA 23224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SACRED HEART CENTER INC 1400 PERRY ST RICHMOND, VA 23224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SACRED HEART CENTER INC 1400 PERRY ST RICHMOND, VA 23224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SACRED HEART CENTER INC 1400 PERRY ST RICHMOND, VA 23224	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBORPO BOX 17996 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	363
SAFE HARBORPO BOX 17996 RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAFE HARBORPO BOX 17996 RICHMOND, VA 232267996	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY & ITS COMPONENTS PO BOX 388 NORFOLK, VA 23501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
SALVATION ARMY & ITS COMPONENTS PO BOX 388 NORFOLK, VA 23501	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
SALVATION ARMY NATIONAL CORP 615 SLATERS LANE ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAMARITAN HOUSE INC 2620 SOUTHERN BLVD VIRGINIA BCH, VA 234527414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SANCTITY OF LIFE MINISTRIES 3919 OLD LEE HIGHWAY SUITE 81-B FAIRFAX, VA 220302579	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SANDLER CENTER FOR THE PERFORMING A 201 MARKET ST VIRGINIA BEACH, VA 23462	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCAT INC12373 DOGWOOD TRL GLOUCESTER, VA 230612627	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SCHOOL OF THE PERFORMING ARTS IN TH 2106 A N HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
SCHOOL OF THE PERFORMING ARTS IN TH 2106 A N HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOOL OF THE PERFORMING ARTS IN TH 2106 A N HAMILTON STREET RICHMOND, VA 23230	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
SCIENCE MUSEUM OF VIRGINIA FOUNDATI PO BOX 11624 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SEA SHEPHERD CONSERVATION SOCIETY PO BOX 8628 ALEXANDRIA, VA 22306	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SECOND CHANCE DOG RESCUE 1654 TRUSLOW RD FREDERICKSBRG, VA 224065010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND STREET GALLERY INC 115 SECOND STREET SE CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SECOND STREET GALLERY INC 115 SECOND STREET SE CHARLOTTESVILLE, VA 22902	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SEMPER K9 ASSISTANCE DOGS PO BOX 451 QUANTICO, VA 221340451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	509
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEMPER K9 ASSISTANCE DOGS PO BOX 451 QUANTICO, VA 221340451	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SENIOR CONNECTIONS THE CAPITAL AREA 24 E CARY ST RICHMOND, VA 232193733	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SERVE OUR WILLING WARRIORS 16013 WATERFALL ROAD HAYMARKET, VA 201692126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SERVICE DOGS BY WARREN RETRIEVERS I PO BOX 647 MADISON, VA 22727	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SERVICESOURCE FOUNDATION INC 10467 WHITE GRANITE DRIVE OAKTON, VA 221242763	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
SEVENTH STREET CHRISTIAN CHURCH 4101 GROVE AVENUE AT MALVER RICHMOND, VA 23221	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEVENTH STREET CHRISTIAN CHURCH 4101 GROVE AVENUE AT MALVER RICHMOND, VA 23221	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
SHELTER HOUSE INC 12310 PINECREST RD SUITE 304 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SHELTER HOUSE INC 12310 PINECREST RD SUITE 304 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHENANDOAH UNIVERSITY 1460 UNIVERSITY DR WINCHESTER, VA 226015100	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,000
SIAMESE CATS RESCUE CENTER 366 MEANDER RUN RD LOCUST DALE, VA 229484801	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SIDE BY SIDE VA INCPO BOX 5542 RICHMOND, VA 232200542	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA NU EDUCATIONAL FOUNDATION INC PO BOX 1869 LEXINGTON, VA 244500305	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	139
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,900
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SIGMA PHI EPSILON EDUCATIONAL FOUND 310 SOUTH ARTHUR ASHE BOULEVARD RICHMOND, VA 23220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIGMA SIGMA SIGMA FOUNDATION 225 N MUHLENBERG ST WOODSTOCK, VA 226641424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
SIGNATURE THEATRE INC 4200 CAMPBELL AVENUE ARLINGTON, VA 22206	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SIN BARRERAS WITHOUT BARRIERS INC PO BOX 6433 CHARLOTTESVILLE, VA 22906	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SISTER CITIES OF NEWPORT NEWS INC 700 TOWN CENTER DRIVE STE 230 NEWPORT NEWS, VA 236064700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SISTER CITIES OF NEWPORT NEWS INC 700 TOWN CENTER DRIVE STE 230 NEWPORT NEWS, VA 236064700	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SJOGRENS SYNDROME FOUNDATION INC 10701 PARKRIDGE BLVD STE 170 RESTON, VA 20191	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SMITH MOUNTAIN LAKE LIONS CLUB SCHO PO BOX 655 HARDY, VA 241010655	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOAR 3653600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	91
SOAR 3653600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOAR 3653600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	39
SOAR 3653600 SAUNDERS AVE RICHMOND, VA 23227	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
SOCIETY FOR FINANCIAL EDUCATION & P 1800 DIAGONAL ROAD SUITE 600 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF ST VINCENT DEPAUL ST MIC 4491 SPRINGFIELD RD GLEN ALLEN, VA 230603414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SOCIETY OF THE ALUMNI OF THE COLLEG PO BOX 1693 WILLIAMSBURG, VA 231872100	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SOCIETY OF THE ALUMNI OF THE COLLEG POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIETY OF THE CINCINNATI IN THE ST 1 SOUTH DROUIN DR RICHMOND, VA 23238	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SOUNDSCAPES INC 11712 JEFFERSON AVE STE C 473 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6,500
SOUTHERN ENVIROMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTHERN ENVIROMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
SOUTHERN ENVIRONMENTAL LAW CENTER 201 W MAIN STREET STE 14 CHARLOTTESVILLE, VA 229025064	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SPCA OF PETERSBURG-COLONIAL HEIGHTS PO BOX 1174 PETERSBURG, VA 238041174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPCA OF PETERSBURG-COLONIAL HEIGHTS PO BOX 1174 PETERSBURG, VA 238041174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SPCA OF PETERSBURG-COLONIAL HEIGHTS PO BOX 1174 PETERSBURG, VA 238041174	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 RICHMOND, VA 232944413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	105
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 HENRICO, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	78
SPECIAL OLYMPICS VIRGINIA INC 3212 SKIPWITH ROAD SUITE 100 HENRICO, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	38
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4
SPINA BIFIDA ASSOCIATION OF AMERICA 1600 WILSON BLVD SUITE 800 ARLINGTON, VA 22209	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
SPIRIT OF AMERICA WORLDWIDE 3033 WILSON BLVD SUITE 700 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRITES HUMANE EDUCATION AND RESEAR PO BOX 15761 RICHMOND, VA 232275761	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
ST ANDREWS SCHOOL 227 SOUTH CHERRY STREET RICHMOND, VA 23220	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
ST ANNES-BELFIELD INC2132 IVY RD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST ANNES-BELFIELD INC2132 IVY RD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
ST ANNES-BELFIELD INC2132 IVY RD CHARLOTTESVILLE, VA 22903	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
ST CATHERINES SCHOOL 6001 GROVE AVENUE RICHMOND, VA 23226	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CATHERINES SCHOOL FOUNDATION 6001 GROVE AVENUE RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST CATHERINES SCHOOL FOUNDATION 6001 GROVE AVENUE RICHMOND, VA 23226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
ST CHARLES BORROMEO PHILIPPINE MEDI PO BOX 101923 ARLINGTON, VA 222109998	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHARLES BORROMEO PHILIPPINE MEDI PO BOX 101923 ARLINGTON, VA 222109998	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST CHRISTOPHERS SCHOOL FOUNDATION 711 SAINT CHRISTOPHERS RD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS ROAD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHRISTOPHERS SCHOOL FOUNDATION 711 SAINT CHRISTOPHERS RD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS ROAD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ST CHRISTOPHERS SCHOOL FOUNDATION 711 SAINT CHRISTOPHERS RD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST CHRISTOPHERS SCHOOL FOUNDATION 711 ST CHRISTOPHERS ROAD RICHMOND, VA 23226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
ST GERTRUDE HIGH SCHOOL 3215 STUART AVENUE RICHMOND, VA 23221	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST GREGORY THE GREAT SCHOOL 5343 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 234621889	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOSEPHS VILLA8000 BROOK RD RICHMOND, VA 232271306	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,500
ST LOUIS CATHOLIC SCHOOL 2901 POPKINS LN ALEXANDRIA, VA 22306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ST LOUIS CATHOLIC SCHOOL 2901 POPKINS LN ALEXANDRIA, VA 22306	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS HOME FOR DISABLED CHILDREN 6171 KEMPSVILLE CIRCLE NORFOLK, VA 23502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,500
ST MARYS SCHOOL9501 GAYTON ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	834
ST MARYS SCHOOL9501 GAYTON ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MARYS SCHOOL9501 GAYTON ROAD RICHMOND, VA 23229	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,000
ST MATTHEW'S SCHOOL 3316 SANDRA LANE VIRGINIA BEACH, VA 23464	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	35
ST MICHAEL'S CATHOLIC CHURCH 4491 SPRINGFIELD RD GLEN ALLEN, VA 23060	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAFFORD SPCA INC 140 ANDREW CHAPEL ROAD STAFFORD, VA 22554	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
STAR OF THE SEA SCHOOL 309 15TH STREET VIRGINIA BEACH, VA 23451	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
STATE POLICY NETWORK 1655 N FORT MYER DRIVE ARLINGTON, VA 222093113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STEPPING STONES OUTREACH FOUNDATION 7518 MECHANICSVILLE TPKE MECHANICSVILLE, VA 23111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STONY CREEK RESCUE SQUAD P O BOX 38 STONY CREEK, VA 23882	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
STRATEGIES TO ELEVATE PEOPLE RICHMO PO BOX 25574 RICHMOND, VA 23260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STROKE COMEBACK CENTER 145 PARK ST SE VIENNA, VA 221804607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,050
STUART HALL SCHOOL FOUNDATION 235 W FREDERICK ST STAUNTON, VA 244013327	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
STUDENTS FOR FAIR ADMISSIONS INC 2200 WILSON BLVD STE 102-13 ARLINGTON, VA 222013397	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STUDENTS FOR LIFE OF AMERICA INC 4755 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
STUDENTS FOR LIFE OF AMERICA INC 4755 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SUFFOLK CENTER FOR CULTURAL ARTS FO 110 WEST FINNEY AVENUE SUFFOLK, VA 23434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUFFOLK HUMANE SOCIETY PO BOX 5038 SUFFOLK, VA 234350038	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SUSAN G KOMEN BREAST CANCER FOUNDAT 1433 JOHNSTON WILLIS DRIVE RICHMOND, VA 23235	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SWEET BRIAR INSTITUTEP O BOX 1057 SWEET BRIAR, VA 24595	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIFT CREEK MILL THEATRE INC PO BOX 41 SOUTH CHESTERFIELD, VA 238340041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	33
SWIFT CREEK MILL THEATRE INC PO BOX 41 SOUTH CHESTERFIELD, VA 238340041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
SWIFT CREEK MILL THEATRE INC PO BOX 41 SOUTH CHESTERFIELD, VA 238340041	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	17
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWIFT CREEK MILL THEATRE INC PO BOX 41 SOUTH CHESTERFIELD, VA 238340041	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD STE 300 FALLS CHURCH, VA 220422333	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
TAILS HIGH708 TIMBER BRANCH DR ALEXANDRIA, VA 223023622	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEAM RED WHITE & BLUE INC 5428 EISENHOWER AVE ALEXANDRIA, VA 22304	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
TECHNOSERVE INC 1777 N KENT STREET 11TH FLOOR ARLINGTON, VA 22209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
TECHNOSERVE INC 1777 N KENT STREET 11TH FLOOR ARLINGTON, VA 22209	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	76
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE AUDUBON SOCIETY OF NORTHERN VIR 11100 WILDLIFE CENTER DR RESTON, VA 201905361	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE CHRYSLER MUSEUM INC ONE MEMORIAL PLACE NORFOLK, VA 235101509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
THE CHRYSLER MUSEUM INC ONE MEMORIAL PLACE NORFOLK, VA 235101509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	65
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,905
THE COLLEGE OF WILLIAM & MARY FOUND POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,300
THE COLLEGE OF WILLIAM & MARY FOUND POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
THE COLLEGE OF WILLIAM & MARY FOUND POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	600
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6,200
THE COLLEGE OF WILLIAM & MARY FOUND POST OFFICE BOX 1693 WILLIAMSBURG, VA 23187	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	4,176
THE COLLEGE OF WILLIAM & MARY FOUND PO BOX 1693 WILLIAMSBURG, VA 231878795	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CONSERVATION FUND A NONPROFIT C 1655 FORT MYER DRIVE ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	330
THE CONSERVATION FUND A NONPROFIT C 1655 NORTH FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE ELDEN STREET PLAYERS PO BOX 5006 HERNDON, VA 20172	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GREATER RICHMOND CHAMBER FOUNDA 919 E MAIN STREET SUITE 1700 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
THE JOHN MARSHALL FOUNDATION 200 SOUTH THIRD ST RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE JUNIOR LEAGUE OF NORTHERN VIRGI 1420 SPRING HILL RD STE 600 MCLEAN, VA 221023030	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	113
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LANGLEY SCHOOL 1411 BALLS HILL ROAD MCLEAN, VA 221013415	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE LANGLEY SCHOOL 1411 BALLS HILL ROAD MCLEAN, VA 221013415	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
THE LANGLEY SCHOOL 1411 BALLS HILL ROAD MCLEAN, VA 221013415	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE LIBRARY OF VIRGINIA FOUNDATION 800 EAST BROAD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	833
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 221021203	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NATIONAL MILITARY FAMILY ASSOCI 2800 EISENHOWER AVENUE SUITE 250 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE NEW COMMUNITY SCHOOL 4211 HERMITAGE ROAD RICHMOND, VA 232273718	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
THE NRA FOUNDATION INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE NRA FOUNDATION INC 11250 WAPLES MILL ROAD FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,025
THE ORPHANETWORK 2624 SOUTHERN BLVD SUITE 202 VIRGINIA BEACH, VA 234520000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
THE PARAMOUNT THEATER INC 215 EAST MAIN STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE PENINSULA METROPOLITAN YOUNG ME 41 OLD OYSTER POINT ROAD SUITE C NEWPORT NEWS, VA 236027177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
THE PENINSULA METROPOLITAN YOUNG ME 41 OLD OYSTER POINT ROAD SUITE C NEWPORT NEWS, VA 236027177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE PENINSULA METROPOLITAN YOUNG ME 41 OLD OYSTER POINT ROAD SUITE C NEWPORT NEWS, VA 236027177	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 185 ASHBY AVENUE HARRISONBURG, VA 22802	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
THE SALVATION ARMYPO BOX 296 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	7,500
THE SALVATION ARMYPO BOX 296 CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
THE SALVATION ARMY 2 WEST GRACE STREET RICHMOND, VA 23220	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
THE SIDE-OUT FOUNDATION 11208 WAPLES MILL ROAD 103 FAIRFAX, VA 22030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SIDE-OUT FOUNDATION 11208 WAPLES MILL ROAD 103 FAIRFAX, VA 22030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SOCIETY OF SAINT ANDREW INC 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
THE STEWARD SCHOOL 11600 GAYTON ROAD RICHMOND, VA 23238	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
THE TAUBMAN MUSEUM OF ART 110 SALEM AVE SE ROANOKE, VA 240111410	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VIRGINIA AIR AND SPACE CENTER 600 SETTLERS LANDING ROAD HAMPTON, VA 23669	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
THE VIRGINIA ARTS FESTIVAL INC 440 BANK ST NORFOLK, VA 235102401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
THE VIRGINIA ARTS FESTIVAL INC 440 BANK ST NORFOLK, VA 235102401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VIRGINIA CHAMBER FOUNDATION 919 E MAIN STREET RICHMOND, VA 232194625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THE VIRGINIA CHAMBER FOUNDATION 919 E MAIN STREET RICHMOND, VA 232194625	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	15,000
THE WESTMINSTER CANTERBURY OF LYNCH 501 VES ROAD LYNCHBURG, VA 245034638	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS JEFFERSON COMMUNITY LAND TRU PO BOX 1606 CHARLOTTESVLE, VA 229021606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,600
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	40
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
THOMAS JEFFERSON FOUNDATION INC PO BOX 217 CHARLOTTESVILLE, VA 229020316	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
THOMAS NELSON COMMUNITY COLLEGE EDU 99 THOMAS NELSON DRIVE HAMPTON, VA 236661433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	8,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TIDEWATER ARTS OUTREACH 809 BRANDON AVE STE 300 NORFOLK, VA 23517	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
TIDEWATER COMMUNITY COLLEGE EDUCATI 121 COLLEGE PL NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TIDEWATER FRIENDS OF FOSTER CARE IN 999 WATERSIDE DR STE 430 NORFOLK, VA 235103324	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	103
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	803
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	206
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TOGETHER RISING 2589 HOLLY MANOR DR FALLS CHURCH, VA 220433909	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
TOGETHER WE BAKE3821 GRIFFITH PL ALEXANDRIA, VA 223041815	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD SUITE 300 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	490
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRAGEDY ASSISTANCE PROGRAM FOR SURV 3033 WILSON BLVD STE 630 ARLINGTON, VA 222013865	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
TRIPLE R RANCH INC 3531 BUNCH WALNUTS ROAD CHESAPEAKE, VA 233222826	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
TUCKAHOE MIDDLE 9000 THREE CHOPT RD RICHMOND, VA 232294617	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNER CHAPEL AFRICAN METHODIST EPI 614 N 3RD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
TURNER CHAPEL AFRICAN METHODIST EPI 614 N 3RD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
TURNER CHAPEL AFRICAN METHODIST EPI 614 N 3RD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TURNER CHAPEL AFRICAN METHODIST EPI 614 N 3RD STREET RICHMOND, VA 23219	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
UJFT COMMUNITY CAMPUS L L C 5000 CORPORATE WOODS DR VIRGINIA BEACH, VA 23462	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
UNION MISSION 5100 EAST VIRGINIA BEACH BOULEVARD NORFOLK, VA 23502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION MISSION 5100 EAST VIRGINIA BEACH BOULEVARD NORFOLK, VA 23502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
UNION MISSION 5100 EAST VIRGINIA BEACH BOULEVARD NORFOLK, VA 23502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	64
UNION PRESBYTERIAN SEMINARY 3401 BROOK RD RICHMOND, VA 232274514	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION PRESBYTERIAN SEMINARY 3401 BROOK RD RICHMOND, VA 232274514	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
UNITED JEWISH FED ENDOW FD TR REV 6 5000 CORPORATE WOODS DR STE 100 VIRGINIA BCH, VA 234624429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED JEWISH FED ENDOW FD TR REV 6 5000 CORPORATE WOODS DR STE 100 VIRGINIA BCH, VA 234624429	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	522
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED METHODIST FAMILY SERVICES OF 3900 W BROAD ST RICHMOND, VA 232303914	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNITED NEGRO COLLEGE FUND INC 707 E MAIN STREET STE 350 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED POULTRY CONCERNS INC PO BOX 150 MACHIPONGO, VA 234050150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED POULTRY CONCERNS INC PO BOX 150 MACHIPONGO, VA 234050150	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD STE 1200 ARLINGTON, VA 222013052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,020
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC PO BOX 8097 NORFOLK, VA 23503	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	148
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD ARLINGTON, VA 222013043	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
UNITED SERVICE ORGANIZATIONS INC 2111 WILSON BLVD 1200 ARLINGTON, VA 22201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF CENTRAL VIRGINIA INC 1010 MILLER PARK SQ LYNCHBURG, VA 245012755	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80,000
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,581
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,180
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	239
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF GREATER RICHMOND PO BOX 11807 RICHMOND, VA 23230	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,160
UNITED WAY OF HOPEWELL PRINCE GEORG PO BOX 394 HOPEWELL, VA 238600394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF HOPEWELL PRINCE GEORG PO BOX 394 HOPEWELL, VA 238600394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY OF HOPEWELL PRINCE GEORG PO BOX 394 HOPEWELL, VA 238600394	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,599
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,641
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,025
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,565
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SOUTH HAMPTON ROADS 2515 WALMER AVE NORFOLK VA 23513 NORFOLK, VA 23513	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	210
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	218
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF THE NATIONAL CAPITAL 1577 SPRING HILL ROAD SUITE 420 VIENNA, VA 22182	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	94
UNITED WAY OF THE VIRGINIA PENINSUL 11820 FOUNTAIN WAY SUITE 206 NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNITED WAY OF VIRGINIA 3310 SHANNON PARK DR FREDERICKSBRG, VA 224082379	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF VIRGINIA 3310 SHANNON PARK DR FREDERICKSBRG, VA 224082379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF VIRGINIA 3310 SHANNON PARK DR FREDERICKSBRG, VA 224082379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
UNITED WAY OF VIRGINIA 3310 SHANNON PARK DR FREDERICKSBRG, VA 224082379	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	335
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	819
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 223142058	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,644
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	321
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	406
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	434
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	384
UNIVERSAL DESIGN PROJECT PO BOX 570 HARRISONBURG, VA 228030570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
UNIVERSAL DESIGN PROJECT PO BOX 570 HARRISONBURG, VA 228030570	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSAL DESIGN PROJECT PO BOX 570 HARRISONBURG, VA 228030570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNIVERSAL DESIGN PROJECT PO BOX 570 HARRISONBURG, VA 228030570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
UNIVERSAL DESIGN PROJECT PO BOX 570 HARRISONBURG, VA 228030570	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF MARY WASHINGTON FOUND 1119 HANOVER ST FREDERICKSBURG, VA 224015412	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RICHMOND 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS RICHMOND, VA 231730002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF RICHMOND 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS RICHMOND, VA 231730002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF RICHMOND 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS RICHMOND, VA 231730002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF RICHMOND 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS RICHMOND, VA 231730002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,800
UNIVERSITY OF RICHMOND LAW SCHOOL A 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS UNIVERSITY OF RICHMOND, VA 231730001	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	750
UNIVERSITY OF RICHMOND LAW SCHOOL A 114 UR DRIVE OFFICE OF ADVANCEMENT SYSTEMS UNIVERSITY OF RICHMOND, VA 231730001	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	130
UNIVERSITY OF VIRGINIA ALUMNI ASSOC 2410 OLD IVY ROAD CHARLOTTESVILLE VA 22903 CHARLOTTESVILLE, VA 229080773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	340
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	404
UNIVERSITY OF VIRGINIA ALUMNI ASSOC 211 EMMET ST S CHARLOTTESVLE, VA 229032431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY OF VIRGINIA ALUMNI ASSOC 2410 OLD IVY ROAD CHARLOTTESVILLE VA 22903 CHARLOTTESVILLE, VA 229080773	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF VIRGINIA ALUMNI ASSOC PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	81
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	775
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,850
UNIVERSITY OF VIRGINIA DARDEN SCHOO PO BOX 400331 CHARLOTTESVILLE, VA 229044331	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400331 CHARLOTTESVLE, VA 22904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF VIRGINIA FOUNDATION PO BOX 400331 CHARLOTTESVLE, VA 22904	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF VIRGINIA LAW SCHOOL F 580 MASSIE RD CHARLOTTESVILLE, VA 229031789	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	700
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400314 CHARLOTTESVLE, VA 229044314	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VIRGINIA MCINTIRE SCH PO BOX 400331 CHARLOTTESVILLE, VA 22904	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	60
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,074
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	741
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	18
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	530
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
US FUND FOR THE GLOBAL FUND TO FIGH 300 WOODWARD ROAD SPERRYVILLE, VA 22740	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	262
V M I FOUNDATION INCORPORATED PO BOX 932 LEXINGTON, VA 244500932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
V M I FOUNDATION INCORPORATED PO BOX 932 LEXINGTON, VA 244500932	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,050
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
V M I FOUNDATION INCORPORATED PO BOX 932 LEXINGTON, VA 244500932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VANGUARD LANDING INC 2133 UPTON DRIVE STE 125 BOX 272 VIRGINIA BEACH, VA 23454	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
VBA EDUCATION FOUNDATION 4490 COX RD GLEN ALLEN, VA 230603325	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIETNAM VETERANS MEMORIAL FUND INC 1235 SOUTH CLARK 910 ARLINGTON, VA 22202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VIRGINIA BEACH COURT APPOINTED SPEC J AND DRC 2425 NIMMO PARKWAY VIRGINIA BEACH, VA 234569122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
VIRGINIA BEACH COURT APPOINTED SPEC J AND DRC 2425 NIMMO PARKWAY VIRGINIA BEACH, VA 234569122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA BEACH COURT APPOINTED SPEC J AND DRC 2425 NIMMO PARKWAY VIRGINIA BEACH, VA 234569122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
VIRGINIA BEACH FELLOWS INC 2421 PINELAND LN VIRGINIA BEACH, VA 23454	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA BEACH MARITIME MUSEUM INC 2401 ATLANTIC AVE VIRGINIA BEACH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA BEACH RESCUE SQUAD INC 740 VIRGINIA BEACH BOULEVARD VIRGINIA BEACH, VA 234510000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 234532610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	318
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 234532610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	460
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 234532610	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	92
VIRGINIA CAPITOL FOUNDATION PO BOX 396 RICHMOND, VA 232180396	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
VIRGINIA CENTER FOR INCLUSIVE COMMU 5511 STAPLES MILL RD STE 202 RICHMOND, VA 232285445	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CHILDRENS CHORUS PO BOX 11679 NORFOLK, VA 23517	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	200
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,050
VIRGINIA COMMONWEALTH UNIVERSITY FO POST OFFICE BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
VIRGINIA COMMONWEALTH UNIVERSITY FO POST OFFICE BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	55
VIRGINIA COMMONWEALTH UNIVERSITY FO PO BOX 842039 111 N 4TH STREET RICHMOND, VA 23284	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COMMONWEALTH UNIVERSITY FO POST OFFICE BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	6
VIRGINIA COMMONWEALTH UNIVERSITY SC POST OFFICE BOX 843042 RICHMOND, VA 232843042	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	145
VIRGINIA COMMUNITY CAPITAL INC 7184 CAROUSEL LANE SUITE 100 RICHMOND, VA 23294	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	9,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	129
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
VIRGINIA CONGRESS OF PARENTS AND TE 5121 NINE MILE RD RICHMOND, VA 232233329	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	395
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CONGRESS OF PARENTS AND TE 5301 SULLY STATION DR CENTREVILLE, VA 201201367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
VIRGINIA CONGRESS OF PARENTS AND TE 6037 ALMOND CREEK NORTH LN HENRICO, VA 232314844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	210
VIRGINIA CONGRESS OF PARENTS AND TE 5301 SULLY STATION DR CENTREVILLE, VA 201201367	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA CONGRESS OF PARENTS AND TE 6037 ALMOND CREEK NORTH LN HENRICO, VA 232314844	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN ST BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN ST BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN ST BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	589
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN ST BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA COUNCIL ON ECONOMIC EDUCAT 301 W MAIN ST BOX 844000 RICHMOND, VA 232844000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA EARLY CHILDHOOD FOUNDATION 1703 N PARHAM ROAD SUITE 110 RICHMOND, VA 23229	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA FOUNDATION FOR INDEPENDENT 901 EAST BYRD STREET SUITE 1625 RICHMOND, VA 23219	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
VIRGINIA FUTURE BUSINESS LEADERS OF 115 MARSHALL LANE WINCHESTER, VA 22602	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA HISTORICAL SOCIETY PO BOX 7311 RICHMOND, VA 232210311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA HISTORICAL SOCIETY PO BOX 7311 RICHMOND, VA 232210311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIA HOME 1101 HAMPTON STREET RICHMOND, VA 23220	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD LEXINGTON, VA 244503374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA HORSE CENTER FOUNDATION 487 MAURY RIVER RD LEXINGTON, VA 244503374	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,500
VIRGINIA HOSPITAL CENTER FOUNDATION 1701 N GEORGE MASON DR ARLINGTON, VA 222053698	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VIRGINIA LEAGUE FOR PLANNED PARENTH 201 N HAMILTON ST RICHMOND, VA 232212601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA LEAGUE FOR PLANNED PARENTH 201 N HAMILTON ST RICHMOND, VA 232212601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
VIRGINIA LEAGUE FOR PLANNED PARENTH 201 N HAMILTON ST RICHMOND, VA 232212601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
VIRGINIA MUSEUM OF FINE ARTS FOUNDA 200 N ARTHUR ASHE BOULEVARD RICHMOND, VA 232204007	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA OPERA ASSOC INC PO BOX 2580 NORFOLK, VA 235012580	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
VIRGINIA OPERA ASSOC INC 600 E GRACE STREET RICHMOND, VA 23218	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVENUE HAMPTON, VA 23661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIA SQUASH RACQUETS ASSOCIATIO PO BOX 4861 RICHMOND, VA 23220	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
VIRGINIA STATE UNIVERSITY FOUNDATIO 1 HAYDEN STREET PETERSBURG, VA 23806	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	44
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA STATE UNIVERSITY FOUNDATIO 1 HAYDEN STREET PETERSBURG, VA 23806	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	7
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
VIRGINIA SYMPHONY ORCHESTRA 150 BOUSH STREET SUITE 201 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH 902 PRICES FORK ROAD 0336 BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	275
VIRGINIA TECH 902 PRICES FORK ROAD 0336 BLACKSBURG, VA 24061	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	775
VIRGINIA TECH ALUMNI ASSOCIATION 902 PRICES FORK RD-0336 BLACKSBURG, VA 240610000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH ALUMNI CHAPTER OF RIC PO BOX 25066 RICHMOND, VA 232605066	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,525
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	6,900
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	58
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 3520 KINGSBURY LANE ROANOKE, VA 24014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	32
VIRGINIA TECH FOUNDATION INC 3520 KINGSBURY LANE ROANOKE, VA 24014	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	16
VIRGINIA TECH FOUNDATION INC 902 PRICES FORK RD-0336 BLACKSBURG, VA 240603260	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
VIRGINIA TRUST FOR HISTORIC PRESERV 614 ORONOCO ST ALEXANDRIA, VA 223142308	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA VETERANS SERVICES FOUNDATI 101 NORTH 14TH STREET 17TH FLOOR RICHMOND, VA 23219	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	320
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA VOICE INC395 AZALEA AVE RICHMOND, VA 232273623	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
VIRGINIA WESTERN COMMUNITY COLLEGE 3093 COLONIAL AVENUE ROANOKE, VA 24015	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	9,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK, VA 23504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
VIRGINIANS ORGANIZED FOR INTERFAITH 4444 ARLINGTON BLVD ARLINGTON, VA 22204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
VIRGINIAS GATEWAY REGION INC 256 E ELLERSLIE AVE SUITE D COLONIAL HEIGHTS, VA 23834	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOICES FOR VIRGINIAS CHILDREN 1606 SANTA ROSA RD SUITE 109 HENRICO, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
VOICES FOR VIRGINIAS CHILDREN 1606 SANTA ROSA RD SUITE 109 HENRICO, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	45
VOICES FOR VIRGINIAS CHILDREN 1606 SANTA ROSA RD SUITE 109 HENRICO, VA 23229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VOLUNTEER HAMPTON ROADS PO BOX 41217 VIRGINIA BEACH, VA 23451	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
WARWICK ROTARY FOUNDATION PO BOX 120472 NEWPORT NEWS, VA 23612	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	11,024
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,700
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	6,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
WASHINGTON & LEE UNIVERSITY 204 W WASHINGTON ST DEVELOPMENT BLDG LEXINGTON, VA 244502116	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	3,250
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	6,850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON AND LEE UNIVERSITY ALUMN 204 WEST WASHINGTON ST LEXINGTON, VA 244500000	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
WESLEY HOUSING DEVELOPMENT CORPORAT 5515 CHEROKEE AVENUE SUITE 200 ALEXANDRIA, VA 22312	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
WESTERN TIDEWATER FREE CLINIC INC 2019 MEADE PKWY SUFFOLK, VA 234344259	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTIE RESCUE INCPO BOX 187 BLUEMONT, VA 201350187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
WESTIE RESCUE INCPO BOX 187 BLUEMONT, VA 201350187	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WESTMINSTER-CANTERBURY OF LYNCHBURG 501 V E S ROAD LYNCHBURG, VA 245034638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTMINSTER-CANTERBURY OF LYNCHBURG 501 V E S ROAD LYNCHBURG, VA 245034638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	320
WESTMINSTER-CANTERBURY OF LYNCHBURG 501 V E S ROAD LYNCHBURG, VA 245034638	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 229801414	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDLIFE ER EDUCATION & REHABILITAT 7027 MACKATOUCES POINT ROAD JAMESVILLE, VA 233980000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WILLIAM AND MARY BUSINESS SCHOOL FO PO BOX 2220 WILLIAMSBURG, VA 231872220	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	25
WILLIAM AND MARY BUSINESS SCHOOL FO PO BOX 2220 WILLIAMSBURG, VA 231872220	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILLIAM AND MARY BUSINESS SCHOOL FO PO BOX 2220 WILLIAMSBURG, VA 231872220	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
WOLF TRAP FOUNDATION FOR THE PERFOR 1645 TRAP ROAD VIENNA, VA 22182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,750
WOLF TRAP FOUNDATION FOR THE PERFOR 1645 TRAP ROAD VIENNA, VA 22182	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMANS CLUB211 E FRANKLIN ST RICHMOND, VA 232192211	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,525
WOODBERRY FOREST SCHOOL 898 WOODBERRY FOREST RD WOODBERRY FOREST, VA 22989	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	300
WORLD HELPPO BOX 501 FOREST, VA 245510501	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	420
YEAR UP INC1901 S BELL ST SUITE 100 ARLINGTON, VA 22202	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	800
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YESTERDAY AND TOMORROW INC 1303 JOHANNA BAY CT MIDLOTHIAN, VA 231147122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
YOUNG AUDIENCES OF VIRGINIA INC 420 N CENTER DRIVE STE 239 NORFOLK, VA 23502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
YOUNG MENS CHRISTIAN ASSOCIATION OF 920 CORPORATE LANE CHESAPEAKE, VA 23320	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
YOUNG MENS CHRISTIAN ASSOCIATION OF 4207 OLD BROOK ROAD RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4207 OLD BROOK ROAD RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
YOUNG MENS CHRISTIAN ASSOCIATION OF 2019 ASHCAKE RD ASHLAND, VA 23005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 2 WEST FRANKLIN STREET RICHMOND, VA 232205006	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4207 OLD BROOK ROAD RICHMOND, VA 23227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
YOUNG WOMENS CHRISTIAN ASSOCIATION 500 EAST PLUME STREET SUITE 700 NORFOLK, VA 23510	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
YOUTH IMPACT812 LOUISIANA ST RICHMOND, VA 232311212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTH IMPACT812 LOUISIANA ST RICHMOND, VA 232311212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	210
YOUTH LIFE FOUNDATION PO BOX 15202 RICHMOND, VA 232270602	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YOUTH VOLUNTEER CORPS OF HAMPTON RO 10 SAN JOSE DRIVE SUITE 4D NEWPORT NEWS, VA 23606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA RICHMOND6 N 5TH ST RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
YWCA RICHMOND6 N 5TH ST RICHMOND, VA 23219	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	85
ZERO-THE END OF PROSTATE CANCER 515 KING STREET SUITE 420 ALEXANDRIA, VA 22314	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL CARE CENTER OF ST JOHN INC PO BOX 429 ST JOHN, VI 00831	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
ANTILLES SCHOOL INC 7280 FRENCHMANS BAY 16-1 ST THOMAS, VI 008022809	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
FAMILY RESOURCE CENTER INC 2317 COMMANDANT GADE ST THOMAS, VI 008025522	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE VIRGIN ISLANDS NATIO PO BOX 811 ST JOHN, VI 008310811	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE UNIVERSITY OF THE VIRGIN ISLAND 2 JOHN BREWERS BAY ST THOMAS, VI 008029990	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	5,000
AMERICANS CARING TEACHING SHARING I PO BOX 433 NORWICH, VT 050550433	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSN 10 FERRY ST THE CONCORD CENTER STE 438 CONCORD, VT 03301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BELLA VOCE INCORPORATED 14 ASPEN DR ESSEX JCT, VT 054524374	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BRATTLEBORO RETREAT 1 ANNA MARSH LANE DEVELOPMENT BRATTLEBORO, VT 053020000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN LEDGE FOUNDATION INC 1 MILL STREET STE 216 BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	600
BROWN LEDGE FOUNDATION INC 1 MILL STREET STE 216 BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
BROWN LEDGE FOUNDATION INC 1 MILL STREET STE 216 BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	115
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BROWN LEDGE FOUNDATION INC 1 MILL STREET STE 216 BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
CARLOS OTIS STRATTON MOUNTAIN CLINI PO BOX 617 STRATTON MTN, VT 051550617	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
COMMITTEE ON TEMPORARY SHELTER PO BOX 1616 BURLINGTON, VT 05402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GODDARD COLLEGE CORPORATION 123 PITKIN RD PLAINFIELD, VT 056679432	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
GREEN MOUNTAIN CLUB INC 4711 WATERBURY STOWE RD WATERBURY CENTER, VT 056778050	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	45
GREEN MOUNTAIN HABITAT FOR HUMANITY 300 CORNERSTONE DRIVE STE 335 WILLISTON, VT 05495	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 1159 MANCHESTER, VT 05254	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HIMALAYAN CATARACT PROJECT INC PO BOX 55 WATERBURY, VT 056765555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUMANE SOCIETY OF CHITTENDEN COUNTY 142 KINDNESS COURT SOUTH BURLINGTON, VT 05403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KEEWAYDIN FOUNDATION 500 RUSTIC LANE SALISBURY, VT 05769	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
KELLY S BRUSH FOUNDATION 3 MAIN STREET SUITE 217 BURLINGTON, VT 05401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,325
KELLY S BRUSH FOUNDATION 3 MAIN STREET SUITE 217 BURLINGTON, VT 05401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KELLY S BRUSH FOUNDATION 3 MAIN STREET SUITE 217 BURLINGTON, VT 05401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LOCAL MOTION INC 1 STEELE ST STE 103 BURLINGTON, VT 054016204	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
LONG TRAIL CANINE RESCUE INC PO BOX 1115 WILDER, VT 050881115	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MIB AGENTS INCPO BOX 858 BARNARD, VT 050310858	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
OKEMO TUTORIAL PROGRAM INC 53 MAIN ST LUDLOW, VT 05149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
OKEMO TUTORIAL PROGRAM INC 53 MAIN ST LUDLOW, VT 05149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE TREE PLANTED INC 145 PINE HAVEN ROAD 1000D SHELBURNE, VT 05482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
ONE TREE PLANTED INC 145 PINE HAVEN ROAD 1000D SHELBURNE, VT 05482	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR STE 110 COLCHESTER, VT 05446	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	496
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR STE 110 COLCHESTER, VT 05446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	511
PLANNED PARENTHOOD OF NORTHERN NEW 784 HERCULES DR STE 110 COLCHESTER, VT 05446	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,750
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PRESIDENT & FELLOWS OF MIDDLEBURY C GIFT ADMINISTRATION - 700 EXCHANGE STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
QUIN-TOWN CENTER FOR SENIOR CITIZEN PO BOX 113 HANCOCK, VT 057480113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
QUIN-TOWN CENTER FOR SENIOR CITIZEN PO BOX 113 HANCOCK, VT 057480113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
QUIN-TOWN CENTER FOR SENIOR CITIZEN PO BOX 113 HANCOCK, VT 057480113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESPITE SAILING FOR CANCER INC 240 BATTERY STREET BURLINGTON, VT 05401	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,026
RONALD MCDONALD HOUSE CHARITIES OF 95 PEARL STREET ESSEX JUNCTION, VT 05452	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,470
RONALD MCDONALD HOUSE CHARITIES OF OF BURLINGTON VT INC 16 SOUTH WINOO BURLINGTON, VT 054010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	570
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 265 COLCHESTER, VT 054391000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
SAINT MICHAELS COLLEGE ONE WINOOSKI PARK BOX 256 COLCHESTER, VT 054390002	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SHELBURNE FARMS 1611 HARBOR ROAD SHELBURNE, VT 054820000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPRINGFIELD TELESCOPE MAKERS INC PO BOX 601 SPRINGFIELD, VT 05156	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
STARK MOUNTAIN FOUNDATION INC PO BOX 1221 WAITSFIELD, VT 056731221	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,536
STRATTON MOUNTAIN & VALLEY COMMUNIT PO BOX 523 STRATTON MOUNTAIN, VT 05155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,306
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STRATTON MOUNTAIN & VALLEY COMMUNIT PO BOX 523 STRATTON MOUNTAIN, VT 05155	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
THETFORD ACADEMY 304 ACADEMY ROAD THETFORD, VT 050740000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	150
THETFORD ACADEMY 304 ACADEMY ROAD THETFORD, VT 050740000	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WINDHAM COUNTY PO BOX 617 BRATTLEBORO, VT 05302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNITED WAY OF WINDHAM COUNTY PO BOX 617 BRATTLEBORO, VT 05302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
UNITED WAY OF WINDHAM COUNTY PO BOX 617 BRATTLEBORO, VT 05302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF WINDHAM COUNTY PO BOX 617 BRATTLEBORO, VT 05302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF VERMONT AND STATE AGR GRASSE MOUNT 411 MAIN STREET BURLINGTON, VT 05401	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF VERMONT AND STATE AGR 411 MAIN STREET BURLINGTON, VT 05401	NONE	170(B)(1)(A) (V)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF VERMONT AND STATE AGR GRASSE MOUNT 411 MAIN STREET BURLINGTON, VT 05401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
UNIVERSITY OF VERMONT AND STATE AGR GRASSE MOUNT 411 MAIN STREET BURLINGTON, VT 05401	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
VERMONT ACADEMYPO BOX 500 SAXTONS RIVER, VT 05154	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT BUSINESSESS FOR SOCIAL RESP 255 SOUTH CHAMPLAIN ST STE 11 BURLINGTON, VT 054014881	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
VERMONT COMMUNITY FOUNDATION 3 COURT STREET MIDDLEBURY, VT 05753	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT FOODBANK33 PARKER RD BARRE, VT 056419106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
VERMONT FOODBANK33 PARKER RD BARRE, VT 056419106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
VERMONT JAZZ CENTER INC 72 COTTONMILL HILL BRATTLEBORO, VT 053017170	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,410
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VERMONT PUBLIC RADIO365 TROY AVE COLCHESTER, VT 054463126	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
VERMONT STUDIO CENTER INC PO BOX 613 JOHNSON, VT 056560613	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,250
WINDSOR HOSPITAL CORPORATION 289 COUNTY RD WINDSOR, VT 050899000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
509COOKS3014 W WEILE AVE SPOKANE, WA 992084532	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	145
ACHIEVEMENT REWARDS FOR COLLEGE SCI 4616 25TH AVE NE PMB 429 SEATTLE, WA 981054183	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
ADAMS PARENT TEACHER ASSOCIATION 6110 28TH AVE NW SEATTLE, WA 98107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGRICULTURE AND FORESTRY EDUCATION 8817 E MISSION SUITE 201 SPOKANE VALLEY, WA 992125040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
AGRICULTURE AND FORESTRY EDUCATION 8817 E MISSION SUITE 201 SPOKANE VALLEY, WA 992125040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AGRICULTURE AND FORESTRY EDUCATION 8817 E MISSION SUITE 201 SPOKANE VALLEY, WA 992125040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER HAMILTON SCHOLARS 200 FIRST AVENUE WEST SUITE 201 SEATTLE, WA 98119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
ALEXANDER HAMILTON SCHOLARS 200 FIRST AVENUE WEST SUITE 201 SEATTLE, WA 98119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
ALEXANDER HAMILTON SCHOLARS 200 FIRST AVENUE WEST SUITE 201 SEATTLE, WA 98119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALEXANDER HAMILTON SCHOLARS 200 FIRST AVENUE WEST SUITE 201 SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
ALL GODS CHILDREN INTERNATIONAL 1400 NE 136TH AVE STE 201 VANCOUVER, WA 986840993	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	240
ALL SAINTS ELEMENTARY SCHOOL 504 2ND STREET SW PUYALLUP, WA 98371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	325
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALL SAINTS ELEMENTARY SCHOOL 504 2ND STREET SW PUYALLUP, WA 98371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
ALL SAINTS ELEMENTARY SCHOOL 504 2ND STREET SW PUYALLUP, WA 98371	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	25
ALPINE ASCENTS FOUNDATION 109 W MERCER ST SEATTLE, WA 981193953	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 19031 33RD AVENUE W SUITE 301 LYNNWOOD, WA 98036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ALZHEIMERS DISEASE AND RELATED DISO 19031 33RD AVENUE W SUITE 301 LYNNWOOD, WA 98036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
ALZHEIMERS DISEASE AND RELATED DISO 19031 33RD AVENUE W SUITE 301 LYNNWOOD, WA 98036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 19031 33RD AVENUE W SUITE 301 LYNNWOOD, WA 98036	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
AMARA 5907 MARTIN LUTHER KING JR WAY S SEATTLE, WA 981182625	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN CANCER SOCIETY INC 1313 BROADWAY SUITE 100 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,356
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 3120 MCDOUGALL AVE STE 100 EVERETT, WA 98201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
AMERICAN CANCER SOCIETY INC 2120 1ST AVE N SEATTLE, WA 981092301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	680
AMERICAN CIVIL LIBERTIES UNION OF W 901 5TH AVE STE 630 SEATTLE, WA 98164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	130
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CIVIL LIBERTIES UNION OF W 901 5TH AVE STE 630 SEATTLE, WA 98164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
AMERICAN DIABETES ASSOCIATION INC 2815 EASTLAKE AVENUE EAST 240 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
AMERICAN HEART ASSOCIATION INC 710 2ND AVE SUITE 900 SEATTLE, WA 98104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION 5601 6TH AVE S SUITE 460 SEATTLE, WA 981082544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
AMERICAN LUNG ASSOCIATION 5601 6TH AVE S SUITE 460 SEATTLE, WA 981082544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
AMERICAN LUNG ASSOCIATION 5601 6TH AVE S SUITE 460 SEATTLE, WA 981082544	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	535
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN NATIONAL RED CROSS 1900 25TH AVE S SEATTLE, WA 981444706	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
AMERICAN PARKINSON DISEASE ASSOC 180 NICKERSON STREET SUITE 108 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 19226 66TH AVENUE S SUITE L-105 KENT, WA 980322110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANIMAL AID UNLIMITED 6900 37TH AVE SW SEATTLE, WA 98126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	160
ANIMAL AID UNLIMITED 6900 37TH AVE SW SEATTLE, WA 98126	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANOTHER CHANCE CAT ADOPTION PO BOX 13244 DES MOINES, WA 98198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANOTHER CHANCE CAT ADOPTION PO BOX 13244 DES MOINES, WA 98198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	110
ANOTHER CHANCE CAT ADOPTION PO BOX 13244 DES MOINES, WA 98198	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
ARBOR HEIGHTS ELEMENTARY SCHOOL 3701 SW 104TH STREET SEATTLE, WA 98146	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,600
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARCHDIOCESE OF SEATTLE 710 9TH AVE SEATTLE, WA 981042017	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
ARTSFUND 10 HARRISON STREET SUITE 200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
ARTSFUND 10 HARRISON STREET SUITE 200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ASIAN COUNSELING AND REFERRAL SERVI 3639 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
AUBURN RIVERSIDE HIGH SCHOOL BOOSTE 1402 LAKE TAPPS PKWY SE STE F104 35 AUBURN, WA 980928157	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BAINBRIDGE ISLAND LAND TRUST P O BOX 10144 BAINBRIDGE ISLAND, WA 981100144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAINBRIDGE ISLAND LAND TRUST P O BOX 10144 BAINBRIDGE ISLAND, WA 981100144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
BALLARD HIGH SCHOOL ATHLETIC BOOSTE PO BOX 70426 SEATTLE, WA 981270425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
BANFIELD FOUNDATION 18101 SE 6TH WAY VANCOUVER, WA 986837509	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	88
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 980222519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
BATTLEFIELD ADDICTION 2250 ROOSEVELT AVE ENUMCLAW, WA 980222519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BEAR CREEK SCHOOL 8905 208TH AVE NE REDMOND, WA 980534506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BEAR CREEK SCHOOL 8905 208TH AVE NE REDMOND, WA 980534506	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
BELLARMINE PREPARATORY SCHOOL 2300 S WASHINGTON ST TACOMA, WA 984051399	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	305
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE BOYS & GIRLS CLUB 209 100TH AVE NE BELLEVUE, WA 980045625	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
BELLEVUE COLLEGE FOUNDATION 3000 LANDERHOLM CIRCLE SE BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
BELLEVUE HIGH SCHOOL PTSA 10416 SE WOLVERINE WAY BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,610
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLEVUE SCHOOLS FOUNDATION PO BOX 40644 BELLEVUE, WA 980154644	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BELLEVUE YOUTH SYMPHONY ORCHESTRA 12310 NE 8TH STREET SUITE 201 BELLEVUE, WA 98005	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
BELLWETHER HOUSING 433 MINOR AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELLWETHER HOUSING 433 MINOR AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BEN FRANKLIN PTA 12434 NE 60 STREET KIRKLAND, WA 98033	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
BETHEL SCHOOL DISTRICT 516 176TH ST E SPANAWAY, WA 983878399	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND SISTERS OF SPOKANE 222 W MISSION AVE STE 40 SPOKANE, WA 992012347	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
BIG BROTHERS BIG SISTERS OF THE INL W 222 MISSION SUITE 40 SPOKANE, WA 992010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BIG BROTHERS BIG SISTERS OF THE INL W 222 MISSION SUITE 40 SPOKANE, WA 992010000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIKE WORKS SEATTLE 3715 S HUDSON ST 101 SEATTLE, WA 98118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
BIKE WORKS SEATTLE 3715 S HUDSON ST 101 SEATTLE, WA 98118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BIKE WORKS SEATTLE 3715 S HUDSON ST 101 SEATTLE, WA 98118	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLINGS MIDDLE SCHOOL 12351 8TH AVE NE SEATTLE, WA 98125	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	3,250
BISHOP BLANCHET HIGH SCHOOL 8200 WALLINGFORD AVE N SEATTLE, WA 98103	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,250
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,200
BOY SCOUTS OF AMERICA 4802 SOUTH 19TH ST TACOMA, WA 98405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOY SCOUTS OF AMERICA 1715 100TH PL SE B EVERETT, WA 98208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICA 4802 S 19TH ST TACOMA, WA 984051164	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS & GIRLS CLUB OF SPOKANE COUNTY 544 E PROVIDENCE AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SOUTH PUGET S 3875 S 66TH ST STE 101 TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
BOYS & GIRLS CLUBS OF SOUTH PUGET S 3875 S 66TH ST STE 101 TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART STREET 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	15,000
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART STREET 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,613
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART ST STE 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUBS OF KING COUNTY 603 STEWART STREET 300 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,499
BOYS AND GIRLS CLUBS OF SNOHOMISH C 8223 BROADWAY SUITE 100 EVERETT, WA 98203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
BOYS AND GIRLS CLUBS OF SNOHOMISH C 8223 BROADWAY SUITE 100 EVERETT, WA 98203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRIARWOOD PTA17020 SE 134TH ST RENTON, WA 98059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
BROOKSIDE ELEMENTARY 17447 37TH AVENUE NE LAKE FOREST PARK, WA 981555499	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	500
BUILDING CHANGES 1200 12TH AVE S STE 1200 SEATTLE, WA 981442734	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BUSH SCHOOL3400 E HARRISON ST SEATTLE, WA 981124268	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
CAMP FIRE 2414 SW ANDOVER STREET SUITE D-105 SEATTLE, WA 98106	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CAMP VICTORYPO BOX 711 OCEAN PARK, WA 986400711	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CANCER PATHWAYS1400 BROADWAY SEATTLE, WA 981223809	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
CANOE ISLAND FRENCH CAMP PO BOX 370 ORCAS, WA 982800370	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
CAPITAL HIGH SCHOOL PARENT ORGANIZA 2707 CONGER AVENUE NW OLYMPIA, WA 985023461	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARE NET PREGNANCY & FAMILY SERVICE 1924 S CEDAR ST STE B TACOMA, WA 98405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
CARE NET PREGNANCY & FAMILY SERVICE 1924 S CEDAR ST STE B TACOMA, WA 98405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CARE NET PREGNANCY & FAMILY SERVICE 1924 S CEDAR ST STE B TACOMA, WA 98405	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAREERWORKS INC 601 UNION ST SUITE 3030 SEATTLE, WA 981012348	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125,000
CASA LATINA317 17TH AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
CASA LATINA317 17TH AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	285
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
CASCADE PUBLIC MEDIA 401 MERCER ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
CATALDO CATHOLIC SCHOOL 455 W 18TH AVE SPOKANE, WA 992032008	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHERINE BLAINE PARENT TEACHER ASS 2550 34TH AVE W SEATTLE, WA 98199	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	615
CATHOLIC CHARITIES HOUSING SERVICES 5301 TIETON DR STE G YAKIMA, WA 989083479	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 992102253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC CHARITIES OF SPOKANE PO BOX 2253 SPOKANE, WA 992102253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,600
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	96
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	72
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	48
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 981442302	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	24
CATHOLIC COMMUNITY SERVICES OF WEST 100 23RD AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTRAL WASHINGTON UNIVERSITY FOUND 400 E UNIVERSITY WAY ELLENSBURG, WA 989267508	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,100
CHABAD OF SEATTLE6519 49TH AVE NE SEATTLE, WA 98115	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	680
CHILD CARE RESOURCES 1225 SOUTH WELLER STREET SUITE 300 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDCARE WORLDWIDEPO BOX 28550 BELLINGHAM, WA 98228	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	72
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	46
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
CHILDHAVEN316 BROADWAY SEATTLE, WA 98122	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	12
CHINA TOMORROW EDUCATION FOUNDATION PO BOX 1584 BELLEVUE, WA 980091584	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	170
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHOICES EDUCATION GROUP 3161 ELLIOTT AVE SUITE 315 SEATTLE, WA 98121	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
CHRIST CLINIC-CHRIST KITCHEN 2410 N MONROE SPOKANE, WA 99205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
CHRIST THE KING SCHOOL 1122 LONG AVE RICHLAND, WA 99354	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	198
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRIST THE KING SCHOOL 1122 LONG AVE RICHLAND, WA 99354	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	240
CHRIST THE KING SCHOOL 1122 LONG AVE RICHLAND, WA 99354	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	48
CHURCH OF MARY MAGDALENE PO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHURCH OF MARY MAGDALENE PO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
CIVIL AIR PATROL5007 TRUMAN LN PASCO, WA 99301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
CIVIL AIR PATROL5007 TRUMAN LN PASCO, WA 99301	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COMMUNITY COLLEGE DISTRICT 14 1933 FORT VANCOUVER WAY VANCOUVER, WA 986633598	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12,500
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CLARK COUNTY FOOD BANK 6502 NE 47TH AVENUE VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLASSICAL 98 1 10 HARRISON STREET SUITE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
CLASSICAL 98 1 10 HARRISON STREET SUITE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
CLASSICAL 98 1 10 HARRISON STREET SUITE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLOTHES FOR KIDS 16725 52ND AVE W STE B LYNNWOOD, WA 980375710	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
COA USA9008 LINDEN AVE N SEATTLE, WA 981033946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,400
COA USA9008 LINDEN AVE N SEATTLE, WA 981033946	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COCOON HOUSE3530 COLBY AVENUE EVERETT, WA 98201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CODE ORG 1501 4TH AVE SUITE 900 SEATTLE WA 98101 SEATTLE, WA 981012638	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125,000
COLLEGE SUCCESS FOUNDATION 950 PACIFIC AVE SUITE 1250 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COLLEGE SUCCESS FOUNDATION COLLEGE SUCCESS FOUNDATION BELLEVUE, WA 98007	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
COLUMBIA RIVER MENTAL HEALTHFOUNDAT PO BOX 1337 VANCOUVER, WA 986661337	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
COMMUNITIES IN SCHOOLS OF TACOMA 2141 SOUTH J STREET TACOMA, WA 98405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMMUNITY ACTION OF SKAGIT COUNTY 330 PACIFIC PLACE MOUNT VERNON, WA 98273	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMMUNITY HOUSE ON BROADWAY 1105 BROADWAY LONGVIEW, WA 986323830	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
COMPASS HOUSING ALLIANCE 77 S WASHINGTON ST SEATTLE, WA 981042519	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COMPASS HOUSING ALLIANCE 77 S WASHINGTON ST SEATTLE, WA 981042519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
COMPASS HOUSING ALLIANCE 77 S WASHINGTON ST SEATTLE, WA 981042519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
COMPASS HOUSING ALLIANCE 77 S WASHINGTON ST SEATTLE, WA 981042519	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CORPORATION OF GONZAGA UNIVERSITY 502 E BOONE AVE SPOKANE, WA 99258	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	800
CRISTA MINISTRIES 19303 FREMONT AVE N SEATTLE, WA 98133	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CRYSTAL SPRINGS ELEMENTARY 21615 9TH AVE SE BOTHELL, WA 980217697	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	542
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYSTIC FIBROSIS FOUNDATION 520 PIKE ST - STE 1075 SEATTLE, WA 981013909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
CYSTIC FIBROSIS FOUNDATION 520 PIKE ST - STE 1075 SEATTLE, WA 981013909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 520 PIKE ST - STE 1075 SEATTLE, WA 981013909	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	390
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYS FOR GIRLS INTERNATIONAL PO BOX 2622 MT VERNON, WA 98273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
DAYS FOR GIRLS INTERNATIONAL PO BOX 2622 MT VERNON, WA 98273	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
DECATUR ELEMENTARY PTA PO BOX 15722 SEATTLE, WA 98115	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DENSHO1416 S JACKSON ST SEATTLE, WA 981442023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
DENSHO1416 S JACKSON ST SEATTLE, WA 981442023	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	225
DISTRIBUTIVE EDUCATION CLUBS OF AME 16040 CHRISTENSEN RD SUITE 215 TUKWILA, WA 98188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRIBUTIVE EDUCATION CLUBS OF AME 16040 CHRISTENSEN RD SUITE 215 TUKWILA, WA 98188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
DISTRIBUTIVE EDUCATION CLUBS OF AME 16040 CHRISTENSEN RD SUITE 215 TUKWILA, WA 98188	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,250
DISTRICT 17 COMMUNITY COLLEGES FOUN 501 N RIVERPOINT BLVD SPOKANE, WA 99202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT 17 COMMUNITY COLLEGES FOUN 501 N RIVERPOINT BLVD STE 203 SPOKANE, WA 99202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
DISTRICT 17 COMMUNITY COLLEGES FOUN PO BOX 6000 -- MS 1005 SPOKANE, WA 992176000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
DISTRICT 17 COMMUNITY COLLEGES FOUN 501 N RIVERPOINT BLVD STE 203 SPOKANE, WA 99202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DISTRICT 17 COMMUNITY COLLEGES FOUN 501 N RIVERPOINT BLVD SPOKANE, WA 99202	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
DOWNTOWN EMERGENCY SERVICE CENTER 515 3RD AVE SEATTLE, WA 981042304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
DOWNTOWN EMERGENCY SERVICE CENTER 515 3RD AVE SEATTLE, WA 981042304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DRESS FOR SUCCESS SEATTLE 1118 5TH AVE SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
DYNAMIC URBAN OPPORTUNITIES PO BOX 28461 SEATTLE, WA 98118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
EAGLERIDGE ELEMENTARYPO BOX 1127 FERNDALE, WA 982489295	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	101
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST AFRICAN COMMUNITY SERVICES 7050 32ND AVE SOUTH SUITE 207 SEATTLE, WA 981183502	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EASTER SEALS WASHINGTON 200 W MERCER ST STE 210E SEATTLE, WA 98119	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
EASTERN WASHINGTON STATE HISTORICAL 2316 WEST FIRST AVENUE SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,000
EASTERN WASHINGTON STATE HISTORICAL 2316 WEST FIRST AVENUE SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL CENTRO DE LA RAZA 2524 16TH AVE S SEATTLE, WA 981445104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
EL CENTRO DE LA RAZA 2524 16TH AVE S SEATTLE, WA 981445104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
EMERGENCY FOOD NETWORK OF TACOMA AN 3318 92ND ST S LAKEWOOD, WA 98499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EMERGENCY FOOD NETWORK OF TACOMA AN 3318 92ND ST S LAKEWOOD, WA 98499	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
ENDANGERED CANID PROJECT 1752 NW MARKET STREET NO 531 SEATTLE, WA 981075264	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
EPILEPSY FOUNDATION NORTHWEST 2311 NORTH 45TH STREET 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION NORTHWEST 2311 N 45TH ST STE 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
EPILEPSY FOUNDATION OF AMERICA 2311 NORTH 45TH STREET 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
EPILEPSY FOUNDATION OF AMERICA 2311 N 45TH ST STE 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	28
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EPILEPSY FOUNDATION OF AMERICA 2311 N 45TH ST STE 134 SEATTLE, WA 981036905	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
ETERNAL ANCHOR3405 S MADISON ST TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
ETERNAL ANCHOR3405 S MADISON ST TACOMA, WA 98409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ETERNAL ANCHOR3405 S MADISON ST TACOMA, WA 98409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
ETERNAL ANCHOR3405 S MADISON ST TACOMA, WA 98409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
EVERETT PUBLIC SCHOOLS FOUNDATION PO BOX 3112 EVERETT, WA 982131112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EVERETT ROTARY YOUTH FOUNDATION PO BOX 1225 EVERETT, WA 982061225	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
EXECUTIVE COUNCIL FOR THE JOB CARR PO BOX 7609 TACOMA, WA 984170609	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
FAMILIES & FRIENDS OF MISSING PERSO PO BOX 1949 EVERETT, WA 982061949	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY SUPPORT CENTER OF SOUTH SOUN 3545 7TH AVE SW STE 200 OLYMPIA, WA 98502	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
FARESTART700 VIRGINIA ST SEATTLE, WA 981011216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FARESTART700 VIRGINIA ST SEATTLE, WA 981011216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL BEGINNINGS WASHINGTON PO BOX 58032 TUKWILA, WA 98138	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
FLYING HOUSE PRODUCTIONS 319 12TH AVE SEATTLE, WA 981225504	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FOOD BACKPACKS 4 KIDSPO BOX 173 GIG HARBOR, WA 98335	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BACKPACKS 4 KIDSPO BOX 173 GIG HARBOR, WA 98335	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD LIFELINE815 S 96TH ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
FOOTPRINTS OF FIGHT 18411 SE 242ND CT COVINGTON, WA 980424892	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FOREVER CHANGED INTERNATIONAL 19215 SE 34TH ST STE 106 387 CAMAS, WA 986078830	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FORTERRA NW901 5TH AVE STE 2200 SEATTLE, WA 98164	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
FRANCISCAN FOUNDATION WASHINGTON PO BOX 1502 TACOMA, WA 984011502	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,750
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	950
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
FRED HUTCHINSON CANCER RESEARCH CEN 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
FREEDOM FIRM USA811 N KANSAS AVE E WENATCHEE, WA 988026034	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	900
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	279
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	224
FRIENDS OF KEXP472 1ST AVE N SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF KSPS3911 S REGAL ST SPOKANE, WA 992237710	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF SALMON BAY 1810 NW 65TH ST SEATTLE, WA 981175531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
FRIENDS OF WHITMAN COUNTY LIBRARY S 102 MAIN COLFAX, WA 991111819	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
FULCRUM FOUNDATION710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FULCRUM FOUNDATION710 9TH AVE SEATTLE, WA 98104	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	500
GATES PHILANTHROPY PARTNERS PO BOX 23350 SEATTLE, WA 981020650	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
GENDER DIVERSITY 6523 CALIFORNIA AVE SW 360 SEATTLE, WA 981361833	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GENESEE HILL ELEMENTARY 5013 SW DAKOTA STREET SEATTLE, WA 98116	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
GEORGE Y POCOCK ROWING FOUNDATION 3320 FUHRMAN AVE E SEATTLE, WA 981023832	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	129
GIG HARBOR TIDES SCHOLARSHIP FOUNDA PO BOX 2674 GIG HARBOR, WA 983354674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GIG HARBOR TIDES SCHOLARSHIP FOUNDA PO BOX 2674 GIG HARBOR, WA 983354674	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
GLOBAL HEALTH TEAMSPO BOX 332 OLYMPIA, WA 985070332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
GLOBAL HEALTH TEAMSPO BOX 332 OLYMPIA, WA 985070332	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GONZAGA PREPARATORY SCHOOL 1224 E EUCLID AVE SPOKANE, WA 992072844	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,700
GREATER SEATTLE BUSINESS ASSOC SCHO 400 E PINE ST STE 322 SEATTLE, WA 981222300	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	450
GREATER SPOKANE COUNTY MEALS ON WHE PO BOX 14278 SPOKANE, WA 99214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATERGOOD ORG 600 UNIVERSITY ST STE 1000 SEATTLE, WA 981014107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
GREATERGOOD ORG 600 UNIVERSITY ST STE 1000 SEATTLE, WA 981014107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	310
GREATERGOOD ORG 600 UNIVERSITY ST STE 1000 SEATTLE, WA 981014107	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	875
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 560 NACHES AVE SW SUITE 110 RENTON, WA 98057	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 984094447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HABITAT FOR HUMANITY INTERNATIONAL 1825 CORNWALL AVE BELLINGHAM, WA 98225	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 984094447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20,000
HABITAT FOR HUMANITY INTERNATIONAL PO BOX 4130 SPOKANE, WA 992200130	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	7,500
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 984094447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 984094447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
HABITAT FOR HUMANITY INTERNATIONAL 711 CAPITOL WAY S SUITE 401 OLYMPIA, WA 985011138	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HABITAT FOR HUMANITY INTERNATIONAL 4824 SOUTH TACOMA WAY TACOMA, WA 984094447	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAMLIN ROBINSON SCHOOL 1701 20TH AVE S SEATTLE, WA 981444411	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HAMLIN ROBINSON SCHOOL 1701 20TH AVE S SEATTLE, WA 981444411	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
HARMONY HILL OF UNION 7362 EAST SR 106 UNION, WA 985920000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HARVEST COMMUNITY CHURCH 2436 NW ASTOR ST CAMAS, WA 986079313	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
HEARING SPEECH & DEAFNESS CENTER 1625 19TH AVE SEATTLE, WA 981222848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
HEARING SPEECH & DEAFNESS CENTER 1625 19TH AVE SEATTLE, WA 981222848	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HEARING SPEECH & DEAFNESS CENTER 1625 19TH AVE SEATTLE, WA 981222848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
HEARING SPEECH & DEAFNESS CENTER 1625 19TH AVE SEATTLE, WA 981222848	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
HEART FOR THE FATHERLESS 34115 CANTERA ST KENNEWICK, WA 993389207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HELPING HANDS FOOD BANK OF SEDRO WO PO BOX 632 SEDRO WOOLLEY, WA 982840632	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE ISLAND, WA 981101840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
HERITAGE CHRISTIAN ACADEMY 19527 104TH AVE NE BOTHELL, WA 98011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HIGHLINE MEDICAL CENTER FOUNDATION 16259 SYLVESTER ROAD SW 101 BURIEN, WA 981663049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
HIGHLINE MEDICAL CENTER FOUNDATION 16259 SYLVESTER ROAD SW 101 BURIEN, WA 981663049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HOLOCAUST CENTER FOR HUMANITY 2045 SECOND AVENUE SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	850
HOLY NAMES ACADEMY728 21ST AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,750
HOLY NAMES MUSIC CENTER 3910 WEST CUSTER DRIVE SPOKANE, WA 99224	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOLY ROSARY SCHOOL 4142 42ND AVENUE SW SEATTLE, WA 98116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	275
HOLY ROSARY SCHOOL 4142 42ND AVENUE SW SEATTLE, WA 98116	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	553
HOMEWARD PET ADOPTION CENTER 13132 NE 177TH PLACE WOODINVILLE, WA 98072	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE UNLIMITEDPO BOX 416 STANWOOD, WA 98292	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,291
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	56
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	42
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPELINKPO BOX 3577 REDMOND, WA 98073	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	14
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPEWORKS SOCIAL ENTERPRISES 3331 BROADWAY EVERETT, WA 98201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
HOSPITALITY HOUSE 1419 SW 150TH ST BURIEN, WA 981661746	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
HOUSING DEVELOPMENT CONSORTIUM OF S 1326 FIFTH AVENUE SUITE 230 SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING DEVELOPMENT CONSORTIUM OF S 1326 FIFTH AVENUE SUITE 230 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
HOUSING DEVELOPMENT CONSORTIUM OF S 1326 FIFTH AVENUE SUITE 230 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
HOUSING HOPE5830 EVERGREEN WAY EVERETT, WA 982033748	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOUSING HOPE5830 EVERGREEN WAY EVERETT, WA 982033748	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
HOUSING RESOURCES BAINBRIDGE 730 ERICKSEN AVE NE BAINBRIDGE IS, WA 981105391	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,081
HUMANE SOCIETY FOR SEATTLE-KING CO 13212 SE EASTGATE WAY BELLEVUE, WA 980054408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HYLA MIDDLE SCHOOL 7861 BUCKLIN HILL RD NE BAINBRIDGE IS, WA 981102603	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMAGINE HOUSING 10604 NE 38TH PLACE SUITE 215 KIRKLAND, WA 980337932	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
IMPACT HUB TRUST 220 2ND AVE STE 203 SEATTLE, WA 98104	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180,000
INDIAN AMERICAN EDUCATION FOUNDATIO 8501 NE 110TH PL KIRKLAND, WA 980343543	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INGLEMOOR HIGH SCHOOL BASEBALL BOOS 9805 NE 166TH ST PMB 7422 KIRKLAND, WA 980344248	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
INLAND NORTHWEST GOLF FOUNDATION PO BOX 4553 SPOKANE, WA 99220	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
INNOVIA FOUNDATION 421 W RIVERSIDE AVE STE 606 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INNOVIA FOUNDATION 421 W RIVERSIDE AVE STE 606 SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
INNOVIA FOUNDATION 421 W RIVERSIDE AVE STE 606 SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
INNOVIA FOUNDATION 421 W RIVERSIDE AVE STE 606 SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERFAITH HOSPITALITY NETWORK OF 904 E HARTSON AVE SPOKANE, WA 992022338	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
INTERNATIONAL COMMUNITY SCHOOL PTSA 11133 NE 65TH ST KIRKLAND, WA 980337116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
INTERSERVICE WALK & KNOCK OF CLARK PO BOX 353 VANCOUVER, WA 98666	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISLANDWOOD4450 BLAKELY AVE NE BAINBRIDGE ISLAND, WA 981102257	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	224
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	168
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	112
ISSAQUAH FOOD & CLOTHING BANK 179 1ST AVE SE ISSAQUAH, WA 98027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISSAQUAH HIGH SCHOOL BOOSTER CLUB PO BOX 2542 ISSAQUAH, WA 980270116	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
ISSAQUAH SCHOOLS FOUNDATION PO BOX 835 ISSAQUAH, WA 980270030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	224
ISSAQUAH SCHOOLS FOUNDATION PO BOX 835 ISSAQUAH, WA 980270030	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ISSAQUAH SCHOOLS FOUNDATION PO BOX 835 ISSAQUAH, WA 980270030	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	56
ISSAQUAH VALLEY P T A 2 6 11 555 NW HOLLY ST ISSAAQUAH, WA 98027	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
JDRF INTERNATIONAL 1215 FOURTH AVENUE SUITE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1215 FOURTH AVENUE SUITE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
JDRF INTERNATIONAL 1215 FOURTH AVENUE SUITE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	435
JDRF INTERNATIONAL 1215 FOURTH AVENUE SUITE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JDRF INTERNATIONAL 1215 FOURTH AVENUE SUITE 1100 SEATTLE, WA 98161	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	375
JEFFERSON LAND TR 1033 LAWRENCE STREET PORT TOWNSEND, WA 98368	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
JEFFERSON LAND TR 1033 LAWRENCE STREET PORT TOWNSEND, WA 98368	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JEWISH FAMILY SERVICE 1601 16TH AVE SEATTLE, WA 981224000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
JEWISH FEDERATION OF GREATER SEATTL 2033 6TH AVE SUITE 810 SEATTLE, WA 981212567	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,800
JOHN STANFORD INTERNATIONAL SCHOOL 4057 5 AVE NE SEATTLE, WA 98105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JOHN STANFORD INTERNATIONAL SCHOOL 4057 5 AVE NE SEATTLE, WA 98105	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	515
JUANITA ELEMENTARY PTA 9635 NE 132ND ST KIRKLAND, WA 980345910	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	140
JUBILEE WOMENS CENTER 620 18TH AVE E SEATTLE, WA 98112	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 6855 W CLEARWATER AVE A101-108 KENNEWICK, WA 99336	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,500
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD SW AUBURN, WA 98001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD SW AUBURN, WA 98001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 1700 WESTLAKE AVE N STE 100 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,380
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD SW AUBURN, WA 98001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD SW AUBURN, WA 98001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
JUNIOR ACHIEVEMENT OF WASHINGTON 1610 PERIMETER RD SW AUBURN, WA 98001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
KENT INTERNATIONAL FESTIVAL PO BOX 6434 KENT, WA 980646434	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
KINDERING CENTER16120 NE 8TH ST BELLEVUE, WA 98008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KINDERING CENTER16120 NE 8TH ST BELLEVUE, WA 98008	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
KIRKLAND MIDDLE SCHOOL 430 18TH AVE KIRKLAND, WA 98033	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	70
KITSAP HUMANE SOCIETY 9167 DICKEY RD NW SILVERDALE, WA 98383	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KITSAP IMMIGRANT ASSISTANCE CENTER PO BOX 1276 BREMERTON, WA 983370508	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
KIWANIS CLUB OF PUYALLUP FOUNDATION PO BOX 451 PUYALLUP, WA 98371	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
KUOW-PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 981054530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	169
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KUOW-PUGET SOUND PUBLIC RADIO 4518 UNIVERSITY WAY NE STE 310 SEATTLE, WA 981054530	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
LAKESIDE SCHOOL14050 1ST AVE NE SEATTLE, WA 98125	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
LAUREN MCCLUSKEY FOUNDATION 790 SE SHERWOOD CT PULLMAN, WA 991632400	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LEA HILL ELEMENTARY PTSA 30908 124TH AVE SE AUBURN, WA 980923154	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
LEADERSHIP SNOHOMISH COUNTY 808 134TH ST SW SUITE 101 EVERETT, WA 98204	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
LIBERTY LAKE CENTENNIAL ROTARYFOUND PO BOX 242 LIBERTY LAKE, WA 990190242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY LAKE CENTENNIAL ROTARYFOUND PO BOX 242 LIBERTY LAKE, WA 990190242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIBERTY LAKE CENTENNIAL ROTARYFOUND PO BOX 242 LIBERTY LAKE, WA 990190242	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
LIFE WORKS906 NEW YORK ST LONGVIEW, WA 986324132	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIFE YOU CAN SAVE 10540 NE MORNING LN BAINBRIDGE IS, WA 981104144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
LIFELONG AIDS ALLIANCE 210 S LUCILE ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
LIFELONG AIDS ALLIANCE 210 S LUCILE ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	351
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIVING PERSPECTIVES 10027 NE 129TH PLACE KIRKLAND, WA 98034	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,400
LOW INCOME HOUSING INSTITUTE 2407 FIRST AVE SEATTLE, WA 981211311	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
LOWER COLUMBIA SCHOOL GARDENS PO BOX 785 LONGVIEW, WA 986327513	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON SCHOOL PARENT GROUP 400 53RD ST MOUNT VERNON, WA 98273	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
MAGGIES ANGELS INC 2019 NW SIERRA WAY CAMAS, WA 98607	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE 620 SEATTLE, WA 981041457	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE 620 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE 620 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,477
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE 620 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF ALASKA & 811 1ST AVE 620 SEATTLE, WA 981041457	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MALARIA NO MORE FUND 2341 EASTLAKE AVE E SUITE 200 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	525
MAPLE VALLEY FOOD BANK AND EMERGENC PO BOX 322 MAPLE VALLEY, WA 980380322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAPLE VALLEY FOOD BANK AND EMERGENC PO BOX 322 MAPLE VALLEY, WA 980380322	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MAPLEWOOD HEIGHTS ELEMENTARY SCHOOL 130 JERICHO AVE SE RENTON, WA 98057	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
MARCH OF DIMES INC 1904 3RD AVE SUITE 230 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARKED BY HEAVEN2601 20TH ST SE PUYALLUP, WA 98374	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,035
MARY BRIDGE CHILDRENS FOUNDATION PO BOX 5296 TACOMA, WA 984150296	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	560
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	660
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
MARYS PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	140
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWDALE ELEMENTARY PARENTS CLUB 6505 168TH ST SW LYNWOOD, WA 980372762	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MEITO SHODO KAI6611 147TH CT NE REDMOND, WA 98052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MERCER ISLAND YOUTH AND FAMILY SERV 2040 - 84TH AVE SE MERCER ISLAND, WA 98040	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	7,000
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MERIDIAN SCHOOL 4649 SUNNYSIDE AVE N SUITE 242 SEATTLE, WA 981036900	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MID-CITY CONCERNS INC 1222 W 2ND AVE SPOKANE, WA 992014606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MID-CITY CONCERNS INC 1222 W 2ND AVE SPOKANE, WA 992014606	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MONTLAKE COMMUNITY SCHOOL ASSOCIATI 2409 22ND AVE E SEATTLE, WA 98112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,647
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTLAKE COMMUNITY SCHOOL ASSOCIATI 2409 22ND AVE E SEATTLE, WA 98112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
MONTLAKE COMMUNITY SCHOOL ASSOCIATI 2409 22ND AVE E SEATTLE, WA 98112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
MOUNT BAKER THEATRE 104 N COMMERCIAL ST BELLINGHAM, WA 982254408	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MOUNT ST HELENS INSTITUTE 42218 NE YALE BRIDGE RD AMBOY, WA 986014601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MUIR ELEMENTARY 14012 132ND AVE NE KIRKLAND, WA 98034	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	158
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSIC CENTER OF THE NORTHWEST INC PO BOX 30757 SEATTLE, WA 981130757	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
MUSIC CENTER OF THE NORTHWEST INC 901 N 96TH STREET SEATTLE, WA 98103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
MUSIC CENTER OF THE NORTHWEST INC 901 N 96TH STREET SEATTLE, WA 98103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NAVOS2600 SW HOLDEN ST SEATTLE, WA 981263505	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
NEW BEGINNINGSPO BOX 75125 SEATTLE, WA 98175	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NEXT STEP HOUSING 2900 POWERHOUSE ROAD SUITE 120 YAKIMA, WA 98902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEXT STEP HOUSING 2900 POWERHOUSE ROAD SUITE 120 YAKIMA, WA 98902	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
NORTH OLYMPIC LAND TRUST PO BOX 2945 PORT ANGELES, WA 983623320	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	123
NORTHSHORE SCHOOLS FOUNDATION 3330 MONTE VILLA PARKWAY BOTHELL, WA 980218972	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	28
NORTHSHORE SENIOR CENTER 10201 E RIVERSIDE DRIVE BOTHELL, WA 98011	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CHRISTIAN SCHOOL 5104 E BERNHILL ROAD COLBERT, WA 99005	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	550
NORTHWEST CHRISTIAN SCHOOL 5104 E BERNHILL ROAD COLBERT, WA 99005	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	420
NORTHWEST CHRISTIAN SCHOOL 5104 E BERNHILL ROAD COLBERT, WA 99005	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	280
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST CHRISTIAN SCHOOL 5104 E BERNHILL ROAD COLBERT, WA 99005	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	140
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST HARVEST E M M PO BOX 12272 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
NORTHWEST ORGANIZATION FOR ANIMAL H 31300 BRANDSTROM ROAD STANWOOD, WA 98292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
NORTHWEST ORGANIZATION FOR ANIMAL H 31300 BRANDSTROM ROAD STANWOOD, WA 98292	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTHWEST YOUTH SERVICE 1020 NORTH STATE STREET BELLINGHAM, WA 982255012	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
NOURISH PIERCE COUNTY 1702 SOUTH 72ND ST SUITE E TACOMA, WA 98408	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPH-USA 1800 112TH AVE NE SUITE 270-E BELLEVUE, WA 98004	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	205
NW FURNITURE BANK 117 PUYALLUP AVE TACOMA, WA 98421	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
NW SARCOMA FOUNDATION A NON-PROFIT 117 E LOUISA ST 443 SEATTLE, WA 98102	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE CREST2500 116TH AVE NE BELLEVUE, WA 98004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
OLIVE CREST2500 116TH AVE NE BELLEVUE, WA 98004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
OLIVE CREST2500 116TH AVE NE BELLEVUE, WA 98004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OLIVE CREST2500 116TH AVE NE BELLEVUE, WA 98004	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	4,075
OLYMPIA DIAMOND BACKERS PO BOX 2661 OLYMPIA, WA 985072661	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
ONE CALL FOR ALLPO BOX 10487 BAINBRIDGE ISLAND, WA 98110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ONE DAYS WAGESP O BOX 17575 SEATTLE, WA 98127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ONE DAYS WAGESP O BOX 17575 SEATTLE, WA 98127	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
ONEAMERICA 1225 S WELLER ST STE 430 SEATTLE, WA 981441906	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION NIGHTWATCH PO BOX 21181 SEATTLE, WA 981113181	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
OUR LADY OF FATIMA PARISH 3301 WEST DRAVUS ST SEATTLE, WA 981992624	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	300
OUR LADY OF FATIMA PARISH 3301 WEST DRAVUS ST SEATTLE, WA 981992624	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR PLACE COMMUNITY OUTREACH 1509 W COLLEGE AVE SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
OVERLAKE HOSPITAL MEDICAL CENTER 1035 116TH AVE NE BELLEVUE, WA 980044624	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	350
OVERLAKE SERVICE LEAGUE PO BOX 53203 BELLEVUE, WA 980153203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACE AT WOODMOOR 12225 NE 160TH ST BOTHELL, WA 980114167	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
PACIFIC LUTHERAN UNIVERSITY INC 12180 PARK AVE S TACOMA, WA 984470001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	150
PACIFIC LUTHERAN UNIVERSITY INC 12180 PARK AVE S TACOMA, WA 984470001	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC NORTHWEST UNIVERSITY OF HEA 111 UNIVERSITY PARKWAY SUITE 201 YAKIMA, WA 98901	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
PACIFIC PUBLIC MEDIA930 BROADWAY TACOMA, WA 98402	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PACIFIC PUBLIC MEDIA930 BROADWAY TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	620
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	90
PACIFIC PUBLIC MEDIA 2601 4TH AVE STE 150 SEATTLE, WA 981211208	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAGE AHEAD CHILDRENS LITERACY PRGM 1130 NW 85TH ST SEATTLE, WA 981173318	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PARALYZED VETERANS OF AMERICA 616 SW 152ND STREET BURIEN, WA 981662224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PASADOS SAFE HAVENPO BOX 171 SULTAN, WA 982940171	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	380
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PATHP O BOX 19210 SEATTLE, WA 98109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PAWSITIVE ALLIANCEPO BOX 82610 KENMORE, WA 98028	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
PET PARTNERS 345 118TH AVE SE SUITE 200 BELLEVUE, WA 980053587	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PHINNEY NEIGHBORHOOD ASSOCIATION 6532 PHINNEY AVE N SEATTLE, WA 98103	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PIKE MARKET CHILD CARE AND PRESCHOO 1501 PIKE PLACE 222 SEATTLE, WA 98101	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 981011010	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIKE MARKET SENIOR CENTER 85 PIKE ST SUITE 200 SEATTLE, WA 981011010	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PIKE PLACE MARKET FOUNDATION 93 PIKE ST SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
PINK DAISY PROJECT15600 NE 8TH ST BELLEVUE, WA 980083927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PINK DAISY PROJECT15600 NE 8TH ST BELLEVUE, WA 980083927	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
PIONEER HUMAN SERVICES 7440 WEST MARGINAL WAY S SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
PIONEER HUMAN SERVICES 7440 WEST MARGINAL WAY S SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF GREATER WASHI 1117 TIETON DR YAKIMA, WA 989023835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
PLANNED PARENTHOOD OF GREATER WASHI 1117 TIETON DR YAKIMA, WA 989023835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
PLANNED PARENTHOOD OF GREATER WASHI 1117 TIETON DR YAKIMA, WA 989023835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF GREATER WASHI 1117 TIETON DR YAKIMA, WA 989023835	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	20
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	80
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	56
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	170
PLANNED PARENTHOOD OF THE GREAT NOR 2001 E MADISON ST SEATTLE, WA 981222959	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	34
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	375
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
PLYMOUTH HOUSING GROUP 2113 THIRD AVENUE SEATTLE, WA 981212321	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 981223916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 981223916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 981223916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	540
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 981223916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 981223916	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
PROGRESSIVE ANIMAL WELFARE SOCIETY PO BOX 1037 LYNNWOOD, WA 980461037	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	205
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROGRESSIVE ANIMAL WELFARE SOCIETY PO BOX 1037 LYNNWOOD, WA 980461037	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
PROJECT ETHIOPIA 1763 NW 62ND STREET SEATTLE, WA 98107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROVIDENCE GENERAL FOUNDATION PO BOX 1067 EVERETT, WA 98206	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,300
PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DR SE ISSAQUAH, WA 980297219	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
PTA EVERGREEN MIDDLE SCHOOL 7621 BEVERLY LANE EVERETT, WA 98203	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	35
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PURRFECT PALS230 MCRAE RD NE ARLINGTON, WA 982239630	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	155
PUYALLUP FOOD BANK110 23RD ST SE PUYALLUP, WA 983724116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
PUYALLUP FOOD BANK110 23RD ST SE PUYALLUP, WA 983724116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUYALLUP FOOD BANK110 23RD ST SE PUYALLUP, WA 983724116	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
QUEEN ANNE HELPLINE INC 311 W MCGRAW ST SEATTLE, WA 98119	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
RAINIER SCHOLARS 2100 24TH AVENUE SOUTH SUITE 360 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
RAINIER SYMPHONYP O BOX 58182 SEATTLE, WA 98138	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RAVISHING WOMEN11878 175 PL NE REDMOND, WA 98052	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,900
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
REACH BEYOND BORDERSPO BOX 2205 BOTHELL, WA 980412205	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REAL CHANGE HOMELESS EMPOWERMENT PR 219 1ST AVE S STE 220 SEATTLE, WA 98104	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
REFARM SANCTUARY 36703 SE SUNSET VIEW RD WASHOUGAL, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,725
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	326
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RESCUE- FREEDOM INTERNATIONAL PO BOX 77 KIRKLAND, WA 980830077	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	101
RIVERS WISH ANIMAL SANCTUARY 11511 W GARFIELD RD SPOKANE, WA 992249365	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 1015 W 5TH AVE SPOKANE, WA 992043002	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROOTS YOUNG ADULT SHELTER 1415 NE 43RD ST SEATTLE, WA 981055804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
ROOTS YOUNG ADULT SHELTER 1415 NE 43RD ST SEATTLE, WA 981055804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,720
ROTARY CLUB OF PUYALLUP SOUTH HILL PO BOX 966 PUYALLUP, WA 983710085	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RYTHER2400 NE 95TH ST SEATTLE, WA 981152426	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
S H A R E INC 2306 NE ANDRESEN ROAD VANCOUVER, WA 98661	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SACRED HEART CHURCH 9460 NE 14TH STREET BELLEVUE, WA 98004	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,000
SAHAR EDUCATIONPO BOX 17672 SEATTLE, WA 981271301	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAND POINT ELEMENTARY PTA 6208 60TH AVE NE SEATTLE, WA 981157944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAND POINT ELEMENTARY PTA 6208 60TH AVE NE SEATTLE, WA 981157944	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,845
SAVE A FORGOTTEN EQUINE 10407 192ND AVE NE REDMOND, WA 98053	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SAVING KIDS SIGHTPO BOX 244 REDMOND, WA 980730244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SAVING KIDS SIGHTPO BOX 244 REDMOND, WA 980730244	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
SCRAPS HOPE FOUNDATION SPOKANE COUNTY REGIONAL ANIMAL PROTECTION SERVICE SPOKANE VALLEY, WA 99212	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEABECK CONFERENCE CENTER 13395 LAGOON DR NW SEABECK, WA 983808753	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
SEA-MAR COMMUNITY HEALTH CENTER 1040 HENDERSON ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
SEA-MAR COMMUNITY HEALTH CENTER 1040 HENDERSON ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEA-MAR COMMUNITY HEALTH CENTER 1040 HENDERSON ST SEATTLE, WA 98108	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	20
SEASHARE 600 ERICKSEN AVE NE STE 310 BAINBRIDGE ISLAND, WA 981102836	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,000
SEATTLE AGAINST SLAVERY PO BOX 95662 SEATTLE, WA 981452662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE AGAINST SLAVERY PO BOX 95662 SEATTLE, WA 981452662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
SEATTLE AGAINST SLAVERY PO BOX 95662 SEATTLE, WA 981452662	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98139	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEATTLE ANIMAL SHELTER FOUNDATION PO BOX 99006 SEATTLE, WA 98139	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 981336547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 981336547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	59
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 981336547	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	850
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE AREA FELINE RESCUE 14717 AURORA AVE N SHORELINE, WA 981336547	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SEATTLE ART MUSEUM1300 1ST AVE SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	99
SEATTLE ART MUSEUM1300 1ST AVE SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE ART MUSEUM1300 1ST AVE SEATTLE, WA 98101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,250
SEATTLE CHILDRENS HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
SEATTLE CHILDRENS HOSPITAL PO BOX 5371 MS S200 SEATTLE, WA 98145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHILDRENS HOSPITAL PO BOX 5371 MS S200 SEATTLE, WA 98145	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SEATTLE CHILDRENS HOSPITAL 4899 FOREST AVE SE MERCER ISLAND, WA 98040	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MS S200 SEATTLE, WA 981455005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,415
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MSC RC-507 SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MSC RC-507 SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEATTLE CHILDRENS HOSPITAL FOUNDATI PO BOX 5371 MSC RC-507 SEATTLE, WA 98105	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHILDRENS THEATRE ASSOCIATI 201 THOMAS ST SEATTLE, WA 981094555	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
SEATTLE CHINESE SCHOOL PO BOX 50481 BELLEVUE, WA 980150481	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
SEATTLE CHINESE SCHOOL PO BOX 50481 BELLEVUE, WA 980150481	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE CHINESE SCHOOL PO BOX 50481 BELLEVUE, WA 980150481	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	250
SEATTLE GIRLS SCHOOL 2706 S JACKSON SEATTLE, WA 98144	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
SEATTLE GOODWILL INDUSTRIES 700 DEARBORN PLACE SOUTH SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE HEBREW ACADEMY 1617 INTERLAKEN DR E SEATTLE, WA 981123430	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
SEATTLE OPERA363 MERCER ST SEATTLE, WA 98109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
SEATTLE PACIFIC UNIVERSITY 3307 THIRD AVENUE WEST STE 304 SEATTLE, WA 98119	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE, WA 98102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,500
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE, WA 98102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	13,775
SEATTLE PREPARATORY SCHOOL 2400 11TH AVE E SEATTLE, WA 98102	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PRO MUSICA 1770 NW 58TH ST STE 124 SEATTLE, WA 98107	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
SEATTLE PUBLIC LIBRARY FOUNDATION 1000 4TH AVE SEATTLE, WA 981041109	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE REPERTORY THEATRE 155 MERCER ST SEATTLE, WA 981094639	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
SEATTLE THEATRE GROUP 911 PINE STRET SEATTLE, WA 98101	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	151
SEATTLE UNIVERSITY901 12TH AVE SEATTLE, WA 981221090	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLE WIND SYMPHONY 14614 26TH DRIVE SE MILL CREEK, WA 98012	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SEATTLE-KING COUNTY WORKFORCE DEVEL 2003 WESTERN AVE STE 250 SEATTLE, WA 981212162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
SEATTLE-KING COUNTY WORKFORCE DEVEL 2003 WESTERN AVE STE 250 SEATTLE, WA 981212162	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	297
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	480
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEATTLES UNION GOSPEL MISSION 3800 SOUTH OTHELLO STREET SEATTLE, WA 98118	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	360
SEAVIEW ELEMENTARY 8426 188TH ST SW EDMONDS, WA 980202299	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	100
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	74
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	121
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	12
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST INLAND NORTHWEST 1234 E FRONT AVE SPOKANE, WA 992022148	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	6
SENIOR SERVICES OF ISLAND COUNTY PO BOX 939 FREELAND, WA 98249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
SHIRTS ACROSS AMERICA 500 YALE AVE N STE 212 SEATTLE, WA 98109	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SHRINERS HOSPITALS FOR CHILDREN 911 WEST 5TH AVE SPOKANE, WA 99204	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	27
SHRINERS HOSPITALS FOR CHILDREN 911 WEST 5TH AVE SPOKANE, WA 99204	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25
SHRINERS HOSPITALS FOR CHILDREN 911 WEST 5TH AVE SPOKANE, WA 99204	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	5
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SIFF305 HARRISON STREET SEATTLE, WA 981094708	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SIGHTLINE INSTITUTE 1402 3RD AVE 500 SEATTLE, WA 981010000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SKIDUCK SKIING FOR DISABLED AND UND 3834 175TH AVE NE REDMOND, WA 98052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SKIDUCK SKIING FOR DISABLED AND UND 3834 175TH AVE NE REDMOND, WA 98052	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
SNAP FINANCIAL ACCESS 3102 W FORT WRIGHT DR SPOKANE, WA 992245203	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SOCIAL JUSTICE FUND NORTHWEST 1904 THIRD AVENUE SUITE 806 SEATTLE, WA 98101	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOCIAL VENTURE PARTNERS 220 2ND AVE SOUTH STE 300 SEATTLE, WA 981042617	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	3,000
SOUND6400 SOUTHCENTER BLVD TUKWILA, WA 98188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,001
SOUND GENERATIONS 2208 2ND AVE SUITE 100 SEATTLE, WA 981212055	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 983664414	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
SOUTH SOUND OUTREACH SERVICES 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
SOUTH SOUND OUTREACH SERVICES 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	15,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPARK CENTRAL1214 W SUMMIT PKWY SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,260
SPARK CENTRAL1214 W SUMMIT PKWY SPOKANE, WA 99201	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
SPECIAL BUNNY32047 NE 94TH ST CARNATION, WA 980147901	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	160
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	477
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
SPECIAL OLYMPICS WASHINGTON 2815 SECOND AVE STE 370 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	155
SPINAL CSF LEAK FOUNDATION 707 W MAIN AVENUE SUITE B1 PMB 103 SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPINAL CSF LEAK FOUNDATION 707 W MAIN AVENUE SUITE B1 PMB 103 SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
SPINAL CSF LEAK FOUNDATION 707 W MAIN AVENUE SUITE B1 PMB 103 SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	258
SPLASH INTERNATIONAL1326 5TH AVE SEATTLE, WA 98118	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,805
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPLASHFORWARDPO BOX 417 KIRKLAND, WA 980830417	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPOKANE AREA WORKFORCE DEVELOPMENT 140 SOUTH ARTHUR SUITE 300 SPOKANE, WA 99202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
SPOKANE GUILDS SCHOOL AND NEUROMUSC 2118 W GARLAND AVE SPOKANE, WA 992052526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE GUILDS SCHOOL AND NEUROMUSC 2118 W GARLAND AVE SPOKANE, WA 992052526	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	725
SPOKANE HOOPFEST ASSOCIATION 421 W RIVERSIDE SUITE 115 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
SPOKANE HOOPFEST ASSOCIATION 421 W RIVERSIDE SUITE 115 SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE HUMANE SOCIETY 6607 NORTH HAVANA ST SPOKANE, WA 99207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
SPOKANE HUMANE SOCIETY 6607 N HAVANA ST SPOKANE, WA 99217	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
SPOKANE NEIGHBORHOOD ACTION PARTNER 3102 W FORT GEORGE WRIGHT DR SPOKANE, WA 99224	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE PUBLIC RADIO 1229 N MONROE ST SPOKANE, WA 99201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SPOKANE SYMPHONY SOCIETY 818 W RIVERSIDE AVE MEZZANINE SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,000
SPOKANE SYMPHONY SOCIETY 818 W RIVERSIDE AVE MEZZANINE SPOKANE, WA 99201	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPOKANE VALLEY HUB 19619 E CATALDO AVE LIBERTY LAKE, WA 99016	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
SPOKANE VALLEY HUBPO BOX 604 LIBERTY LAKE, WA 990160604	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
SPOKANIMAL C A R E710 N NAPA ST SPOKANE, WA 992022867	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPREEHA FOUNDATION 2205 152ND AVE NE REDMOND, WA 98052	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
ST ALPHONSUS SCHOOL 5816 15TH AVENUE NW SEATTLE, WA 98107	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
ST ANTHONY ELEMENTARY SCHOOL 336 SHATTUCK AVENUE S RENTON, WA 980572429	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,500
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	1,000
ST MATTHEW ELEMENTARY SCHOOL 1230 NE 127TH STREET SEATTLE, WA 98125	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST MONICA SCHOOL4320 87TH AVE SE MERCER ISLAND, WA 98040	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,000
ST PATRICK SCHOOL1112 N G STREET TACOMA, WA 98403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	90
ST PATRICK SCHOOL1112 N G STREET TACOMA, WA 98403	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	20
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,193
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUMMER SEARCH 635 ANDOVER PARK W SUITE 200 TUKWILA, WA 98188	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
SUMMIT SCHOOL PAC 13313 E BROADWAY SPOKANE VALLEY, WA 99216	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
SUN VALLEY JAZZ JAMBOREE INC PO BOX 309 BATTLE GROUND, WA 98604	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 91222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 91222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	417
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	63
TACOMA ART MUSEUM TACOMA WA 1701 PACIFIC AVE TACOMA, WA 984023214	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TACOMA COMMUNITY HOUSE 1314 SOUTH L ST TACOMA WA 98405 TACOMA, WA 98415	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TACOMA-PIERCE COUNTY HUMANE SOCIETY 2608 CENTER ST TACOMA, WA 98409	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
TEAM READPO BOX 94042 SEATTLE, WA 98124	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TEARS FOUNDATION 11102 SUNRISE BLVD E SUITE 112 PUYALLUP, WA 983748846	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	200
TECHNOLOGY ACCESS FOUNDATION 605 SW 108TH STREET SEATTLE, WA 98146	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
TEENS IN PUBLIC SERVICE 2900 NE BLAKELEY ST STE B SEATTLE, WA 98105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE BELLEVUE ART MUSEUM 510 BELLEVUE WAY NE BELLEVUE, WA 98004	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE BELLINGHAM PUBLIC SCHOOL FOUNDA PO BOX 1132 BELLINGHAM, WA 98227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
THE BORGEN PROJECT 1416 NW 46TH ST STE 105 PMB 145 SEATTLE, WA 98107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
THE BORGEN PROJECT 1416 NW 46TH ST STE 105 PMB 145 SEATTLE, WA 98107	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE CHEHALIS FOUNDATION PO BOX 1608 CHEHALIS, WA 985320400	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
THE CHOSEN & DEARLY LOVED FOUNDATIO 16301 NE 8TH STREET SUITE 201 BELLEVUE, WA 98008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	125
THE COFFEE OASIS837 4TH ST BREMERTON, WA 983371424	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DALAI LAMA FOUNDATION 18579 BURKE AVE N SHORELINE, WA 98133	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
THE DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
THE DES MOINES AREA FOOD BANK PO BOX 98788 DES MOINES, WA 98198	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FRIENDSHIP CIRCLE OF WASHINGTON 2737 77TH AVE SE - SUITE 101 MERCER ISLAND, WA 98040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	360
THE FRIENDSHIP CIRCLE OF WASHINGTON 2737 77TH AVE SE - SUITE 101 MERCER ISLAND, WA 98040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,050
THE MOUNTAINEERS 7700 SAND PT WAY NE SEATTLE, WA 981153996	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MOUNTAINS TO SOUND GREENWAY TR 2701 FIRST AVE SUITE 240 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
THE MOUNTAINS TO SOUND GREENWAY TR 2701 FIRST AVE SUITE 240 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
THE SALVATION ARMY 222 E INDIANA AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMY 222 E INDIANA AVE SPOKANE, WA 99207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
THE SALVATION ARMY 1500 NE 112TH AVE VANCOUVER, WA 98684	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
THE SALVATION ARMY 222 E INDIANA AVENUE SPOKANE, WA 99207	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 118 WASHOUGAL, WA 98671	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
THE SEATTLE MARINERS WOMENS CLUB 11705 8TH AVE NW SEATTLE, WA 981774533	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
THE STOREHOUSE26201 180TH AVE SE COVINGTON, WA 980424917	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE VERA PROJECT305 HARRISON ST SEATTLE, WA 98109	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
THE YOUNG MENS CHRISTIAN ASSOCIATIO 909 4TH AVE SEATTLE, WA 981041108	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
THE YOUNG MENS CHRISTIAN ASSOCIATIO 3622 SW SNOQUALMIE STREET SEATTLE, WA 981262788	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THURSTON COUNTY FAIR FOUNDATION 3054 CARPENTER RD SE OLYMPIA, WA 985033961	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	700
TIGER OF THE SNOWS FUND 6519B 34TH AVE SW SEATTLE, WA 981263149	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	3,000
TIMBER RIDGE ELEMENTARY SCHOOL PTSA PO BOX 1745 SNOQUALMIE, WA 98065	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK SPOKANE, WA 992052500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10,000
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK SPOKANE, WA 992052500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
TRANSITIONAL PROGRAMS FOR WOMEN 3128 N HEMLOCK SPOKANE, WA 992052500	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRANSITIONAL PROGRAMS FOR WOMEN 1002 N SUPERIOR ST SPOKANE, WA 992022059	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	800
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
TREEHOUSE2100 24TH AVE S STE 200 SEATTLE, WA 98144	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	7,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION GOSPEL MISSION OF YAKIMA WASH 1300 NORTH FIRST STREET YAKIMA, WA 98901	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
UNION PRESBYTERIAN CHURCH 415 WESTLAKE AVE N SEATTLE, WA 981095221	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	500
UNITED STATES CONFERENCE OF CATHOLI 100 23RD AVE S SEATTLE, WA 98144	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75,000
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,000
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,436
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,905
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	77
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,358
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF KING COUNTY 720 SECOND AVENUE SEATTLE, WA 981041702	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	674
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,313
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	913
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 400 TACOMA, WA 98402	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	220
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE STE 200 EVERETT, WA 982014433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	184
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE STE 200 EVERETT, WA 982014433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	105
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE STE 200 EVERETT, WA 982014433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	24
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE STE 200 EVERETT, WA 982014433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SNOHOMISH COUNTY 3120 MCDOUGALL AVE STE 200 EVERETT, WA 982014433	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	30
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON ST SUITE 100 SPOKANE, WA 992012229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	480
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON ST SUITE 100 SPOKANE, WA 992012229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	600
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON ST SUITE 100 SPOKANE, WA 992012229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON ST SUITE 100 SPOKANE, WA 992012229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	440
UNITED WAY OF SPOKANE COUNTY 920 N WASHINGTON ST SUITE 100 SPOKANE, WA 992012229	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY DISTRICT DEVELOPMENT ASS 120 N PINE ST STE 292 SPOKANE, WA 99202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10,000
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST CMB1067 TACOMA, WA 98416	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	879
UNIVERSITY OF PUGET SOUND 1500 N WARNER ST CMB1067 TACOMA, WA 98416	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WASHINGTON FOUNDATION BOX 351210 SEATTLE, WA 98195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,000
UNIVERSITY OF WASHINGTON FOUNDATION BOX 351210 SEATTLE, WA 98195	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
UNIVERSITY OF WASHINGTON FOUNDATION 407 GERBERDING HALL SEATTLE, WA 981950001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WASHINGTON FOUNDATION 407 GERBERDING HALL SEATTLE, WA 981950001	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WASHINGTON TACOMA 1900 COMMERCE STREET TACOMA, WA 98402	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	200
UNIVERSITY OF WASHINGTON TACOMA 1900 COMMERCE STREET TACOMA, WA 98402	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
URBAN LEAGUE OF METROPOLITAN SEATTL 105 14TH AVENUE SUITE 200 SEATTLE, WA 98122	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
VANCOUVER HUMANE SOCIETY & SOCIETY 1100 NORTHEAST 192ND AVENUE VANCOUVER, WA 98684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
VANCOUVER HUMANE SOCIETY & SOCIETY 1100 NORTHEAST 192ND AVENUE VANCOUVER, WA 98684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANCOUVER HUMANE SOCIETY & SOCIETY 1100 NORTHEAST 192ND AVENUE VANCOUVER, WA 98684	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	785
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	958
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	475
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	720
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	355
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
VANESSA BEHAN CRISIS NURSERY 2230 E SPRAGUE SPOKANE, WA 99202	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
VASHON YOUTH AND FAMILY SERVICES 20110 VASHON HWY SW VASHON, WA 98070	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VENTURES 2100 24TH AVENUE S SUITE 380 SEATTLE, WA 98144	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25,000
WASHINGTON ELKS THERAPY PROGRAM FOR PO BOX 110760 TACOMA, WA 984110760	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	52
WASHINGTON POLICY CENTER PO BOX 3643 SEATTLE, WA 981243643	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE UNIVERSITY PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	125,000
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,075
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	200
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	40
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	20
WASHINGTON STATE UNIVERSITY FOUNDAT PO BOX 641927 PULLMAN, WA 991641927	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE 300 SEATTLE, WA 98104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WASHINGTON TRAILS ASSOCIATION 705 2ND AVE 300 SEATTLE, WA 98104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	150
WASHINGTON WOMENS FOUNDATION 2100 24TH AVE S STE 330 SEATTLE, WA 981444645	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTONS NATIONAL PARK FUND 1904 THIRD AVE STE 400 SEATTLE, WA 981011153	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WEAR BLUE RUN TO REMEMBER PO BOX 65254 UNIVERSITY PL, WA 984641254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WEAR BLUE RUN TO REMEMBER PO BOX 65254 UNIVERSITY PL, WA 984641254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEAR BLUE RUN TO REMEMBER PO BOX 65254 UNIVERSITY PL, WA 984641254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WEAR BLUE RUN TO REMEMBER PO BOX 65254 UNIVERSITY PL, WA 984641254	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
WENATCHEE VALLEY HUMANE SOCIETY INC 1474 S WENATCHEE AVE WENATCHEE, WA 988013759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	220
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WENATCHEE VALLEY HUMANE SOCIETY INC 1474 S WENATCHEE AVE WENATCHEE, WA 988013759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
WENATCHEE VALLEY HUMANE SOCIETY INC 1474 S WENATCHEE AVE WENATCHEE, WA 988013759	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
WEST SEATTLE FOOD BANK 3419 SW MORGAN SEATTLE, WA 981262633	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE BABY10002 14TH AVE SW SEATTLE, WA 981463728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	240
WESTSIDE BABY10002 14TH AVE SW SEATTLE, WA 981463728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	225
WESTSIDE BABY10002 14TH AVE SW SEATTLE, WA 981463728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WESTSIDE BABY10002 14TH AVE SW SEATTLE, WA 981463728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
WESTSIDE BABY10002 14TH AVE SW SEATTLE, WA 981463728	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	70
WHATCOM FAMILY YOUNG MENS CHRISTIAN 1256 N STATE ST BELLINGHAM, WA 982255016	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITE CENTER COMMUNITY DEVELOPMENT 605 SW 108 ST SEATTLE, WA 98146	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100,000
WHITMAN COLLEGE BOARD OF TRUSTEES 345 BOYER AVE WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	4,750
WHITMAN COLLEGE BOARD OF TRUSTEES 345 BOYER AVE WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WHITMAN COLLEGE BOARD OF TRUSTEES 345 BOYER AVE WALLA WALLA, WA 99362	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	50
WHITWORTH UNIVERSITY 300 W HAWTHORNE RD SPOKANE, WA 992512515	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	300
WILDCAT BOOSTER CLUBPO BOX 455 NORTH BEND, WA 980450455	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WILDERNESS LAND TRUST PO BOX 11697 BAINBRIDGE ISLAND, WA 98110	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
WING LUKE MEMORIAL FOUNDATION 719 S KING ST SEATTLE, WA 98104	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
WING LUKE MEMORIAL FOUNDATION 719 S KING ST SEATTLE, WA 981043035	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOMEN HELPING WOMEN FUND 1325 W 1ST AVE STE 318 SPOKANE, WA 992014136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	75
WOMEN HELPING WOMEN FUND 1325 W 1ST AVE STE 318 SPOKANE, WA 992014136	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	150
WONDERLAND CHILD & FAMILY SERVICES 2402 NW 195TH PL SHORELINE, WA 98177	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOODINVILLE MONTESSORI SCHOOL 19102 NORTH CREEK PKWY BOTHELL, WA 98011	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	50
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SEATTLE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	110
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SEATTLE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	240
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SEATTLE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	132
WORLD CONCERN DEVELOPMENT ORGANIZAT 19303 FREMONT AVE N SEATTLE, WA 981333800	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	132
WORLD RELIEF CORP OF NATIONAL ASSOC 841 CENTRAL AVE N KENT, WA 98032	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	104
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VETS9711 MOLLER DR NW GIG HARBOR, WA 98332	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	1,480
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A) (I)	PROGRAM/OPERATING SUPPORT	273
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	14,954
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	765
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,474
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	31,733
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	40
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	110
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	765
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	150
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,010
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	421
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	5,390
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	983
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	6,321
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	10,628
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	143
WORLD VISIONPO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	1,803
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	592
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	4,630
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
WORLD VISION FOUNDATION PO BOX 9716 FEDERAL WAY, WA 980639716	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	433
WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	875
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLD VISION INTERNATIONAL PO BOX 9716 FEDERAL WAY, WA 98063	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	615
WOUNDED WARRIOR PROJECT INC 2200 ALASKAN WAY 130 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
WOUNDED WARRIOR PROJECT INC 2200 ALASKAN WAY 130 SEATTLE, WA 98121	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WOUNDED WARRIOR PROJECT INC 2200 ALASKAN WAY 130 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	550
WOUNDED WARRIOR PROJECT INC 2200 ALASKAN WAY 130 SEATTLE, WA 98121	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
YEAR UP INC2607 2ND AVENUE SEATTLE, WA 98121	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	25,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YEMEN RELIEF AND RECONSTRUCTION FOU 3216 74TH PLACE SE MERCER ISLAND, WA 98040	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	167
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	75
YOUNG MENS CHRISTIAN ASSOCIATION OF 4717 S 19TH ST STE 201 TACOMA, WA 984051167	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	505
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	400
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 930 N MONROE ST SPOKANE, WA 992012112	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 981013001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 981013001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 981013001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	5,000
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 FIFTH AVENUE SEATTLE, WA 981010000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	125
YOUNG WOMENS CHRISTIAN ASSOCIATION 1118 5TH AVE SEATTLE, WA 981013001	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YOUTHCARE2500 NE 54TH STREET SEATTLE, WA 98105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YOUTHCARE2500 NE 54TH STREET SEATTLE, WA 98105	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	300
YWAM FAITH HARVEST HELPERS 12643 CASE RD SW OLYMPIA, WA 98512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
YWCA CLARK COUNTY3609 MAIN ST VANCOUVER, WA 986632225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,000
YWCA CLARK COUNTY3609 MAIN ST VANCOUVER, WA 986632225	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	625
ACCESS COMMUNITY HEALTH CENTERS INC 2901 W BELTLINE HWY STE 120 MADISON, WI 537134231	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACCESS COMMUNITY HEALTH CENTERS INC 2901 W BELTLINE HWY STE 120 MADISON, WI 537134231	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
ACTS COMMUNITY DEVELOPMENT CORPORAT 2414 WEST VLIET MILWAUKEE, WI 53205	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AGRACE HOSPICECARE INCORPORATED 5395 E CHERYL PKWY MADISON, WI 537110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGRACE HOSPICECARE INCORPORATED 5395 E CHERYL PKWY MADISON, WI 537110000	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ALZHEIMERS DISEASE AND RELATED DISO 2820 WALTON COMMONS STE 132 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	485
ALZHEIMERS DISEASE AND RELATED DISO 2820 WALTON COMMONS STE 132 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ALZHEIMERS DISEASE AND RELATED DISO 2820 WALTON COMMONS STE 132 MADISON, WI 53718	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	580
AMERICAN CANCER SOCIETY INC 2100 RIVERSIDE DR STE 201 GREEN BAY, WI 54301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY INC 8317 ELDERBERRY RD MADISON, WI 53717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
AMERICAN CANCER SOCIETY INC 2100 RIVERSIDE DR STE 201 GREEN BAY, WI 54301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	600
AMERICAN HEART ASSOCIATION INC 1555 N RIVERCENTER DRIVE SUITE 211 MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 2850 DAIRY DRIVE STE 130 MADISON, WI 53718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	44
AMERICAN HEART ASSOCIATION INC 2850 DAIRY DRIVE STE 130 MADISON, WI 53718	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	55
AMERICAN LUNG ASSOCIATION 13100 WEST LSIBON ROAD SUITE 700 BROOKFIELD, WI 530052507	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3333 N MAYFAIR ROAD SUITE 104 WAUWATOSA, WI 53222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
AMYOTROPHIC LATERAL SCLEROSIS ASSOC 3333 N MAYFAIR ROAD SUITE 104 WAUWATOSA, WI 53222	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
ANDEAN HEALTH AND DEVELOPMENT INC 1100 DELAPLAINE CT MADISON, WI 537151840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANDEAN HEALTH AND DEVELOPMENT INC 1100 DELAPLAINE CT MADISON, WI 537151840	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
APPLETON NORTH YOUTH BASEBALL CLUB 5000 N BALLARD RD APPLETON, WI 549138942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
APPLETON NORTH YOUTH BASEBALL CLUB 5000 N BALLARD RD APPLETON, WI 549138942	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BADGER HONOR FLIGHT INCORPORATED 5559 COUNTY ROAD F MAZOMANIE, WI 535609711	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
BAY AREA MEDICAL CENTER FOUNDATION 3003 UNIVERSITY DRIVE MARINETTE, WI 541434242	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	50
BELLIN COLLEGE INC3201 EATON RD GREEN BAY, WI 543116830	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BELOIT COLLEGE700 COLLEGE ST BELOIT, WI 535115509	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	200
BENEDICTINE LIFE FOUNDATION OF WISC 4200 COUNTY ROAD M MIDDLETON, WI 535622317	NONE	509(A)(3) - TYP	PROGRAM/OPERATING SUPPORT	1,750
BEST BUDDIES INTERNATIONAL INC 10425 W NORTH AVE 340 WAUWATOSA, WI 53226	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS AND BIG SISTERS OF DAN 2059 ATWOOD AVE 2 MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,250
BIG BROTHERS AND BIG SISTERS OF MET 788 N JEFFERSON ST STE 600 MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BIG BROTHERS AND BIG SISTERS OF MET 788 N JEFFERSON ST STE 600 MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BIG BROTHERS BIG SISTERS OF NORTHEA 520 N BROADWAY SUITE 220 GREEN BAY, WI 543032049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,100
BIG BROTHERS BIG SISTERS OF NORTHEA 520 N BROADWAY SUITE 220 GREEN BAY, WI 543032049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
BIG BROTHERS BIG SISTERS OF NORTHEA 520 N BROADWAY SUITE 220 GREEN BAY, WI 543032049	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOULDER JUNCTION PUBLIC LIBRARY PO BOX 9 BOULDER JUNCTION, WI 54512	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
BOY SCOUTS OF AMERICAPO BOX 267 APPLETON, WI 549120000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	400
BOYS & GIRLS CLUB OF GREEN BAY INC 1451 UNIVERSITY AVE GREEN BAY, WI 54302	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BOYS AND GIRLS CLUB OF GREATER MILW 1558 N 6TH ST MILWAUKEE, WI 532123845	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
BREAST CANCER FAMILY FOUNDATION INC 926 WILLARD DR STE 134 GREEN BAY, WI 543045071	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CAMP KESEM NATIONAL 333 EAST CAMPUS MALL MAILBOX 104 MADISON, WI 53715	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CARROLL UNIVERSITY INC 100 N EAST AVE WAUKESHA, WI 531863103	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,000
CASA OF BROWN COUNTY INCORPORATED 414 E WALNUT ST GREEN BAY, WI 54301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,048
CATHOLIC DIOCESE OF GREEN BAY PO BOX 22128 GREEN BAY, WI 543052128	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CATHOLIC MEMORIAL HIGH SCHOOL 601 EAST COLLEGE AVE WAUKESHA, WI 53186	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	100
CEREBRAL PALSY INC 2801 S WEBSTER AVE GREEN BAY, WI 54301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,500
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	90
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	45
CHILDRENS HOSPITAL OF WISCONSIN FOU PO BOX 1997 MS 3050 MILWAUKEE, WI 53201	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	30
CLEAN LAKES ALLIANCE INC 150 E GILMAN ST STE 2600 MADISON, WI 537031441	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	375
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEAN WISCONSIN INC 634 W MAIN ST STE 300 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,124
CLEAN WISCONSIN INC 634 W MAIN ST STE 300 MADISON, WI 53703	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,180
COMMUNITY FOUNDATION FOR THE FOX VA 4455 W LAWRENCE ST APPLETON, WI 549144065	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CYNTHIA S BREAST CANCER GIVING CIRC PO BOX 76083 MILWAUKEE, WI 53216	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
CYSTIC FIBROSIS FOUNDATION 400 S EXECUTIVE DR STE 109 BROOKFIELD, WI 53005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
DANE COUNTY HUMANE SOCIETY 5132 VOGES RD MADISON, WI 537186941	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOCTORS IN RECITAL INCPO BOX 5 SUAMICO, WI 54173	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	400
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOMESTIC ABUSE INTERVENTION SERVICE 2102 FORDEM AVENUE MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
DOMINICAN HIGH SCHOOL 120 E SILVER SPRING DRIVE MILWAUKEE, WI 532174701	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	5,276
DOOR COMMUNITY AUDITORIUM CORPORATI PO BOX 397 FISH CREEK, WI 54212	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOOR COUNTY COMMUNITY FOUNDATION IN 222 NORTH THIRD AVENUE STURGEON BAY, WI 54235	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
EDGERTON HOSPITAL CAPITAL FOUNDATIO 11101 N SHERMAN RD EDGERTON, WI 535349002	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	100
EDUCATIONAL FOUNDATION OF BIRCHWOOD PO BOX 267 BIRCHWOOD, WI 54817	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EX FABULA INC206 E SMITH ST MILWAUKEE, WI 53207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
EX FABULA INC206 E SMITH ST MILWAUKEE, WI 53207	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	120
FREEDOM FROM RELIGION FOUNDATION IN PO BOX 750 MADISON, WI 537010750	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM FROM RELIGION FOUNDATION IN PO BOX 750 MADISON, WI 537010750	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
FREEDOM HOUSE MINISTRIES INC 2997 ST ANTHONY DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
FRIENDS OF THE DOMES INC 524 S LAYTON BLVD MILWAUKEE, WI 532151236	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF THE PRINCETON LIBRARY IN 424 W WATER ST PRINCETON, WI 54968	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,500
FRIENDS OF THE STATE STREET FAMILY PO BOX 2399 MADISON, WI 537012399	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	2,550
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	50
FRIENDS OF WISCONSIN PUBLIC TELEVIS 821 UNIVERSITY AVENUE RM 1076 MADISON, WI 537061412	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GILDAS CLUB MADISON WISCONSIN INC 7907 UW HEALTH CT MIDDLETON, WI 535625531	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
GOLF FORE WOLFE & A CURE INC W134 N6625 LILLY CREEK DR MENOMONEE FALLS, WI 53051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
GOLF FORE WOLFE & A CURE INC W134 N6625 LILLY CREEK DR MENOMONEE FALLS, WI 53051	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	610
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREATER GREEN BAY YMCA INC 235 N JEFFERSON ST GREEN BAY, WI 543015126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	75
GREATER GREEN BAY YMCA INC 235 N JEFFERSON ST GREEN BAY, WI 543015126	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	465
GREATER GREEN BAY YMCA INC 12101 Y CAMP ROAD SURING, WI 54174	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GREEN BAY BOTANICAL GARDEN INC 2600 LARSEN RD GREEN BAY, WI 543034841	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GREEN LAKE ASSOCIATION INC PO BOX 364 GREEN LAKE, WI 549410364	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
GREEN LAKE RENEWAL INCPO BOX 608 GREEN LAKE, WI 549410608	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,036
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HABITAT FOR HUMANITY INTERNATIONAL 3101 LATHAM DRIVE MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HABITAT FOR HUMANITY INTERNATIONAL 3101 LATHAM DRIVE MADISON, WI 53713	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
HACKFEST INC4717 WAUKESHA ST MADISON, WI 537054842	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HACKFEST INC4717 WAUKESHA ST MADISON, WI 537054842	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,021
HAND-N-HAND OF NORTHEASTERN WISCONS 5403 OAK ORCHARD RD ABRAMS, WI 54101	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
HEAVENS TOUCH MINISTRIES INC 1043 WESTERN AVE GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	891
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY VILAS PARK ZOOLOGICAL SOCIETY PO BOX 259302 MADISON, WI 53725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
HENRY VILAS PARK ZOOLOGICAL SOCIETY PO BOX 259302 MADISON, WI 53725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HENRY VILAS PARK ZOOLOGICAL SOCIETY PO BOX 259302 MADISON, WI 53725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	30
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HENRY VILAS PARK ZOOLOGICAL SOCIETY PO BOX 259302 MADISON, WI 53725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	20
HENRY VILAS PARK ZOOLOGICAL SOCIETY PO BOX 259302 MADISON, WI 53725	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	10
HOMETOWN EDUCATION FOUNDATION INC 9 W GENEVA CIR MADISON, WI 53717	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	120
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOMETOWN HEROES INCPOBOX 227 GRAFTON, WI 53024	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
HOPE CLINIC AND CARE CENTER INC 1814 APPLETON ROAD MENASHA, WI 549521110	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
HOUSE OF HOPE GREEN BAY INC 1660 CHRISTIANA ST GREEN BAY, WI 54303	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOWARD-SUAMICO SCHOOL DISTRICT 2710 LINEVILLE ROAD GREEN BAY, WI 543137151	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	700
HOWARD-SUAMICO SCHOOL DISTRICT 2710 LINEVILLE ROAD GREEN BAY, WI 543137151	NONE	NCES SCHOOL DIS	PROGRAM/OPERATING SUPPORT	500
HUMANE ANIMAL WELFARE SOCIETY OF WA 701 NORTHVIEW RD WAUKESHA, WI 531886902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HUMANE ANIMAL WELFARE SOCIETY OF WA 701 NORTHVIEW RD WAUKESHA, WI 531886902	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
HUNGER TASK FORCE INC 201 S HAWLEY CT MILWAUKEE, WI 532141966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	80
HUNGER TASK FORCE INC 201 S HAWLEY CT MILWAUKEE, WI 532141966	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ICE AGE TRAIL ALLIANCEPO BOX 128 CROSS PLAINS, WI 535289596	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
INTERVARSITY CHRISTIAN FELLOWSHIP- PO BOX 7895 MADISON, WI 537077895	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,000
KIDS WITH HEART NATL ASSN FOR CHILD 1578 CAREFUL DR GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	32
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KIDS WITH HEART NATL ASSN FOR CHILD 1578 CAREFUL DR GREEN BAY, WI 54304	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
LAKE AREA FREE CLINIC INC 856 ARMOUR RD STE B OCONOMOWOC, WI 530663976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
LAKE AREA FREE CLINIC INC 856 ARMOUR RD STE B OCONOMOWOC, WI 530663976	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKELAND AREA SCHOLARSHIP FUND INC PO BOX 227 MINOCQUA, WI 545480227	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
LAKELAND ROTARY FOUNDATION INC PO BOX 620 MINOCQUA, WI 545480620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
LAKELAND ROTARY FOUNDATION INC PO BOX 620 MINOCQUA, WI 545480620	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAUDATO SI PROJECT 5443 SHANNON ROAD HARTFORD, WI 53027	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	225
LAWRENCE UNIVERSITY OF WISCONSIN 711 E BOLDT WAY SPC 1847 APPLETON, WI 54912	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LITERACY GREEN BAY INC 424 S MONROE AVE GREEN BAY, WI 543014054	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
LITTLE FREE LIBRARY LTD 573 COUNTY ROAD A STE 106 HUDSON, WI 540167057	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MADISON AREA PRESCHOOL INC 1025 MCKENNA BLVD MADISON, WI 53719	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MADISON ROTARY FOUNDATION 2 S CARROLL ST STE 255 MADISON, WI 53703	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	700
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	525
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF WISCONSIN 11020 W PLANK CT SUITE 200 WAUWATOSA, WI 53226	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,500
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	65
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	60
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	40
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	3,540
MARQUETTE UNIVERSITYPO BOX 1881 MILWAUKEE, WI 532011881	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	46
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	2,500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	24
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	80
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	3,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 W WISCONSIN AVENUE MILWAUKEE, WI 53208	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	16
MILWAUKEE ART MUSEUM INC 700 N ART MUSEUM DR MILWAUKEE, WI 532024007	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
MILWAUKEE RESCUE MISSION 830 N 19TH ST MILWAUKEE, WI 532331616	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MILWAUKEE RESCUE MISSION 830 N 19TH ST MILWAUKEE, WI 532331616	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
MILWAUKEE RESCUE MISSION 830 N 19TH ST MILWAUKEE, WI 532331616	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
MINOCQUA KAWAGUESAGA LAKES PROTECTI 8229 W BRINKLAND CIRCLE MINOCQUA, WI 545480494	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,760
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MONTICELLO FOUNDATION INC PO BOX 636 MONTICELLO, WI 535700000	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	650
MSRUNTHEUSPO BOX 2273 BROOKFIELD, WI 53008	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	430
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MUSCULAR DYSTROPHY ASSOCIATION 2625 DEVELOPMENT DRIVE STE 10 GREEN BAY, WI 54311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
MUSEUM OF WISCONSIN ART INC 205 VETERANS AVE WEST BEND, WI 530953413	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
MUSIC MATTERS125 E STATE ST BURLINGTON, WI 531051915	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL PKU ALLIANCE INC PO BOX 1872 EAU CLAIRE, WI 547021872	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,500
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 543033447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 543033447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 543033447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,732
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 543033447	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,196
NICOLET COLLEGE FOUNDATION INC PO BOX 518 RHINELANDER, WI 545010518	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NO STOMACH FOR CANCER INC PO BOX 46070 MADISON, WI 53744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
NO STOMACH FOR CANCER INC PO BOX 46070 MADISON, WI 53744	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4
NOTRE DAME DE LA BAIE ACADEMY 610 MARYHILL DR GREEN BAY, WI 543032004	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NOTRE DAME DE LA BAIE FOUNDATION IN 610 MARYHILL DRIVE GREEN BAY, WI 54303	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	5,000
OPERATION FRESH START INC 2670 MILWAUKEE STREET MADISON, WI 537045314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
OUR NEXT GENERATION INC 3421 W LISBON AVE MILWAUKEE, WI 532081949	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUR NEXT GENERATION INC 3421 W LISBON AVE MILWAUKEE, WI 532081949	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
OUTREACH FOR WORLD HOPE INC 3099 TIMBER LN VERONA, WI 535939055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	147
OUTREACH FOR WORLD HOPE INC 3099 TIMBER LN VERONA, WI 535939055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	180
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTREACH FOR WORLD HOPE INC 3099 TIMBER LN VERONA, WI 535939055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	450
OUTREACH FOR WORLD HOPE INC 3099 TIMBER LN VERONA, WI 535939055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	80
OUTREACH FOR WORLD HOPE INC 3099 TIMBER LN VERONA, WI 535939055	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	770
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OUTREACH INC 2701 INTERNATIONAL LANE SUITE 101 MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,240
PLANNED PARENTHOOD OF WISCONSN INC 302 N JACKSON ST MILWAUKEE, WI 532025904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
PLANNED PARENTHOOD OF WISCONSN INC 302 N JACKSON ST MILWAUKEE, WI 532025904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PLANNED PARENTHOOD OF WISCONSN INC 302 N JACKSON ST MILWAUKEE, WI 532025904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
PLANNED PARENTHOOD OF WISCONSN INC 302 N JACKSON ST MILWAUKEE, WI 532025904	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
POTTERS HOUSE ASSOCIATION INTERNATI PO BOX 106 DEPTA PEWAUKEE, WI 530720106	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADIO MILWAUKEE INC 220 E PITTSBURGH AVE MILWAUKEE, WI 532041432	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RED CABOOSE CHILD CARE CENTER INC 654 WILLIAMSON ST MADISON, WI 537033544	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	190
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	175
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REECES RAINBOW INCPO BOX 146 COMBINED LOCKS, WI 54113	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
RIPON COLLEGE BOARD OF TRUSTEES OF 300 WEST SEWARD STREET RIPON, WI 54971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
RIPON MEDICAL CENTER AUXILIARY INC 845 PARKSIDE ST RIPON, WI 549718505	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RIPON MEDICAL CENTER AUXILIARY INC 845 PARKSIDE ST RIPON, WI 549718505	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	25
RIVER FOOD PANTRY2201 DARWIN RD MADISON, WI 53704	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	165
RIVERWEST FOOD PANTRY INC 2610 N MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ROCK PRAIRIE MONTESSORI INC 5246 E ROTAMER RD JANESVILLE, WI 53546	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	375
ROGERS MEMORIAL HOSPITAL FOUNDATION 34700 VALLEY RD OCONOMOWOC, WI 530664500	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
RONALD MCDONALD HOUSE CHARITIES OF 803 W NORTH ST MARSHFIELD, WI 544491819	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONCALLI HIGH SCHOOL 2000 MIRRO DRIVE MANITOWOC, WI 542206718	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
SACRED HEART MONASTERY PO BOX 900 HALES CORNERS, WI 53130	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	25
SECOND HARVEST FOODBANK OF SOUTHERN 2802 DAIRY DR MADISON, WI 537186751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,800
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOODBANK OF SOUTHERN 2802 DAIRY DR MADISON, WI 537186751	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
SPECIAL OLYMPICS WISCONSIN INC 2310 CROSSROADS DR STE 1000 MADISON, WI 537187600	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
ST JOHN VIANNEY SCHOOL 17500 GEBHARDT RD BROOKFIELD, WI 53045	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST NORBERT COLLEGE INC 100 GRANT STREET ADVANCEMENT SERVICES DE PERE, WI 541152002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,100
ST NORBERT COLLEGE INC 100 GRANT STREET ADVANCEMENT SERVICES DE PERE, WI 541152002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
ST NORBERT COLLEGE INC 100 GRANT STREET ADVANCEMENT SERVICES DE PERE, WI 541152002	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	26
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUSAN G KOMEN BREAST CANCER FOUNDAT 2025 W OKLAHOMA AVENUE SUITE 116 MILWAUKEE, WI 53215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	500
SUSAN G KOMEN BREAST CANCER FOUNDAT PO BOX 44531 MADISON, WI 537444531	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	110
TEAM PHENOMENAL HOPE INC PO BOX 1115 BELOIT, WI 535121115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	70
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE MEDICAL COLLEGE OF WISCONSIN IN PO BOX 26509 MILWAUKEE, WI 532260509	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	416
THE MEMORY PROJECT INC 2163 N GATEWAY ST MIDDLETON, WI 535623403	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	4,000
TOPS CLUB INC4575 S 5TH STREET MILWAUKEE, WI 53207	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY LUTHERAN SCHOOL 8781 BRUNSWICK ROAD MINOCQUA, WI 545489322	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	250
TRINITY LUTHERAN SCHOOL 8781 BRUNSWICK ROAD MINOCQUA, WI 545489322	NONE	NCES PRIVATE SC	PROGRAM/OPERATING SUPPORT	9,000
UNITED PERFORMING ARTS FUND INC 301 W WISCONSIN AVENUE SUITE 600 MILWAUKEE, WI 53203	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY FOX CITIES INC 1455 MIDWAY ROAD MENASHA, WI 54952	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	104
UNITED WAY FOX CITIES INC 1455 MIDWAY ROAD MENASHA, WI 54952	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	50
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	745
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	2,220
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	60
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,547
UNITED WAY OF DANE COUNTY INC 2059 ATWOOD AVE MADISON, WI 537046608	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	666
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	3,798
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,000
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	525
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,125
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	650
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVENUE MADISON, WI 53726	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	275
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	325
UNIVERSITY OF WISCONSIN GREEN BAY F 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WISCONSIN STEVENS POI 2100 MAIN ST RM 134 STEVENS POINT, WI 544813871	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WISCONSIN-EAU CLAIRE 214 SCHOFIELD HALL 105 GARFIELD AVE PO BOX 4004 EAU CLAIRE, WI 547024004	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	150
UNIVERSITY SCHOOL OF MILWAUKEE CORP 2100 WEST FAIRY CHASM ROAD MILWAUKEE, WI 53217	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UWM FOUNDATION INC 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	1,000
UWM FOUNDATION INC 1440 EAST NORTH AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	800
VILLAGE BOOK BUILDERS INC 3700 LIBAL ST GREEN BAY, WI 543011253	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VIOLENCE INTERVENTION PROJECT INC 1405 DIVISION ST ALGOMA, WI 542011431	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	125
VITERBO COLLEGE INC900 VITERBO DR LA CROSSE, WI 546018804	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	5,000
WEST HIGH3301 SAYLESVILLE ROAD WAUKESHA, WI 53189	NONE	NCES PUBLIC SCH	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN CONSERVATORY OF MUSIC INC 1584 N PROSPECT AVE MILWAUKEE, WI 532026501	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	1,500
WISCONSIN EDUCATIONAL YOUTH DEVELOP 11350 W THEODORE TRECKER WAY WEST ALLIS, WI 532141135	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 532083156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	975
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVE MILWAUKEE, WI 532083156	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
WISCONSIN LUTHERAN CHILD AND FAMILY W145N11120 STONEWOOD DRIVE GERMANTOWN, WI 530226511	NONE	170(B)(1)(A)(I)	PROGRAM/OPERATING SUPPORT	50
WISCONSIN PARKINSON ASSOCIATION INC 16655 W BLUEMOUND RD STE 330 BROOKFIELD, WI 53005	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	300
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WISCONSIN PHARMACY FOUNDATION INC 701 HEARTLAND TRAIL MADISON, WI 53717	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
WISCONSIN PUBLIC RADIO ASSOCIATION 821 UNIVERSITY AVE MADISON, WI 537052549	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	1,800
WOMEN S CARE CENTER OF MILWAUKEE CO 1441 N FARWELL AVE MILWAUKEE, WI 53202	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	1,000
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WORLDBUILDERS INC1200 3RD ST STEVENS POINT, WI 54481	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	122
WRIGHTSTOWN GRIDIRON ASSOCIATION 217 BURNING TREE CT WRIGHTSTOWN, WI 541801230	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	500
YOUNG MENS CHRISTIAN ASSOCIATION OF 711 COTTAGE GROVE RD MADISON, WI 537161115	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	2,687
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOCIATION INC 162 COURT ST CHARLESTON, WV 25301	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
APPALACHIAN TRAIL CONSERVANCY 799 WASHINGTON ST HARPERS FERRY, WV 254250000	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	70
APPALACHIAN TRAIL CONSERVANCY PO BOX 807 HARPERS FERRY, WV 25425	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
APPALACHIAN TRAIL CONSERVANCY PO BOX 807 HARPERS FERRY, WV 254250807	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
BETHANY COLLEGE 31 EAST CAMPUS DRIVE 7 BETHANY, WV 26032	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	1,000
CABELL HUNTINGTON HOSPITAL FOUNDATI 1340 HAL GREER BOULEVARD HUNTINGTON, WV 25701	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	500
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMC FOUNDATION INC 3414 STAUNTON AVENUE SE CHARLESTON, WV 25304	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	2,500
CLAY CENTER FOR THE ARTS & SCIENCES 1 CLAY SQ CHARLESTON, WV 253012424	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	571
CONTACT OF HUNTINGTON INC PO BOX 2963 HUNTINGTON, WV 25728	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONTEMPORARY AMERICAN THEATRE FESTI PO BOX 429 SHEPHERDSTOWN, WV 254430429	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
COUNCIL OF THE SOUTHERN MOUNTAINS I 148 MCDOWELL STREET WELCH, WV 24801	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
CRAIK PATTON INC 2809 KANAWHA BLVD E CHARLESTON, WV 253111727	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAIK-PATTON HOUSE FOUNDATION INC PO BOX 11782 CHARLESTON, WV 253391782	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	250
CRAIK-PATTON HOUSE FOUNDATION INC PO BOX 11782 CHARLESTON, WV 253391782	NONE	PUBLIC CHARITY	PROGRAM/OPERATING SUPPORT	125
DAVIS & ELKINS COLLEGE 100 CAMPUS DR ELKINS, WV 262413971	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	750
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DAYMARK INC1592 WASHINGTON ST E CHARLESTON, WV 253112509	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	750
DRESS FOR SUCCESS RIVER CITIES INC 541 9TH STREET HUNTINGTON, WV 25701	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	250
JUNIOR LEAGUE OF HUNTINGTON INC PO BOX 4123 HUNTINGTON, WV 257294123	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GREATER P 888 OAKWOOD RD SUITE 330 CHARLESTON, WV 25314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	100
MAKE-A-WISH FOUNDATION OF GREATER P 888 OAKWOOD RD SUITE 330 CHARLESTON, WV 25314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	35
MAKE-A-WISH FOUNDATION OF GREATER P 888 OAKWOOD RD SUITE 330 CHARLESTON, WV 25314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MAKE-A-WISH FOUNDATION OF GREATER P 888 OAKWOOD RD SUITE 330 CHARLESTON, WV 25314	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	10
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,645
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	1,650
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	500
MARSHALL UNIVERSITY FOUNDATION INCO 519 JOHN MARSHALL DR HUNTINGTON, WV 257031400	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	50
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MATORS KIDS FOUNDATION INC P O BOX 866 BELLE, WV 25015	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	200
MISSION WEST VIRGINIA 168 MIDLAND TRL HURRICANE, WV 255261409	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
NATIONAL SOCIETY OF COLONIAL DAMES PO BOX 175 CHARLESTON, WV 253210175	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	200
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OHIO VALLEY UNIVERSITY INC 1 CAMPUS VIEW DR VIENNA, WV 261058000	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
OVERBROOK ELEMENTARY SCHOOL PARENT- 218 OAKWOOD RD CHARLESTON, WV 253142303	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	500
THE FOUNDATION FOR THE THOMAS MEMOR 4605 MACCORKLE AVE SW SOUTH CHARLESTON, WV 25309	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	5,500
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	3,000
TROUT UNLIMITED INCPO BOX 7400 WOOLLY BUGGER, WV 25438	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	10,250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNION MISSION MINISTRIES INC PO BOX 112 CHARLESTON, WV 253210112	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	1,000
UNITED WAY OF HARRISON COUNTY INC 445 WEST MAIN STREET ROOM 203 CLARKSBURG, WV 263012955	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A) (IV	PROGRAM/OPERATING SUPPORT	100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	2,000
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	350
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	3,385
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	5,000
WEST VIRGINIA UNIV FOUNDATION INC PO BOX 1650 MORGANTOWN, WV 265071650	NONE	170(B)(1)(A)(IV	PROGRAM/OPERATING SUPPORT	100
WEST VIRGINIA UNIVERSITY ALUMNI ASS PO BOX 4269 MORGANTOWN, WV 265044269	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	350
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WEST VIRGINIA WESLEYAN COLLEGE 59 COLLEGE AVE BUCKHANNON, WV 262012600	NONE	170(B)(1)(A) (II	PROGRAM/OPERATING SUPPORT	500
YMCA OF KANAWHA VALLEY ENDOWMENTFUN 100 YMCA DR CHARLESTON, WV 253111275	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	600
YWCA OF CHARLESTON WEST VIRGINIA IN 1426 KANAWHA BLVD E CHARLESTON, WV 253013002	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	250
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GRAND TETON NATIONAL PARK FOUNDATIO PO BOX 249 MOOSE, WY 830120249	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	150
JASONS FRIENDS FOUNDATION INC 340 W B ST STE 101 CASPER, WY 82601	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	50
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	2,100
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	500
NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520	NONE	170(B)(1)(A)(II	PROGRAM/OPERATING SUPPORT	25
THE KINDNESS RANCH ANIMAL SANCTUARY 854 STATE HWY 270 HARTVILLE, WY 82215	NONE	170(B)(1)(A)(VI	PROGRAM/OPERATING SUPPORT	25
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
UNIVERSITY OF WYOMING ALUMNI 222 S 22ND ST LARAMIE, WY 82070	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	250
UNIVERSITY OF WYOMING ALUMNI 222 S 22ND ST LARAMIE, WY 82070	NONE	509(A)(3)	PROGRAM/OPERATING SUPPORT	1,000
VETERANS AGRICULTURAL & DEVELOPMENT 2201 SOUTH 15TH STREET LOT 15 LARAMIE, WY 82070	NONE	509(A)(2)	PROGRAM/OPERATING SUPPORT	692
Total . . . . . ▶ **3a**				204,726,038

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WYOMING CHILDRENS SOCIETY 314 EAST 21ST STREET CHEYENNE, WY 82001	NONE	170(B)(1)(A) (VI	PROGRAM/OPERATING SUPPORT	320
Total . . . . . ▶ **3a**				204,726,038

TY 2019 Investments - Other Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	8,593	8,593

TY 2019 Other Decreases Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Description	Amount
WRITE OFF OF INVESTMENTS	1,929

TY 2019 Other Income Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MINERAL RECEIPTS	1,906	1,906	1,906
LITIGATION PROCEEDS	18,887	18,887	18,887
STALE CHECKS RETURNED	180,531		180,531

TY 2019 Other Increases Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Description	Amount
RETURNED CHECK	9,500
ROUNDING ADJUSTMENT	256

TY 2019 Other Professional Fees Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	5,975	5,975		0

TY 2019 Taxes Schedule

Name: THE BANK OF AMERICA CHARITABLE FOUNDATION INC

EIN: 20-0721133

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	12,075	0		0

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to *www irs gov/Form990* for the latest information

OMB No 1545-0047

2019

Name of the organization
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

Employer identification number
20-0721133

Organization type (check one)

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

Employer identification number
20-0721133

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA NA 401 N TRYON ST NC1-021-06-01 CHARLOTTE, NC 28255	$ 207,162,624	☑ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions)

Name of organization
THE BANK OF AMERICA CHARITABLE FOUNDATION INC

Employer identification number
20-0721133

Part II **Noncash Property**

(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	STOCK, BROKEN TRADES, AND REAL ESTATE	$ 15 304,351	2019-12-31
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization	Employer identification number
THE BANK OF AMERICA CHARITABLE FOUNDATION INC	20-0721133

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee